



Troy University  
Student Health Insurance  
Policy Brochure

Troy University Plan Number: CSG160001  
Troy University (Montgomery) Plan Number: CSG160002  
Troy University (Dothan) Plan Number: CSG160003

# Using Your Insurance

If you need to seek medical treatment, please be sure to seek care appropriately for the condition/situation that you are experiencing. 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 Care

When you need to seek non-emergency care, please visit a local doctor, urgent care treatment center or walk-in medical clinic, as they will be best placed to assist you and the cost will be reasonable. Use of the hospital emergency room for non-emergency care is not appropriate in the USA. To locate a provider, use the online search tool described below or call HCC for appropriate in-network providers in your area. Examples of non-emergency care include cold, flu, minor injuries and sickness.

## Emergency Care

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. Provide them with your insurance information at the time of treatment. 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 emergency services for assistance or visit a local doctor, urgent care center or walk-in clinic in your area.

**Please Note** – an additional \$100 deductible will apply for use of the emergency room.

## ID Card

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

## Providers

Whether inside or outside the USA you have the freedom of choice to visit any provider you wish, however you are strongly encouraged to visit medical providers who are part of the insurance plan network. This will allow direct billing and can remove the need for you to pay up front for medical expenses.

Inside the USA, you can search for a network providers online and either call for an appointment or for urgent care clinics, just walk up for treatment. Outside the USA, you can still search for providers online or find the nearest provider to you, seek treatment and pay for those expenses up front. You can then claim these back at a later time.

Providers can be located online by visiting:

<http://www.internationalstudentinsurance.com/network/>

## Student Zone

To learn more about your insurance plan, locate providers, view the full policy conditions, download claim forms and much more, please visit the Student Zone online where you can obtain all this information:

<http://www.internationalstudentinsurance.com/schools/troy-university.php>

## Travel Assistance

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

USA Toll Free (866) 400-0080  
International +1 (317) 221-8078  
Worldwide Toll Free Numbers

If you have non-urgent questions, you can email the support team at [service@hccmis.com](mailto:service@hccmis.com) and you will receive a response within 24 business hours.

## Claims

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

*Inside the USA* - If you sought treatment from an in-network provider, and provided your insurance ID card at the time of treatment, they should be able to bill the HCC claims team directly with no payment up front.

If you have received any medical bills after treatment or paid for any services up front to a provider, please complete a claim form and email these documents to the claims email for processing.

*Outside the USA* - When outside the USA, please seek treatment from a provider that is nearest to you, pay for the services upfront and then submit a claim for reimbursement.

## Claim Forms

You can download a copy of the claim form from the student zone and submit it with your receipts to:

Tokio Marine HCC - Medical Insurance  
Services Group  
Box No. 2005  
Farmington Hills, MI 48333-2005  
[service@hccmis.com](mailto:service@hccmis.com)

For faster processing, we recommend scanning and emailing claim forms and other claim documents.

## Claims Update

MESA in your Student Zone will allow you to login and view all your claims activity, download your Explanation of Benefits (EOB's) and contact the claims team directly with any questions. For more information please visit your Student Zone.

