



ENVISAGE
GLOBAL INSURANCE



Alliance Strategies Group

ALAB-base-A26

GEOV-base-A26

TELO-base-A26

Plan Year: 2026

May 1st 2026 - December 31st 2027

Seeking Medical Care

BEFORE Seeking Medical Care

Pre-notification is not a guarantee of coverage or payment

- You **MUST** submit the online pre-notification form OR contact assistance and provide required information as requested:

- PointComfortPortal.com/alliance-strategies
- USA Toll Free: (833) 483-0001
- USA Direct: +1(317) 210-2010



- If your condition is life-threatening or an emergency, you must call within 24 hours of the incident (unless you are unconscious). Someone else can do this for you on your behalf.

Once you have completed the pre-notification form online or called the assistance team, you will receive a pre-notification confirmation/receipt and guidance on where to seek care.

Seeking Medical Care

Once Pre-Notification has been satisfied (and confirmed to you by the assistance team), you will be offered the following options to seek medical care:

1. Teladoc - No fee to access (when appropriate for your condition)
2. Urgent Care/Walk-in Clinic – \$75 copay
3. Emergency Room – \$350 copay
 - ONLY covered for life-threatening or severe emergency conditions

Pre-notification is still not a guarantee that benefits will be paid, only when the full and complete claim is submitted and received will this be confirmed.

AFTER Seeking Medical Care

Within **24 hours** of actually seeking medical care, you will need to submit the following documents:

- A. Completed claim form
- B. Medical reports and records
- C. Receipts from any prescription or payments out of pocket
- D. Any other documents requested by the claims team

We suggest you call the assistance number on your insurance card after seeking care to confirm what documents will be required.

Follow-Up Care

The plan includes coverage for a second, follow-up consultation within 72 hours (3 days) of the initial consultation. To comply with pre-notification requirements, you will also need to submit the pre-notification form for any follow-up care as indicated above.

Inpatient Admission

For any inpatient admissions, pre-certification and pre-notification will



be required. Please contact the support team before any hospitalization admission, and they will guide you on what will be needed and required. Please note, if you are unconscious or unable to do this, it must be done within 24 hours – someone else can also do this on your behalf.

PLEASE NOTE - Failure to follow these guidelines may result in reduction or denial of benefits.

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 submission instructions
- Claims tracking details
- 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-Notification, 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

Benefit Summary

Benefit	Base Coverage
Coverage Area	Worldwide, including the USA
Medical Maximum	\$250,000
Age	14 days through 59 years
Deductible, Copays, and Coinsurance All Eligible Medical Expenses are subject to Deductible, Co-pays, Coinsurance, and Maximum Benefit unless otherwise indicated Subject to Pre-Notification/Pre-Certification Requirements (Copays do not apply toward satisfaction of Deductible or Coinsurance)	
Deductible	\$150 per injury / illness
Teladoc Telemedicine	Covered; not subject to Deductible
Emergency Medical Treatment in Emergency Room • In addition to Deductible	\$350 Copay, waived if admitted as inpatient
Urgent Care Clinic or Walk-in Clinic • In addition to Deductible	\$75 Copay
Outpatient Prescription Drugs • Reimbursement only • Generic preferred	50% Coinsurance
Coinsurance – In-Network (USA)	Plan pays 100% of network discounted charges up to the limits indicated
Coinsurance – Out-of-Network (USA)	Not Covered
Professional Services Subject to Deductible, Coinsurance, Maximum Benefit, and Usual, Reasonable and Customary charges unless otherwise indicated Subject to Pre-Notification/Pre-Certification Requirements	
Physician Hospital Visits/Services	Covered
Physical Therapy • Treatment Plan/Physician's Order required	\$50 per visit, maximum of 1 visit
Surgeon/Anesthesiologist/Anesthesia	Covered Assistant Surgeon - 20% of surgeon fees
All other Inpatient and Outpatient Services Subject to Deductible, Coinsurance, Maximum Benefit, and Usual, Reasonable and Customary charges unless otherwise indicated Subject to Pre-Notification/Pre-Certification Requirements	
Outpatient Facility	Covered
Hospital Room and Board	Covered, subject to average semi-private room rate Includes nursing, miscellaneous, and Ancillary Services
Intensive Care Unit	Covered
Operating room, treatment room and/or recovery room	Covered
Outpatient Laboratory	One Laboratory Test Covered (unless performed in Life-saving Emergency Treatment)

