



Meiji Academy
Plan Number: MAGG-Z25
Plan Year: 2025
April 20, 2025 - April 19, 2026

Seeking Medical Care

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



Doctor/Hospital Search

You have the freedom of choice to visit any provider you wish. If you need assistance finding a doctor or with seeking treatment, please contact the insurance company, Point Comfort:

Email: travelclaims@pointcomfort.com

Phone: +1 (317) 210-2010



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

- If you seek treatment at the ER for an illness more than 48 hours after onset and are not admitted to the hospital, you will have to pay 50% of expenses.



Prescription Medications

Prescriptions should be filled at any available pharmacy and paid upfront directly to the pharmacy. Please keep copies of all your receipts and the prescription label and submit those to the claims team, along with a completed claim form for processing.



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.



Claims Information

Claim Submission

If you seek medical care and 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 180 days from your visit for your claim to be considered for coverage.**
3. Attach copies of any bills, receipts, prescription information, and medical records.

Claims can be submitted via:

Email: travelclaims@pointcomfort.com
(recommended)

Online: <https://pointcomfort.com/claims-submission/>

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



PCU 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 PCU at:

- USA Toll Free: (844)210-2010
- International Collect Calls +1(317)210-2010
- Email: travelclaims@pointcomfort.com

Benefit Summary

Benefit	Coverage
Coverage Area	Worldwide, excluding the USA
Medical Maximum, per certificate period	\$100,000
Ages	14 days through 64 years
Deductible, Co-pays and Coinsurance (subject to Usual, Reasonable and Customary charges) (Co-pays do not apply toward satisfaction of Deductible or Coinsurance)	
Deductible	\$0 per certificate period
Coinsurance	Plan pays 100%
Physician Office Visit	\$20 Co-pay
Urgent Care Clinic or Walk-In Clinic	\$50 Co-pay
Outpatient Prescription Drugs	\$20 Co-pay
Emergency Room	Injury: • Plan pays 100% Illness: • \$350 Copay and, • 50% coinsurance if treatment sought after 48 hours of onset of symptoms. • Copay and coinsurance waived if admitted
Professional Services (Subject to Deductible, Coinsurance and Usual, Reasonable and Customary charges unless otherwise indicated.)	
Physician Hospital Visits / Services	100%
Physical Therapy / Chiropractic	\$50 per visit, maximum of 10 visits Treatment Plan or Medical Order required
Surgeon/Anesthesiologist/ Anesthesia	100% Assistant Surgeon - 20% of Surgeon Fees
All other Inpatient and Outpatient Services (Subject to Deductible, Coinsurance and Usual, Reasonable and Customary charges unless otherwise indicated)	
Outpatient Facility	100%
Hospital Room and Board	100%, subject to Average Semi-private room rate Includes 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% For standard wheelchair and hospital bed only

Reconstructive Surgery	100% If incidental to or following a covered Surgery
Chemotherapy / Radiation Therapy	100%
Pre-admission Testing	100%
Extended Care Facility	100%
Home Nursing Care	100%
Dental Treatment (Subject to Deductible, Coinsurance and Usual, Reasonable and Customary charges unless otherwise indicated)	
Acute Onset of Dental Pain	\$100 maximum for palliative care only Certificate Period must be 30 days or more
Dental Treatment - Accident	\$100 per tooth \$300 maximum per Certificate Period In a dental office (non-emergency), following a covered accident
Traumatic Dental Treatment	100% Emergency treatment in a hospital following a covered accident (involving associated face, skull, neck, and/or jaw injury)
Eligible Transportation Expenses (Not subject to Deductible, Coinsurance and Maximum Benefit unless otherwise indicated.)	
Local Ambulance	Injury: 100% Illness: 100% if admitted Subject to Deductible, Coinsurance, and Maximum Benefit
Interfacility Ambulance Transfer	100% Subject to Deductible, Coinsurance, and Maximum Benefit
Emergency Medical Evacuation	\$100,000 maximum
Repatriation of Mortal Remains	\$100,000 maximum
Emergency Reunion	\$50,000 maximum, 15 day maximum
Beside Visit	\$1,500 maximum
Local Burial/Cremation	\$5,000 maximum In lieu of Repatriation of Mortal Remains
Trip Interruption	\$5,000 maximum
Lost Checked Luggage	Actual Cash Value not to exceed \$50 any one item, subject to a maximum of \$250
Additional Benefits	
Incidental Trip(s) Home	Unlimited trips to Home Country, 15 days total per 90 days of coverage, US coverage limited to \$5,000
Accidental Death & Dismemberment	Ages 18 to 64 - \$10,000 Principal Sum Under 18 - \$1,250 Principal Sum
Personal Liability	\$25,000 Combined Limit

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.

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 a Participating Organization designated in the Certificate.
2. Be at least fourteen (14) days old and not yet sixty-five (65) years of age
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 Initial Certificate Effective Date, must have legally departed their Home Country
7. As of any subsequent Travel Extension date, must have legally entered and be legally present in the Host Country
8. 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, CT Scan)
7. Magnetic Resonance Imaging (MRI)
8. Ultrasound
9. Positron emission tomography scan (PET)
10. Chemotherapy/Radiation Therapy
11. Interfacility Ambulance Transfer

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 PCU 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/>

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. If Proof of Claim is not provided to the Plan Administrator within one hundred eighty (180) days from the first date a 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.
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, but not including drugs prescribed for the treatment of Substance Abuse.
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).
15. Any Elective Surgery or diagnostic procedure
16. Specialty Medications
17. 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.