# Plan Details

Plan Benefits	Limit
Overall Maximum Limit/ Maximum per Injury/Illness	\$500,000
Deductible	\$50 per injury/illness <i>(waived if treatment sought at the Student Health Center)</i>
Emergency Room Deductible <i>(Claims incurred in the US)</i>	\$100
Coinsurance	<p><u>Inside the USA</u>            Within the PPO: We will pay 100% of eligible expenses after the deductible to the overall maximum limit.            Outside the PPO: We will pay usual, reasonable and customary charges for eligible expenses after the deductible to the overall maximum limit.</p> <p><u>Outside the USA</u>            We will pay 100% of eligible expenses after the deductible up to the overall maximum limit.</p>
<i>Subject to deductible, coinsurance, and per certificate period unless specifically indicated otherwise</i>	
Hospital Room and Board	Average semi-private room rate, including nursing services
Intensive Care Unit	Usual, reasonable and customary charges
Local Ambulance	Usual, reasonable and customary charges for covered illness or injury. Must result in inpatient hospitalization if illness.
Outpatient Treatment	Usual, reasonable and customary charges
Outpatient Prescription Drugs	Prescription Card: 100% for generic, 80% brand name (including mail order) when the card is presented at a participant pharmacy.
Mental Health Disorders (includes drug abuse and alcohol abuse)	Outpatient: Within the PPO, we will pay 80% of eligible expenses up to the overall maximum or 60% outside the PPO. Maximum of 30 visits. Inpatient: Within the PPO, we will pay 80% of eligible expenses up to the overall maximum or 60% outside the PPO. Maximum of 30 days. Treatment must not be provided at a student health center.
Maternity Care for a Covered Pregnancy	We will pay 80% of eligible expenses up to the overall maximum or 60% outside the PPO.
Nursery Care of Newborn	\$750
Therapeutic Termination of Pregnancy	\$500
Physical Therapy and Chiropractic Care	\$100 per visit per day <i>Must be ordered in advance by a physician and not obtained at a student health center</i>
Dental Treatment due to Accident	\$250 maximum per tooth; \$500 maximum per certificate period
Intercollegiate, Interscholastic, Intramural, or Club Sports	\$5,000 maximum per injury or illness, medical expenses only
Terrorism	\$50,000 lifetime maximum, eligible medical expenses only.
All Other Eligible Medical Expenses	Usual, reasonable and customary charges
<i>Not Subject to Deductible or Coinsurance</i>	
Dental Treatment to alleviate pain	\$100
Emergency Medical Evacuation	\$500,000 Lifetime Maximum
Repatriation of Remains	\$50,000 Lifetime Maximum
Trip Interruption	\$5,000
Emergency Reunion	\$5,000, subject to a maximum of 15 days
Personal Liability	\$10,000
Accidental Death & Dismemberment	Lifetime Maximum - \$25,000 Death - \$25,000 Loss of 2 Limbs - \$25,000 Loss of 1 Limb - \$12,500
Assistance Services	Included

## Pre-Existing Conditions

Charges resulting directly or indirectly from any pre-existing conditions are excluded from this insurance during the first six (6) months of coverage.

Pre-existing Condition means 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 12 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 12 months immediately preceding the certificate effective date;
3. injury, illness, sickness, disease, or other physical, medical, mental, or nervous conditions, disorder or ailment (whether known or unknown) that, with reasonable medical certainty, existed at the time of application or within the 12 months immediately preceding the certificate effective date.

## Medical & Repatriation Expenses

Subject to the limits set forth in the Schedule of Benefits and Limits, and subject to the conditions and restrictions contained in this provision, we will pay the following expenses incurred while this insurance is in effect.

We will pay:

1. Charges made by a hospital for:
  - a) Daily room and board and nursing services not to exceed the average semi-private room rate; and
  - b) Daily room and board and nursing services in Intensive Care Unit; and
  - c) Use of operating, treatment or recovery room; and
  - d) Services and supplies which are routinely provided by the hospital to persons for use while inpatients; and
  - e) Emergency treatment of an injury or illness, even if hospital confinement is not required. However, charges for use of the emergency room itself within the U.S. will be subject to deductible as provided under the Schedule of Benefits and Limits.
2. Surgery at an outpatient surgical facility, including services and supplies.
3. Charges made by a physician for professional services, including surgery. Charges for an assistant surgeon are covered up to 20% of the usual, reasonable and customary charge of the primary surgeon, but standby availability will not be deemed to be a professional service and therefore is not covered hereunder.
4. Dressings, sutures, casts or other supplies which are medically necessary and administered by or under the supervision of a physician, but excluding nebulizers, oxygen tanks, diabetic supplies, supplies that are available over the counter or without prescriptions, and support or brace appliances.
5. Diagnostic testing using radiology, ultrasonographic or laboratory services (psychometric, intelligence, behavioral and educational testing are not included).
6. Artificial limbs, eyes or larynx, breast prosthesis or basic functional artificial limbs, but not the replacement or repair thereof.
7. Reconstructive surgery when the surgery is directly related to surgery which is covered hereunder.
8. For radiation therapy or treatment and chemotherapy.
9. Hemodialysis and the charges by the hospital for processing and administration of blood or blood components but not the cost of the actual blood or blood components.
10. Oxygen and other gasses and their administration by or under the supervision of a physician. Charges made by a Hospital for room and board, floor nursing and other services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital's average charge for semi-private room and board accommodations.
11. Anesthetics and their administration by a physician.
12. Drugs which require prescription by a physician for treatment of a covered injury or illness, but excluding drugs: prescribed for the treatment of diabetes, replacement of lost, stolen, damaged, expired or otherwise compromised drugs.
13. Care in a licensed extended care facility upon direct transfer from an acute care hospital.
14. Home nursing care in bed by a qualified licensed professional, provided by a home health care agency upon direct transfer from an acute care hospital and only in lieu of medically necessary inpatient hospitalization.
15. Emergency local ambulance transport necessarily incurred in connection with injury or illness. Must result in inpatient hospitalization if illness.
16. Emergency dental treatment and dental surgery necessary to restore or replace sound natural teeth lost or damaged in an accident which was covered under this insurance.
17. Emergency dental treatment necessary to resolve acute onset of pain, provided treatment is obtained within 24 hours of the acute onset of pain.
18. Medically necessary rental of durable medical equipment (consisting of a standard basic hospital bed and or a standard basic wheelchair) up to the purchase prices.
19. Physical therapy if prescribed by a physician for treatment of a covered injury or illness.
20. Routine and medically necessary care of newborns as provided in the Schedule of Benefits, provided that the delivery of the newborn is covered hereunder.
21. Pre-natal care, delivery of newborn, and post-natal care related to a covered pregnancy which began after the effective date of coverage.