Outpatient Radiology/X-rays	One diagnostic x-ray consisting of 2 views covered (unless performed in Life-saving Emergency Treatment)
Durable Medical Equipment	100% for standard wheelchair and standard Hospital bed
Sports	Covered, for Non-Contact, Leisure and Recreational Sports

Dental Treatment

Subject to Deductible, Coinsurance and Usual, Reasonable and Customary charges unless otherwise indicated
Subject to Pre-Notification/Pre-Certification Requirements

Acute Onset of Dental Pain • Certificate period must be 30 or more days	\$100 maximum, Palliative Care only
Traumatic Dental Accident • Emergency treatment in a Hospital following a covered Accident involving associated face, skull, neck, and/or jaw injury	\$1,000 maximum, Emergency Medical Treatment only

Mental Health

Subject to Deductible, Coinsurance and Usual, Reasonable and Customary charges unless otherwise indicated
Subject to Pre-Notification/Pre-Certification Requirements

Inpatient Care	\$5,000 Maximum for Emergency treatment of covered Mental Health Disorders
----------------	--

Covered Mental Health Disorder(s) The following conditions exclusively: Anxiety disorders, bipolar mood disorder, depression, dissociative disorders that involve memory loss, identity, perceptions and behavior, Post-traumatic Stress disorder occurring within 14 days of exposure to a traumatic event, and schizophrenia.

Transportation Expenses

Not subject to Deductible and Maximum Benefit unless otherwise indicated
Subject to Pre-Notification/Pre-Certification Requirements

Local Ambulance	Injury: Covered Illness: Covered if admitted to Hospital as Inpatient Subject to deductible, coinsurance, and maximum benefit
Interfacility Ambulance Transfer	Covered Subject to deductible, coinsurance, and maximum benefit
Emergency Medical Evacuation and Medical Repatriation	\$50,000 Limit
Emergency Reunion	\$7,500 Limit after 5 days inpatient hospitalization Subject to a maximum of 15 days
Repatriation of Mortal Remains	\$25,000 Limit
Local Burial/Cremation	\$2,500 in lieu of Repatriation of Mortal Remains

Additional Benefits

Accidental Death & Dismemberment	Ages 18 to 59 - Principal Sum \$5,000 Under 18 - Principal Sum \$1,250 Loss of 1 limb or eye – 50% of Accidental Death Principal Sum
----------------------------------	--

Pre-Notification Requirements

Non-Emergency	Only Pre-Notified services and supplies are covered; pre-notification is required for initial treatment and any follow-up treatment.
Emergency	Pre-Notification is required within 24 hours of the incident, unless you are unconscious; in that case, someone else can do this on your behalf.

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 any way 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

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).
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/enrollment.
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

In addition to the **Pre-Notification** requirements of the plan, 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. Durable Medical Equipment
4. Computerized Tomography (CAT Scan, CT Scan)
5. Magnetic Resonance Imaging (MRI)
6. Ultrasound
7. Positron emission tomography scan (PET)
8. Interfacility Ambulance Transfer
9. Inpatient Mental Health Treatment

In the event of an Emergency Hospital admission, Pre-Certification must be made within twenty-four (24) hours after the admission, or as soon as is reasonably possible. **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 may be reduced or denied.**

To start the Pre-Certification process, please contact PCU directly or submit your request via the online form:

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

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. Non-emergency Immediate Medical Treatment or Follow-up Medical Treatment for which no Pre-notification Questionnaire is submitted and confirmed in advance.
3. Follow-up Medical Treatment that takes place after seventy-two (72) hours beginning at the time the Immediate Medical Treatment was provided.
4. Emergency Medical Treatment and Life-threatening Emergency Medical Treatment for which a Pre-notification Questionnaire is not submitted and confirmed in accordance with the Pre-notification Requirements contained in this insurance.
5. Any service or supply for which applicable Pre-certification requirements contained in this insurance are not satisfied.
6. Any Illness or Injury when the purpose of traveling to the Host Country was to obtain treatment.
7. Services or supplies provided by a relative of the Insured Person or any person who ordinarily resides with the Insured Person.
8. Services or supplies provided at no cost to the Insured Person and/or for which the Insured Person is not otherwise liable.
9. Treatment of any employment-related Illness or Injury.
10. 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.
11. Charges which exceed the Usual, Reasonable and Customary charge for the service or supply provided.
12. 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.
13. 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.
14. Elective Treatment.
15. Emergency Room Treatment of a Non-emergency condition.
16. Specialty Medications.
17. Any service, supply or medical treatment of any nature that is not expressly included in Eligible Medical Expenses and/or Eligible Transportation Expenses contained in this insurance.
18. 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.
19. 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.
20. Resulting directly or indirectly, proximately or remotely occasioned by, contributed to by, traceable to or arising in connection an Act of War.
21. 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.

Pre-existing Condition: 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 six (6) months immediately preceding the initial Certificate effective date; (2) condition that had manifested itself in 12 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 six (6) months immediately preceding the initial 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 six (6) months immediately preceding the initial Certificate effective date. Additionally, the following are always considered Pre-existing: Any medical condition related directly or indirectly to the heart, hypertension, blood clots, raised cholesterol or stroke risk that existed, whether known or unknown, at any time prior to the Insured Person's initial Certificate effective date.

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. 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.
 17. Diagnosis and/or treatment of any sleep disorder, including without limitation, sleep apnea.
 18. Diagnosis and/or treatment of cancer in any form.
 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.

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. Artificial or mechanical devices designed to replace human organs temporarily or permanently after termination of Inpatient status.
10. 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, the engaging in an illegal occupation or act, and including operating a motor vehicle when the motor vehicle and/or operator are not in compliance with the laws, rules and regulations applicable to the motor vehicle and motor vehicle operators in the jurisdiction where the motor vehicle is operated, 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. Is the result, directly or indirectly, of: i) intoxication as defined by the laws of the jurisdiction in which the Accident or Injury occurred, or ii) intoxication consistent with a .08 BAC Blood Alcohol Content: whichever is lower, or (iii) an expert's report, such as that of a medical practitioner or forensic expert; (iv) the witness report of a third party; (v) your own admission; or (vi) the description of events the Insured Person described in documents submitted to Plan Administrator or had described to any treating medical professional (such as a paramedic, nurse, doctor) or attending emergency service member as documented in the Insured Person's records.

4. Resulting or relating, directly or indirectly, from the Insured Person's participation in Contact Sports.
5. Resulting or relating, directly or indirectly, from the Insured Person's participation in Professional Athletics.
6. Resulting or relating, directly or indirectly, from the Insured Person's participation in Extreme Sports.
7. Resulting or relating, directly or indirectly, from the Insured Person's participation in Adventure Sports, except as follows:
 - a) This Exclusion does not apply to Recreational downhill or cross-country snow skiing or snowboarding providing such activity is not in any 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.
 - b) This Exclusion does not apply to Recreational Scuba-diving or sub-aqua pursuits to depths of less than twenty 10 meters provided that during the immediately preceding twelve (12) months, the Insured Person (i) has not been treated as an Inpatient for any Mental Health Disorder, (ii) is not on the waiting list or scheduled for Inpatient treatment in a Hospital or any other medical facility, (iii) is not pregnant or (iv) has not been given a terminal prognosis.
8. Resulting or relating directly or indirectly from an Insured Person's participation in Scuba-diving or sub-aqua pursuits at night or where a speargun or similar device is carried or used.
9. 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.
10. 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.

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.

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.