

International Medical Insurance by Tokio-Marine HCC MIS StudentSecure:

GENERAL EXCLUSIONS

Excluded Conditions, Treatments (includes Diagnoses, Tests, and Examinations), Services, Supplies, Acts, Omissions, and/or Events:

1. **Pre-existing Conditions** during the first six (6) months of coverage under StudentSecure Elite and Select, during the first twelve (12) months under StudentSecure Budget, and are excluded throughout coverage under StudentSecure Smart, except charges resulting directly from an Acute Onset of Pre-existing Condition, an Emergency Medical Evacuation, or Repatriation of Remains.
2. Congenital illnesses.
3. Immunizations, routine physical exams, and other diagnostic labs, x-rays, and procedures for screening or preventative purposes, except under StudentSecure Elite as provided for under the Vaccination benefit.
4. 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.
5. **Mental health disorders** if treatment is obtained at a **student health center**.
6. Physical therapy if treatment is obtained at a **student health center**.
7. 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**.
8. Routine pre-natal care, pregnancy, child birth, post-natal care, and nursery care of a newborn, unless directly related to a **covered pregnancy**.
9. Elective termination of pregnancy.
10. Promotion or prevention of conception including but not limited to: artificial insemination, treatment for infertility, sterilization or reversal of sterilization.
11. All **sexually transmitted diseases** and conditions.
12. HIV, AIDS, or ARC, and all diseases caused by and/or related to HIV.
13. Organ or tissue transplants or related services.
14. Self-inflicted **injury** or **illness** and/or suicide or attempted suicide whether sane or insane.
15. **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**.
16. Voluntarily using any drug, narcotic or controlled substance, unless as prescribed by a **physician**.
17. 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.
18. Eye **surgery**, such as corrective refractory **surgery**, when the primary purpose is to correct nearsightedness, farsightedness or astigmatism.
19. 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.
20. Orthoptics and visual eye training.
21. 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.
22. Hair loss including wigs, hair transplants or any drug that promises hair growth, whether or not prescribed.
23. Acne, moles, skin tags, diseases of sebaceous glands, seborrhea, sebaceous cyst, hypertrophic and atrophic conditions of skin, nevus.
24. Sleep apnea or other sleep disorders.
25. Speech, vocational, occupational, biofeedback, acupuncture, recreational, sleep or music therapy, holistic care of any nature, massage and kinestherapy.
26. Psychometric, intelligence, competency, behavioral and educational testing.
27. 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**.
28. Cosmetic or aesthetic reasons, except for reconstructive **surgery** when such **surgery** is directly related to and follows a **surgery** which was covered hereunder.
29. Modifications of the physical body intended to improve the psychological, mental or emotional well-being, including but not limited to sex-change **surgery**.

30. Obesity or weight modification, including but not limited to wiring of the teeth and all forms of intestinal bypass **surgery**.
31. Exercise programs, whether or not prescribed or recommended by a **physician**.
32. Incurred as a result of exposure to non-medical nuclear radiation and/or radioactive material(s).
33. 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.
34. **Investigational, experimental or for research** purposes.
35. Complications or consequences of a treatment or condition not covered hereunder.
36. Incurred outside **your certificate period**.
37. Submitted to **us** for payment more than 60 days after the last day of the **certificate period**.
38. Exceeding **usual, reasonable and customary**.
39. Not **medically necessary**.
40. Not administered by or ordered by a **physician**.
41. Provided by a **relative**, family member or any person who ordinarily resides with **you**.
42. Provided at no cost to **you**.
43. Telephone consultations or failure to keep a scheduled appointment.
44. When departure from the **home country** is to obtain treatment in the destination country/countries.
45. Travel or accommodations, except as provided for in the Local Ambulance, Emergency Medical Evacuation, Repatriation of Remains, and Emergency Reunion sections of this insurance.
46. Payable under any government system, including the Australian Medicare system.
47. War, military action or while on duty as a member of a police or military force unit.
48. Not included as Eligible Expenses as described herein