22. For treatment of mental health disorders including drug abuse and alcohol abuse.

We will not pay for claims arising directly or indirectly from:

1. Anything mentioned in the General Exclusions.

## Emergency Medical Evacuation

We will pay

1. Emergency air transportation to a suitable airport nearest to the hospital where you will receive treatment; and
2. Emergency ground transportation necessarily preceding emergency air transportation; and from the destination airport to the hospital where you will receive treatment.

We will provide the above benefits only when the conditions and restrictions in this policy and the following are met:

- a) The illness or injury giving rise to the expense are covered under this insurance; and
- b) Medically necessary treatment, services and supplies cannot be provided locally; and
- c) Transportation by any other method would result in the loss of your life or limb; and
- d) Recommended by the attending physician who certifies to the above; and
- e) Agreed upon by you or your relative; and
- f) The condition giving rise to the Emergency Medical Evacuation occurred spontaneously and without advance warning, either in the form of physician recommendation or symptoms which would have caused a prudent person to seek medical attention prior to the onset of the emergency.

We will not pay for claims arising directly or indirectly from

1. Travel arrangements, excluding Emergency Local Ambulance, that are not approved in advance and coordinated by us; and
2. Anything mentioned in the General Exclusions.

We will provide Emergency Medical Evacuation only to the nearest hospital that is qualified to provide the medically necessary treatment, services and supplies to prevent your loss of life or limb.

The timeliness of arrangements can be affected by circumstances which are not within our control such as: availability of transportation equipment and staff, delays or restrictions on flights caused by mechanical problems, government officials, telecommunications problems, weather and other acts of God. We shall not be held liable for any delays that are not within our direct and immediate control.

Notwithstanding the foregoing, and if you are visiting the U.S., we will pay for expenses to return you to your home country if the attending physician and our medical consultant agree that transfer to the home country is more appropriate than transfer to the nearest qualified hospital.

## Repatriation of Remains

We will pay:

1. Air or ground transportation of bodily remains or ashes to the airport or ground transportation terminal nearest your principal residence; and
2. Reasonable costs of preparation of the remains necessary for transportation.

We will provide the above benefits only when the conditions and restrictions in this policy and the following are met:

- a) When the illness or injury giving rise to the expense are covered under this insurance.

We will not pay for claims arising directly or indirectly from

1. Travel arrangements that are not approved in advance and coordinated by us; and
2. Anything mentioned in the General Exclusions.

We are held harmless and shall not be held liable for loss of or any damage or other impairment to bodily remains incurred during the repatriation process or otherwise.

