



Global
Guard



CETUSA - Trainee/Intern

Plan Number: CETN-INTZ25

Plan Year: 2025-2026

February 1st, 2025 to January 31st, 2026

Seeking Medical Care

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



Telemedicine

In the USA, your plan includes access to Teladoc virtual telemedicine with a **\$10 copay** per visit. 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.



Emotional Wellness

DialCare is included in your plan for no additional cost to support you in your time of need. DialCare is a virtual and telephonic counseling service focused on providing safe, secure and private means of seeking mental health assistance from licensed counselors.

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.

PLEASE NOTE – an additional **\$350 copay** will apply for each Emergency Room visit for an illness or injury which does not result in a direct Hospital admission.



Doctor/Hospital Search

You have the freedom of choice to visit any provider you wish, however you are strongly encouraged to visit medical providers who are part of the insurance plans network. This will allow direct billing, can remove the need for you to pay up front for medical expenses, and will generally result in less out-of-pocket expenses when seeking treatment.

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



Claims Information

In-Network Claims

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

1. Download a claim form from the Student Zone.
2. Complete a new claim form once per injury/illness with all the details about your visit. If your visit was due to an accident, you'll also need to complete the accident questionnaire. **This needs to be submitted within the timely filing window outlined in the policy wording for your claim to be considered for coverage.**
3. Submit your claim forms to:
Email: travelclaims@pointcomfort.com
(recommended)
Mail: Point Comfort Underwriters
306 Prospect Street
Indianapolis, IN 46225, USA

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. Download a claim form from the Student Zone.
2. Complete a new claim form once per injury/illness with all the details about your visit. If your visit was due to an accident, you'll also need to complete the accident questionnaire. **This needs to be submitted within the timely filing window outlined in the policy wording for your claim to be considered for coverage.**
3. Attach copies of any bills, receipts, prescription information, and medical records.
4. Submit your claim forms to:
Email: travelclaims@pointcomfort.com
(recommended)
Mail: Point Comfort Underwriters
306 Prospect Street
Indianapolis, IN 46225, USA

Student Zone

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

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

Visit your student zone:

[Student Zone](#)

Assistance



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: (844)210-2010
- USA Direct: +1(317)210-2010
- Email: travelclaims@pointcomfort.com

Benefit Summary

Benefit	Coverage
Coverage Area	Worldwide, including the USA, excluding the Insured Person's Home Country
Medical Benefit	\$250,000
Deductible	\$25 per Injury or Illness
Ages	14 days through 50 years
Co-pays (Co-pays do not apply toward satisfaction of Deductible)	
Virtual Medicine Consultation	\$10 Co-pay through Teladoc Telemedicine
Virtual Psychiatric Counseling Consultation	\$10 Co-pay through Teladoc Mental Health
US Outpatient Prescription Drugs	\$10 Co-pay through the Prime Therapeutics Network Claims incurred in US in-network and generic only, unless generic substitute for brand is not available
Emergency Room	\$350 Co-pay for injury or illness, waived if admitted
Professional Services (Subject to Deductible, Medical Necessity, and Usual, Reasonable and Customary charges)	
Physician Office Visit, Urgent Care Clinic or Walk-in Clinic	100%
Physician Hospital Visits/Services	100%
Surgeon/Anesthesiologist/Anesthesia	100% Assistant Surgeon - limit 20% of covered primary Surgeon fees
Physical Therapy/Chiropractic Care	\$2,500 maximum Physician Order, Pre-certification, and approved treatment plan required
All other Inpatient and Outpatient Services (Subject to Deductible, Medical Necessity and Usual, Reasonable and Customary charges unless otherwise indicated)	
Outpatient Facility	100%
Hospital Room and Board	100%, subject to Average Semi-Private Room Rate Including 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% Standard wheelchair and hospital bed only
Reconstructive Surgery	100% If incidental to or following a covered Surgery
Pre-admission Testing	100%

