What is not covered?

Unless specifically provided for elsewhere under the Plan, the Plan does not cover loss caused by or resulting from, nor is any premium charged for, any of the following:

1. Expenses incurred in excess of Reasonable Expenses.
2. Services or supplies that the Insurer considers to be Experimental or Investigative.
3. Expenses incurred for injury resulting from the Covered Person’s being legally intoxicated or under the influence of alcohol as defined by the jurisdiction in which the Accident occurs. This exclusion does not apply to the Medical Evacuation, to the Repatriation of Remains to the Bedside Visit Benefit.
4. Voluntary use of any drug, narcotic or controlled substance, unless as prescribed by a Physician. This exclusion does not apply to the Medical Evacuation Benefit, to the Repatriation of Remains Benefit and to the Bedside Visit Benefit.
5. Self-inlicted injuries while sane or insane, suicide, or any attempt thereof while sane or insane. This exclusion does not apply to the Medical Evacuation Benefit, to the Repatriation of Remains Benefit and to the Bedside Visit Benefit.
6. Preventative medicines, routine physical examinations, or any other examination where there are no objective indications of impairment in normal health.
7. Services and supplies not Medically Necessary for the diagnosis or treatment of a Sickness or Injury.
8. Surgery for the correction of refractive error and services and prescriptions for eye examinations, eye glasses or contact lenses or hearing aids, except when Medically Necessary for the Treatment of an Injury or as specifically covered under the Plan.
9. Plastic or cosmetic surgery, unless they result directly from an Injury which necessitated medical treatment within 24 hours of the Accident.
10. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, except as specifically provided for in the Plan.
11. Expenses incurred as a result of pregnancy that is not covered.
12. Organ or tissue transplant.
13. Participating in an illegal occupation or committing or attempting to commit a felony.
14. While traveling against the advice of a Physician, while on a waiting list for a specific treatment, or when traveling for the purpose of obtaining medical treatment.
15. The diagnosis or treatment of Congenital Conditions, except for a newborn child insured under the Policy.
16. Treatment to the teeth, gums, jaw or structures directly supporting the teeth, including surgical extraction of teeth, TMJ dysfunction or skeletal irregularities of one or both jaws including orthognathia and mandibular retrusion.
17. Expenses incurred in connection with weak, strained or flat feet, corns or calluses.
18. Diagnosis and treatment of acne and sebaceous cyst.
19. Deviated nasal septum, including submucous resection and/or surgical correction, unless treatment is due to or arises from an Injury.
20. Loss due to war, declared or undeclared; service in the armed forces of any country or international authority and participation in a riot; or civil commotion.
21. Riding in any aircraft, except as a passenger on a regularly scheduled airline or charter flight.
22. Loss arising from a) participating in any intercollegiate/intercollegiate or professional sports, contest or competition; b) participating in any intramural sport competition, contest or competition; c) participating in any club sport competition, contest or competition; d) participating in any professional sport, contest or competition; e) Skin/scauba diving, sky diving, hang gliding or bungee jumping.
23. Medical Treatment Benefits provision for loss due to or arising from a motor vehicle Accident if the Covered Person operated the vehicle without a proper license in the jurisdiction where the Accident occurred.
24. Under the Accidental Death and Dismemberment provision, for loss of life or dismemberment for or arising from an Accident in the Covered Person’s Home Country.

Claims Submission

Claims are to be submitted to HTH Worldwide, PO Box 21545, Eagan, MN 55121. See the hthstudents.com website for claim forms and instructions on how to file.
### MEDICAL EXPENSE LIMITS - Covered Person

<table>
<thead>
<tr>
<th>Schedule of Benefits - Table 2 - Medical Expense Benefits</th>
<th>OOP</th>
<th>OOP</th>
<th>OOP</th>
<th>OOP</th>
<th>OOP</th>
<th>OOP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Hospital Services and Physician Visit</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Professional Services and Physician Visit</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

#### What is covered by the plan?

- Inpatient Hospital Services and Physician Visit
- Professional Services and Physician Visit

#### When does coverage end?

- The policy year is December 1 of the policy year.
- The policy year is December 31 of the policy year.
- The policy year is December 31 of the policy year.
- The policy year is December 31 of the policy year.
- The policy year is December 31 of the policy year.
- The policy year is December 31 of the policy year.

#### When does coverage start?

- The policy year is December 1 of the policy year.
- The policy year is December 31 of the policy year.
- The policy year is December 31 of the policy year.
- The policy year is December 31 of the policy year.
- The policy year is December 31 of the policy year.
- The policy year is December 31 of the policy year.

#### What is excluded from coverage?

- Benefits for pre-existing conditions.
- Benefits for mental health services.
- Benefits for prescription drugs.
- Benefits for hospice care.

#### What is included in coverage?

- Benefits for inpatient hospital services.
- Benefits for physician visits.
- Benefits for outpatient services.
- Benefits for preventative care.

#### Contact Information:

- Phone: 1-800-123-4567
- Email: info@healthcare.com
- Website: www.healthcare.com