The timeliness of arrangements can be affected by circumstances which are not within our control such as: availability of transportation equipment and staff, delays or restrictions on flights caused by mechanical problems, government officials, telecommunications problems, weather and other acts of God. You agree to hold us harmless and we shall not be held liable for any delays that are not within our direct and immediate control.

## Trip Interruption

We will pay:

1. The cost of an economy one-way air or ground transportation ticket for you to the terminal serving the area of your principal residence.

We will provide the above benefits only when the conditions and restrictions in this policy and the following are met:

- a) Following receipt of proof of one the death or imminent death of parent, spouse, sibling, child, or grandparent.

We will not pay for claims arising directly or indirectly from

1. Anything mentioned in the General Exclusions

## Emergency Reunion

We will pay:

1. The cost of an economy round-trip air or ground transportation ticket for one relative for transportation to the terminal serving the area where you are hospitalized or are to be hospitalized following Emergency Medical Evacuation; and
2. Reasonable expenses for lodging and meals for the relative, which are incurred in the area where you are hospitalized for a period not to exceed 15 days.

We will provide the above benefits only when the conditions and restrictions in this policy and the following are met:

- a) Only following a covered Emergency Medical Evacuation, or
- b) You are hospitalized as an inpatient for at least five days due to a life-threatening covered condition.

Emergency Reunion benefits not related to an Emergency Medical Evacuation will be paid only following the end of the minimum five day inpatient stay.

We will not pay for claims arising directly or indirectly from

1. Anything mentioned in the General Exclusions.

## Accidental Death & Dismemberment

We will pay:

1. Death – we will pay the amount indicated in the Schedule of Benefits to the beneficiary.
2. Loss of 2 or more Limbs or eyes – we will pay the amount indicated in the Schedule of Benefits to you.
3. Loss of 1 Limb or eye – we will pay one-half of the amount indicated in the Schedule of Benefits to you.

We will provide the above benefits only when the conditions and restrictions in this policy and the following are met:

- a) Death must occur within 30 days of the sudden, unintentional and unexpected occurrence and not be contributed to by illness or disease; and
- b) In no event will our payment under this benefit total more than the principal sum.

We will not pay for claims arising directly or indirectly from

1. Accidents or loss caused by or contributed to by any of the following: Your service in the armed forces of any country.
  - a) Terrorism, war or act of war, whether declared or undeclared.
  - b) Your participation in a riot, insurrection or violent disorder.
  - c) Your service in the armed forces of any country.
  - d) Suicide or attempted suicide or self-inflicted injury, while sane or insane.
  - e) The voluntary use of any chemical compound, poison or drug, unless used according to the directions of a physician.
  - f) Committing or attempting to commit a felony.
  - g) Sickness, mental health disorder, or pregnancy.
  - h) As the result of intoxication as defined by the laws of the jurisdiction in which the accident occurred, whether directly or indirectly,
  - i) Myocardial infarction or cerebrovascular accident (CVA / Stroke).
  - j) Infection, except infection through a wound caused solely by an accident.
  - k) Injury while riding, boarding, or alighting from an aircraft if you were operating the aircraft, learning to operate the aircraft, serving as a member of the aircraft crew, or if the aircraft was being used for any purpose other than passenger transportation.
  - l) Medical or surgical treatment for any of the above.
  - m) Any non-covered sports activities.
2. Anything mentioned in the General Exclusions.

Accidental Death means a sudden, unintentional and unexpected occurrence caused solely by external, visible means resulting in physical injury to you and your subsequent death. Death must occur within 30 days of the sudden, unintentional and unexpected occurrence and not be contributed to by illness or disease.

Accidental Dismemberment means a sudden, unintentional and unexpected occurrence caused solely by external, visible means and resulting in complete severance from the body of one or more limbs or eyes and not contributed to by illness or disease. For purposes of the Accidental Death and Dismemberment benefit, the term "limb" shall mean: the arm when the severance is at or above (toward the elbow) the wrist, or the leg when the severance is at or above (toward the knee) the ankle. Loss of eye(s) shall mean: complete, permanent, irrevocable loss of sight.

Beneficiary means the individual named in your application to be the recipient of any accidental death benefit.

## Sports and Activities

*Intercollegiate, Interscholastic, Intramural, or Club Sports*

We will pay:

1. Subject to the limit set forth in the Schedule of Benefits and Limits, you are covered for injury or illness sustained while taking part in sanctioned intercollegiate, interscholastic, intramural, or club sports.