Treatment of an Emergency Illness or Injury in an Emergency Room	100%, subject to ER copay if not admitted.
Extended Care Facility	100%
Home Nursing Care	100%
Mental Health	
(Subject to Deductible, Medical Necessity and Usual, Reasonable and Customary charges unless otherwise indicated)	
Outpatient Treatment with a Doctor of Psychology (Ph.D.) or a Doctor of Psychiatry (Psy.D)	Plan pays 80% of covered expenses, up to a \$5,000 maximum
Inpatient	Plan pays 80% of covered expenses, up to a \$25,000 maximum
Mental Health Prescriptions are subject to the mental health benefit coinsurance/maximum. The prescription medication copayment does not apply.	
Dental Treatment	
(Subject to Deductible, Medical Necessity and Usual, Reasonable and Customary charges unless otherwise indicated)	
Acute Onset of Dental Pain	\$200 maximum for palliative care
Dental Treatment - Covered Accident involving associated face, skull, neck, or jaw Injury	100%
Other Benefits and Features	
(Subject to Deductible, Medical Necessity and Usual, Reasonable and Customary charges unless otherwise indicated)	
Pre-existing Conditions	Not Covered
Non-contact leisure and Recreational Sports	100% Contact Sports, Amateur Athletics, Professional Athletics, High School Sports, Extreme Sports, and Adventure Sports are NOT covered.
Eligible Transportation Expenses	
(Subject to Deductible, Medical Necessity and Usual, Reasonable and Customary charges unless otherwise indicated)	
Local Ambulance	100%
Interfacility Ambulance Transfer	100%
Emergency Medical Evacuation	\$250,000 maximum
Repatriation of Mortal Remains	\$100,000 maximum
Emergency Reunion	\$2,500 maximum
Local Burial/Cremation	\$5,000 maximum In lieu of Repatriation of Mortal Remains
Trip Interruption	\$5,000 maximum
Medical Repatriation	\$5,000 maximum
Additional Benefits	
Accidental Death	Ages 18 to 50: \$15,000 Principal Sum Under 18: \$7,500 Principal Sum
Accidental Dismemberment	Loss of 1 limb or eye: 50% of Accidental Death Principal Sum Loss of more than 1 limb or eye: 100% of Accidental Death Principal Sum
Personal Liability	\$50,000 maximum

Eligibility

In order to be eligible for coverage under this Master Policy a person must meet all of the following requirements:

1. Be an employee, member, sponsored volunteer or other affiliated participant of the Participating Organization attaching to and designated in the Master Policy Declaration.
2. Be at least fourteen (14) days old and not yet fifty-one (51) years of age
3. Complete, sign and submit an application as the Insured Person (or be listed thereon by proxy).
4. Pay the required premium on or before the Certificate Effective Date and any subsequent premium Due Date.
5. Receive written acceptance of their application.
6. As of the Certificate Effective Date, have legally departed their Home Country.
7. Must not have established a permanent residency in the Host Country.

Pre-Certification

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. Durable Medical Equipment
6. Computerized Tomography (CAT Scan)
7. Magnetic Resonance Imaging (MRI)
8. Ultrasound
9. Positron emission tomography (PET)
10. Chemotherapy/Radiation Therapy
11. Interfacility Ambulance Transfer
12. Inpatient treatment of Mental Health Disorders
13. Specialty Medications
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 Point Comfort directly:

- From within the US :+1-833-483-0001
- Collect International Calls: +1-317-210-2010
- Email: clinical@pointcomfort.com
- Online: <https://pcf.pointcomfort.com/>

Please view the full policy wording for more details on the pre-certification requirements included in your plan.

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.)

A. War and Terrorism

1. Resulting directly or indirectly, proximately or remotely occasioned by, contributed to or by, 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 within the 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 fails or refuses to heed such warning and thereafter remains in said location, post, area, territory or country.
2. Resulting directly or indirectly, proximately or remotely occasioned by, contributed to by, traceable to or arising in connection with the following:
 - 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 nature.
 - 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).
 - f. War, whether declared or not, between any of the following countries: China, France, the United Kingdom, the Russian Federation and the United States.
 - g. War in Europe, whether declared or not, in which any of the countries stated in (f) above or any armed forces thereof are engaged.
 - h. 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 connections with any of the occurrences set forth in this provision, shall be deemed and considered to be consequences for which Underwriters shall not be liable under this insurance, except to the extent that the Insured Person shall prove that such claim happened independently of the existence of such abnormal conditions and/or occurrences.