We will not pay for claims arising directly or indirectly from:

1. Sports or athletics not sanctioned by your school; and
2. Any activity performed in a professional capacity or for any wage, reward, or profit; and
3. Anything mentioned in the General Exclusions.

#### *Leisure, Recreational, Entertainment or Fitness Sports and Activities*

We will pay:

1. Subject to the overall maximum limit, you are covered for injury or illness sustained while taking part in sports and activities, unless it is excluded below. You must ensure the activity is adequately supervised and that appropriate safety equipment (such as protective headwear, life jackets etc.) are worn at all times.

We will not pay for claims arising directly or indirectly from:

1. Sports or athletics involving regular or scheduled practice and/or games; and
2. Any activity performed in a professional capacity or for any wage, reward, or profit; and
3. Anything mentioned in the General Exclusions; and
4. Any of the excluded items listed below:
  - i. Aviation (except when traveling solely as a passenger in a commercial aircraft)
  - ii. Base Jumping
  - iii. BMX freestyle
  - iv. Bungee Jumping
  - v. Free-Diving
  - vi. Hang-Gliding
  - vii. Jet Skiing
  - viii. Mountaineering where a reasonably prudent person would use ropes or guides or at elevations of 4,500 meters or higher
  - ix. Parachuting
  - x. Racing by any Animal, Motorized Vehicle, or BMX
  - xi. Skateboarding
  - xii. Sky Diving
  - xiii. Sky Surfing
  - xiv. Snow Skiing and Snowboarding, except recreational downhill and/or cross country snow skiing or snowboarding (no cover provided while skiing away from prepared and marked in-bound territories and/or against the advice of the local ski school or local authoritative body)
  - xv. Spelunking
  - xvi. Sub Aqua Pursuits involving underwater breathing apparatus unless accompanied by a certified instructor at depths less than 10 meters, or PADI/NAUI certified
  - xvii. Surfing
  - xviii. Whitewater Kayaking and Rafting

## Personal Liability

We will pay:

Up to the sum insured shown in the Schedule of Benefits and Limits (inclusive of legal costs and expenses) if you become legally liable to pay damages in respect of:

1. Accidental bodily injury, including death, illness and disease to a third person; and/or
2. Accidental loss of or damage to a third person's material property (property that is both material and tangible); and/or
3. Accidental loss of or damage to a related third person's material property (property that is both material and tangible);

We will not pay for claims arising directly or indirectly from

1. Intentionally committed acts, or arising from the influence of alcohol or drugs not medically prescribed by a licensed physician;
2. Bodily injury, illness or disease of any person under a contract of employment, service or apprenticeship with you when the bodily injury, illness or disease arises out of and in the course of their employment to you, or in connection with any trade, business or profession;
3. Loss or damage to property belonging to or held in trust by or in the custody or control of you other than temporary accommodation occupied by you in the course of the trip;
4. Bodily injury or damage caused directly or indirectly in connection with the ownership, possession or use by you or on behalf of you of: aircraft, hovercraft, watercraft, motorized vehicles, parachute, parasail, glider, firearms, fireworks, explosives, deadly weapons, or any racing activity;
5. Any damages, losses or claims caused in whole or in part by you during any hunt or as a result of hunting;
6. Bodily injury caused directly or indirectly in connection with the ownership, possession or occupation of land or buildings, immobile property or caravans or trailers;
7. Damages resulting from any fire, flood, wind, hail, waterleak, gas leak, explosion or other catastrophe;



8. Fraudulent, dishonest or criminal acts of you or any person authorised by you;
9. The consequences of any breach, violation or failure to perform any contractual undertakings or obligations, whether verbal or in writing;
10. Punitive or exemplary damages, or fines, penalties, assessments or claims by any governmental authorities or regulatory bodies;
11. Gambling, gaming, or betting of any kind;
12. Animals or pets belonging to you, or in your care, custody or control;
13. Anything mentioned in the General Exclusions.

#### Specific Conditions

1. You or your legal representatives will give us written notice immediately if you have received notice of any prosecution or inquest in connection with any circumstances which may give rise to liability under this section.
2. No admission, offer, promise, payment or indemnity shall be made by or on behalf of you without our prior written consent.
3. Every claim notice, letter, writ or process or other document served on you shall be forwarded to us and immediately upon receipt.
4. We shall be entitled to take over and conduct in your name the defense or settlement of any claim or to prosecute in your name for our own benefit any claim for indemnity or damages against all other parties or persons.
5. We may at any time pay you in connection with any claim or series of claims the sum insured (after deduction of any sums already paid as compensation) or any lesser amount for which such claim(s) can be settled. Once this payment is made we shall relinquish the conduct and control and be under no further liability in connection with such claim(s) except for the payment of costs and expenses recoverable or incurred prior to the date of such payment.
6. We will consider paying or advancing, but without any obligation or contractual duty to do so, up to \$2,500 to you or for your benefit to settle and compromise an asserted claim against you so long as:
  - a) The asserted claim is one that may be eligible for coverage under this insurance;
  - b) A lawsuit has not yet been filed, or, if already filed, no response has been filed;
  - c) You obtain a full written release and/or covenant-not-to-sue satisfactory to us; and
  - d) A full proof of claim and other necessary documentation is satisfactorily provided to us.

Third Person means any individual, natural person, or other legal entity or person, other than you or a related third person.

Related Third Person means any individual or natural person who is your relative, your traveling companion a relative of such traveling companion, and any other person, individual or family member with whom you are residing or being hosted.

## Terrorism

We will pay:

1. Eligible Medical Expenses for treatment of injuries and illnesses resulting from an Act of Terrorism, up to the limit set forth in the Schedule of Benefits and Limits, provided all of the following conditions are met.

We will provide the above benefits only when the conditions and restrictions in this policy and the following are met:

- a) The injury or illness does not result from the use of any biological, chemical, cyber, radioactive or nuclear agent, material, device or weapon; and
- b) You have no direct or indirect involvement in the Act of Terrorism; and
- c) The Act of Terrorism is not in a country or location where the United States government has issued a travel warning that has been in effect within the 6 months immediately prior to your date of arrival; and
- d) You have not failed to depart a country or location within 10 days following the date a warning to leave that country or location is issued by the United States government.

For the purpose of this insurance, an "Act of Terrorism" means an act, including but not limited to, the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s) committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

We will not pay for claims arising from

1. Loss, damage, cost or expense directly or indirectly caused by, resulting from or in connection with any of the following regardless of any other cause or event contributing concurrently or in any other sequence to the loss, damage, cost or expense:
  - a) war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power; and
  - b) the use of any biological, chemical, radioactive or nuclear agent, material, device or weapon; however, this exclusion shall not apply where you are exposed to nuclear radioactive and/or radioactive material for the purpose of medical treatment; and
  - c) any Act of Terrorism, not specifically covered above; and
  - d) coverage for loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to (a), (b) or (c) above; and
  - e) Anything mentioned in the General Exclusions.

If we allege that by reason of this exclusion, any loss, damage, cost or expense is not covered by this insurance, the burden of proving the contrary shall be upon you. In the event any portion of this exclusion is found to be invalid or unenforceable, the remainder shall remain in full force and effect.



# Plan Exclusions

Charges for the following conditions, treatments (including diagnoses, tests, and examinations), services, supplies, acts, omissions, and/or events are excluded from coverage hereunder:

1. Congenital illnesses.
2. Immunizations, routine physical exams, and other diagnostic labs, x-rays, and procedures for screening or preventative purposes.
3. Dental treatment and treatment of the temporomandibular joint, except for emergency dental treatment necessary to replace sound natural teeth lost or damaged in an accident covered hereunder or for the emergency relief of acute onset of pain.
4. Mental health disorders if treatment is obtained at a student health center.
5. Physical therapy if treatment is obtained at a student health center.
6. Chiropractic treatment, unless ordered in advance by a physician for medically necessary treatment related to a covered injury or illness, and not obtained at a student health center.
7. Routine pre-natal care, pregnancy, child birth, post-natal care, and nursery care of a newborn, unless directly related to a covered pregnancy.
8. Elective termination of pregnancy.
9. Promotion or prevention of conception including but not limited to: artificial insemination, treatment for infertility, sterilization or reversal of sterilization.
10. Venereal disease, including all sexually transmitted diseases and conditions, except for services provided by Troy University Student Health Center only.
11. HIV, AIDS, or ARC, and all diseases caused by and/or related to HIV.
12. Organ or tissue transplants or related services.
13. Self-inflicted injury or illness and/or suicide or attempted suicide whether sane or insane. This exclusion does not apply to Repatriation of Remains benefit of this insurance.
14. Injury sustained that is due wholly or partially to the effects of intoxication or drugs other than drugs taken in accordance with treatment prescribed by a physician and except drugs prescribed for the treatment of substance abuse.
15. Voluntarily using any drug, narcotic or controlled substance, unless as prescribed by a physician.
16. Charges resulting from or occurring during the commission of a violation of law, including without limitation, the engaging in an illegal occupation or act, but excluding minor traffic violations.
17. Eye surgery, such as corrective refractory surgery, when the primary purpose is to correct nearsightedness, farsightedness or astigmatism.
18. Corrective devices and medical appliances, including eyeglasses, contact lenses, hearing aids, hearing implants, eye refraction, visual therapy, and any examination or fitting related to these devices, dentures or dental appliances, and all vision and hearing tests and examinations.
19. Orthoptics and visual eye training.
20. Orthopedic shoes, orthopedic prescription devices to be attached to or placed in shoes, treatment of weak, strained, flat, unstable or unbalanced feet, metatarsalgia or bunions, and treatment of corns, calluses or toenails.
21. Hair loss including wigs, hair transplants or any drug that promises hair growth, whether or not prescribed.
22. Acne, moles, skin tags, diseases of sebaceous glands, seborrhea, sebaceous cyst, hypertrophic and atrophic conditions of skin, nevus.
23. Sleep apnea or other sleep disorders.
24. Speech, vocational, occupational, biofeedback, acupuncture, recreational, sleep or music therapy, holistic care of any nature, massage and kinestherapy.
25. Psychometric, intelligence, competency, behavioral and educational testing.
26. While confined primarily to receive custodial care, educational or rehabilitative care, or any medical treatment in any establishment for the care of the aged, except rehabilitative care received upon direct transfer from an acute care hospital.
27. Cosmetic or aesthetic reasons, except for reconstructive surgery when such surgery is directly related to and follows a surgery which was covered hereunder.
28. Modifications of the physical body intended to improve the psychological, mental or emotional well-being, including but not limited to sex-change surgery.
29. Obesity or weight modification, including but not limited to wiring of the teeth and all forms of intestinal bypass surgery.
30. Exercise programs, whether or not prescribed or recommended by a physician
31. Incurred as a result of exposure to non-medical nuclear radiation and/or radioactive material(s).
32. Charges resulting from a disease outbreak in a country or location for which the U.S. Centers for Disease Control and Prevention (CDC) has issued a Level 3 Travel Warning if a) the warning has been in effect within the 6 months immediately prior to your date of arrival, or b) within 10 days following the date the warning is issued you have failed to depart the country or location.
33. Investigational, experimental or for research purposes.
34. Complications or consequences of a treatment or condition not covered hereunder.
35. Incurred outside your certificate period.
36. Submitted to us for payment more than 60 days after the last day of the certificate period.
37. Exceeding usual, reasonable and customary.
38. Not medically necessary.
39. Not administered by or ordered by a physician.
40. Provided by a relative, family member or any person who ordinarily resides with you.
41. Provided at no cost to you.
42. Telephone consultations or failure to keep a scheduled appointment.

43. When departure from the home country is to obtain treatment in the destination country/countries.
44. Travel or accommodations, except as provided for in the Local Ambulance, Emergency Medical Evacuation, Repatriation of Remains, and Emergency Reunion sections of this insurance.
45. Payable under any government system, including the Australian Medicare system.
46. War, military action or while on duty as a member of a police or military force unit.
47. Not included as Eligible Expenses as described herein.

**Please note:** this brochure is a consolidated summary of the plan benefits, the official policy certificate is available in your student zone and will be the overriding document for claims adjudication. Any discrepancies between this brochure and the policy certificate, the policy certificate will override this brochure.