B. Pre-existing Condition(s)

Resulting from or relating, directly or indirectly, to any **Pre-existing Condition(s)**. A **Pre-existing Condition** is: Any (1) condition for which medical advice, diagnosis, care, or treatment (includes receiving services and supplies, consultations, diagnostic tests or prescription medicines) was recommended or received during the twenty-four (24) months immediately preceding the Certificate Effective Date; (2) condition that had manifested itself in such a manner that would have caused a reasonably

prudent person to seek medical advice, diagnosis, care, or treatment (includes receiving services and supplies, consultations, diagnostic tests or prescription medicines) within the two (2) years immediately preceding the Certificate Effective Date; (3) Injury, Illness, sickness, disease, or other physical, medical, mental, or nervous condition, disorder or ailment (whether known or unknown) that, with reasonable medical certainty, existed at the time of the Insured Person's application or within the two (2) years immediately preceding the Certificate Effective Date.

C. General Exclusions

1. If notice of claim is not presented to the Plan Administrator within ninety (90) days of the date the claim is incurred, or shorter period if required by the Medical Provider's affiliation with the Preferred Provider Network
2. If Proof of Claim is not provided to the Plan Administrator within one hundred eighty (180) days of the date the claim is incurred.
3. 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.
4. 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.
5. Incurred prior to the Certificate Effective Date or after the Certificate Termination Date, unless expressly provided for under the provisions of this insurance.
6. For treatment of any Illness or Injury when the purpose of traveling to the Host Country was to obtain treatment.
7. For any services performed or supplies provided by a Relative of the Insured Person or any person who ordinarily resides with the Insured Person.
8. For services or supplies provided at no cost to the Insured Person and/or for which the Insured Person is not otherwise liable.
9. Charges for expenses for which advance approval from Underwriters was not obtained by the Insured Person in accordance with the provisions of this insurance.
10. For services not arranged by the Plan Administrator when required by the provisions of this insurance.
11. Injury and/or Illness sustained while under the influence of, or due wholly or partly to the effects of alcohol, liquor, intoxicating substance, narcotics or drugs, other than drugs prescribed by a Physician and taken in accordance with the Physician's instructions
12. For treatment of an Illness or Injury for which payment is made or available through a workers' compensation law or similar law.
13. Charges which exceed the Usual, Reasonable and Customary charge for the service or supply provided.
14. For exposure to any non-medical nuclear or atomic radiation and/or radioactive material(s).

D. Diagnosis-oriented Exclusions

1. Related in any way to birth defects, hereditary conditions and Congenital Disorder(s), including any conditions arising out of or resulting therefrom.
2. Related in any way to Chronic Condition(s)
3. For any service, supply, drug, treatment or procedure, that either diagnoses, 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 or abortion.

4. For 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. 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 and/or routine care related to Newborns.
6. For 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, and diagnosis, treatment or supplies related to the foot, unless expressly provided for herein.
7. For diagnosis and/or treatment of Mental Health Disorders except as specified in PART IV, SCHEDULE OF BENEFITS AND LIMITS.
8. For 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.
9. For weight modification or any Inpatient, Outpatient, Surgical Procedure or other treatment of obesity (including without limitation, morbid obesity), including without limitation, prescription drugs, 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. For 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. For eyeglasses, contact lenses, hearing aids or hearing implants and for 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. For orthoptics, visual eye training and eye Surgery, such as radial keratotomy, when the primary purpose is to correct nearsightedness, farsightedness or astigmatism.
13. For 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. For diagnosis and/or treatment of venereal disease, including all Sexually Transmitted Diseases and conditions.
15. For 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 or travel.
16. For diagnosis and/or treatment of Substance Abuse or addiction or conditions that may be attributed to Substance Abuse or addiction and direct consequences thereof.
17. For diagnosis and/or treatment of the following: HIV seropositivity to the AIDS virus, AIDS related illnesses, ARC Syndrome and/or AIDS.
18. For diagnostic tests and/or procedures, treatment, 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.
19. For 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, and including without limitation treatment of acne, rosacea, eczema, psoriasis, fungal, bacterial or viral infection, moles, warts, skin tags, diseases of sebaceous glands, seborrhea, and hypertrophic and atrophic conditions of skin.
20. For diagnosis and/or treatment of any sleep disorder, including without limitation, sleep apnea and insomnia.
21. Elective Treatment and Elective Surgical Procedures and related diagnostic testing and procedures.

E. Provider-oriented Exclusions

1. For cryogenic preservation and implantation or re-implantation of living cells.
2. For or in relation to organ or tissue or other transplants and/or related services and supplies.
3. For any efforts to keep a donor alive for a transplant procedure.
4. For services provided by a chiropractor except as specified in PART IV – SCHEDULE OF BENEFITS AND LIMITS.
5. For telephone consultations, except Virtual Medicine Consultation(s) and Virtual Psychiatric Counseling Consultations with an approved telemedicine protocol system if specified in PART IV – SCHEDULE OF BENEFITS AND LIMITS, or failure to keep a scheduled appointment.
6. For Surgeries, treatments, services or supplies that are Investigational, Experimental or for Research Purposes.
7. Incurred while confined primarily to receive Custodial Care.
8. 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.
9. For speech, vocational, occupational, biofeedback, acupuncture, recreational, sleep or music therapy, holistic care of any nature, massage and kinesitherapy.
10. For 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.
11. For exercise and/or fitness programs or equipment, whether or not prescribed or recommended by a Physician.
12. For Hospice care.
13. For or 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, preventative and prophylactic Surgeries recommended by genetic testing and/or any procedures used to determine genetic predisposition, provide genetic counseling, or administration of gene therapy.
14. 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.
15. For any artificial or mechanical devices designed to replace human organs temporarily or permanently after termination of Inpatient status.
16. 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.

F. Geographic Exclusions

1. Sustained and/or incurred in a location, post, area, territory or country for which a US Department of State Level 4 (Do Not Travel) warning was issued or was in effect within the thirty (30) days prior to the Insured Person's arrival in said location, post, area, territory or country.
2. Sustained and/or incurred in a location, post, area, territory or country for which a US Department of State Level 4 (Do Not Travel) warning becomes effective or is in effect on or after the Insured Person's arrival to said location, post, area, territory or country, 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 said location, post area, territory or country.
3. Notwithstanding items 1. and 2. above, Underwriters may at their sole discretion and with no less than 15 days advance written notice to the Participating Organization and the Insured Person, require the Insured Person depart the location of a US Department of State Level 4 (do not travel) warning in the event the Underwriter determines that as a result of the epidemic, pandemic, public health emergency, Natural Disaster or other disease outbreak conditions, the medical facilities available to Insured Persons are no longer able to provide routine medical services and supplies to it's patients.
4. Incurred in the Insured Person's Home Country.

G. Activity-oriented Exclusions

1. 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.
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 entering into or alighting from, operating or riding as a passenger in any motorized vehicle that does not require licensing as a motor vehicle or watercraft.
4. Resulting or relating, directly or indirectly, from an Insured Person's operation of a any motorized vehicle, including watercraft, without possession of a valid motor vehicle operator's license, except while participating in a drivers' education program.
5. Resulting or relating, directly or indirectly, from an Insured Person entering into or alighting from, operating or riding as a passenger, or any motorized vehicle (except watercraft) not designed primarily for use on public streets and highways.
6. Resulting or relating, directly or indirectly, from an Insured Person's operation of any vehicle, whether or not motorized, after consumption of intoxicating liquor or drugs in excess of the applicable blood/alcohol limit, other than drugs taken in accordance with a prescription and as directed by a Physician. For purposes of this Exclusion, "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.
7. For travel, meals, transportation and/or accommodations except as expressly provided herein.
8. Resulting or relating, directly or indirectly, from the Insured Person's participation in Contact Sports, except for Sanctioned High School Sports if specified in PART IV – SCHEDULE OF BENEFITS AND LIMITS.
9. Resulting or relating, directly or indirectly, from the Insured Person's participation in Amateur Athletics except for Sanctioned High School Sports for if specified in PART IV– SCHEDULE OF BENEFITS AND LIMITS
10. Resulting or relating, directly or indirectly, from the Insured Person's participation in Professional Athletics.
11. Resulting or relating, directly or indirectly, from the Insured Person's participation in Extreme Sports.
12. Resulting or relating, directly or indirectly, from the Insured Person's participation in Adventure Sports, except for recreational snow-skiing or snowboarding provided that such activity is not 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 authoritative body.
13. 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.
14. Resulting or relating, directly or indirectly, from the Insured Person's participation in any activity undertaken in disregard or against the recommendations of a Physician or other healthcare professional.

Dental Exclusions

1. For Dental treatment, except as expressly provided for herein.
2. 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.
3. For treatment of a dental Injury without associated face, skull, neck and/or jaw Injury or that can be evaluated and treated in a dental office.
4. For relating, directly or indirectly, to oral care and maintenance, including without limitation, tooth repair by fillings, root canals, tooth removal and x- rays.

Personal Liability Exclusions

The Insured Person shall have no benefits or coverages for and Underwriters shall have no liability or obligation of any kind to pay or reimburse the Insured Person or any third person for, any charges, fees (including attorneys' fees), costs, expenses, damages, losses, judgments, claims or other liabilities incurred or sustained by or assessed against the Insured Person or any third person, if directly or indirectly relating to, arising from or in connection with any of the following acts, omissions, events, conditions, charges, consequences, occurrences or circumstances, all of which are expressly excluded from coverage under this insurance and all of which Underwriters will provide no benefits or coverages for and shall have no liability or obligation for same, and 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 damages, losses or claims caused in whole or in part by the Insured Person during any hunt or as a result of hunting.
2. 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.
3. Any loss, damage or claim arising or resulting from the use of any firearms, fireworks, explosives, welding equipment, propane tanks, or other flammables, deadly weapons or hazardous implements.
4. The pursuit of any trade, business, profession or employment activity.
5. Ownership, possession, control or occupation of any land or building.
6. Ownership, possession, control 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.
7. 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 Related Third Person, 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.
8. The consequences of any breach, violation or failure to perform any contractual undertakings or obligations of the Insured Person, whether verbal or in writing.
9. Criminal or disciplinary proceedings, charges, arrests, indictments, or arraignments of any kind.
10. Shoplifting, vandalism, theft, conversion, misappropriation, public drunkenness, fighting or brawling, arson, or any malicious or intentional activity resulting in personal Injury or destruction of property.
11. 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.
12. Any collusion, conspiracy, deceit or other fraudulent scheme or artifice to defraud or other fraudulent means or methods.
13. 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 non-party legal or administrative proceeding or activity.
14. 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.
15. Contractual or employer's liability or workers compensation claims.

16. Animals or pets belonging to the Insured Person or any Related Third Person, or in the care, custody or control of the Insured Person or any Home Nursing Care.
17. Intentionally committed acts caused or brought about by the Insured Person.
18. 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.
19. Caused by suicide or attempted suicide of the Insured Person.
20. Participation of the Insured Person in gambling, gaming, or betting of any kind.
21. Participation of the Insured Person in any fights, brawls, criminal activity or other unlawful activity.
22. During the practice or participation of sports, recreational endeavors, or athletic activities either as a professional, amateur or novice, unless performed solely for recreational purposes or during participation in any high school sport including Sanctioned High School Sports.
23. Hazardous sports of any kind, including but not limited to, American football, boxing, bungee jumping, mountaineering, martial arts, skiing beyond one's abilities, outside of marked boundaries, in violation of rules or regulations, or on unmarked slopes, sky diving, scuba diving, hang gliding, ski jumping, bobsledding, offshore boating, caving and spelunking, polo, fighting sports, parachuting, hunting, piloting an aircraft, wind- surfing, professional sporting activities of any kind, racing activity of any kind, and any attempt to make or set sporting records.
24. Occurring when the Insured Person is a passenger in an aircraft other than a commercial aircraft.
25. War, military action or any Act of Terrorism as defined herein.
26. Thermal, mechanic, radioactive and other effects due to any modification of the atomic structure of matter or the artificial acceleration of atomic particles or due to radiation from radio-isotopes, or the use of nuclear or chemical materials.
27. Mental Health Disorders of the Insured Person.
28. 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 Master Policy, whichever is earlier.
29. 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 Related Third Person against Underwriters, the Plan Administrator, and/or the Participating Organization, 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.
30. 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.
31. Any personal Injury, medical expense, damage or other loss suffered by a Related Third Person except for damage to a Related Third Person's personal property which shall be limited to a maximum of \$2,500 and subject to the per Deductible per Injury or Illness set forth in PART IV, SCHEDULE OF BENEFITS AND LIMITS.

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.*