18. Charges 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.

Pre-existing Condition(s) Exclusions

1. Resulting from or relating, directly or indirectly, to any Pre-existing Condition, except for benefits set forth in certificate PART V - ELIGIBLE TRANSPORTATION EXPENSES, C. Emergency Medical Evacuation and F. Repatriation of Mortal Remains or Local Burial or Local Cremation.

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. 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.
3. 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.
4. 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.
5. 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.
6. 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.
7. For diagnosis and/or treatment of Mental Health Disorders.
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 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. 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 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.
 19. For diagnosis and/or treatment of any sleep disorder, including without limitation, sleep apnea and insomnia.
 20. For diagnosis and/or treatment of any infection of the urinary tract, including without limitation, infection of the kidney, ureter, bladder, prostate or urethra, and any complication, medical condition or other illness resulting from or relating, directly or indirectly thereto, that occurs within ninety (90) days of the Certificate Effective Date and that requires treatment of the Insured Person in a Hospital as an Inpatient.
 21. Treatment required as a result of complications or consequences of a treatment or condition not covered hereunder.

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 telephone consultations, except Virtual Medicine Consultations (US travel only) through an approved telemedicine protocol system, or failure to keep a scheduled appointment.
5. For Surgeries, treatments, services or supplies that are Investigational, Experimental or for Research Purposes.
6. Incurred while confined primarily to receive Custodial Care.
7. 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.
8. For speech, vocational, occupational, biofeedback, acupuncture, Recreational, sleep or music therapy, holistic care of any nature, massage and kinesitherapy.
9. 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.
10. For exercise and/or fitness programs or equipment, whether or not prescribed or recommended by a Physician.
11. For Hospice care.

12. 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.
13. 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.
14. For any artificial or mechanical devices designed to replace human organs temporarily or permanently after termination of Inpatient status.
15. 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.
16. For brand name drugs when a suitable generic substitute is available.

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, post, area, territory or country 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, post, area, territory or country. This exclusion does not apply to claims resulting from Covid 19 (including viral mutations) if the Insured Person has been fully vaccinated based on then current recommendations by the US Centers for Disease Control and Prevention (CDC) or World Health Organization (WHO) prior to their arrival to said location, post, area, territory or country.
2. 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 when, on or subsequent to the Insured Person's arrival to the affected location, the US Department of State issued a Level 4 (do not travel) warning, 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. This exclusion does not apply to claims resulting from Covid 19 (including viral mutations) if the Insured Person has been fully vaccinated based on then current recommendations by the US Centers for Disease Control and Prevention (CDC) prior to their arrival to said location, post, area, territory or country.
3. In circumstances, as described in items 1. and 2. above, where Underwriters are providing coverage for claims resulting from Covid 19, such coverage shall terminate on the next natural expiration date for the Insured Person and no Extensions of coverage beyond the Insured Person's next natural expiration date shall be granted.
4. Notwithstanding items 1., 2. and 3. 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 its patients.
5. 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, 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 except for benefits set forth in the certificate PART V - ELIGIBLE TRANSPORTATION EXPENSES, C. Emergency Medical Evacuation benefits respect to attempted suicide, and F. Repatriation of Mortal Remains or Local Burial or Local Cremation in respect to suicide.
3. Resulting or relating, directly or indirectly, from an Insured Person's operation of a any motorized vehicle without possession of a valid motor vehicle operator's license, except while participating in a drivers' education program.
4. Resulting or relating, directly or indirectly, from an Insured Person entering into or alighting from, operating or riding as a passenger any motorized vehicle not designed primarily for and licensed for (if licensure is required by local authorities) use on public streets, highways or waterways.
5. Resulting or relating, directly or indirectly, from an Insured Person's operation of any moving vehicle, 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. "moving 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.
6. For travel, meals, transportation and/or accommodations except as expressly provided herein.
7. Resulting or relating, directly or indirectly, from the Insured Person's participation in Contact Sports.
8. Resulting or relating, directly or indirectly, from the Insured Person's participation in Amateur Sports. This exclusion does not apply to:
 - (a) Recreational downhill or cross-country snow skiing or snowboarding providing such activity is not in any violalon 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) Recreational Scuba-diving or sub-aqua pursuits to depths of less than 10 meters (Exclusions 14, 15, and 16 do apply) if the Insured Person is certified by a recognized certifying agency or is accompanied by a qualified instructor.
9. Resulting or relating, directly or indirectly, from the Insured Person's participation in Professional Athletics.
10. Resulting or relating, directly or indirectly, from the Insured Person's participation in Extreme Sports.
11. Resulting or relating, directly or indirectly, from the Insured Person's participation in Adventure Sports, except as follows:
 - (a) If the Insured Person has purchased the Adventure Sports Option; or
 - (b) 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.
 - (c) This Exclusion does not apply to Recreational Scuba-diving or sub-aqua pursuits to depths of less than 10 meters (Exclusions 12, 13, 14, 15, and 16 do apply).
12. 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.
13. 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.
14. Resulting or relating directly or indirectly, from an Insured Person's participation in any Scuba-diving or sub-aqua pursuits if, during the immediately preceding twelve-month period the Insured Person has been treated as an Inpatient for any Mental Health Disorder, is on the waiting list or is scheduled for Inpatient treatment in a Hospital or any other medical facility, is pregnant or has been given a terminal

prognosis. This exclusion applies to all Insured Person's, including Insured Persons under the Adventure Sports option.

15. 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. This exclusion does not apply to Adventure Sports if the Adventure Sports option has been purchased.
16. Resulting or relating directly or indirectly from an **Insured Person's** participation in Scuba-diving or sub-aqua pursuits where a speargun or similar device is carried or used.

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 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.
4. 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.

Personal Liability Exclusions

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 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 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 Relative, 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 nonparty 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 worker's compensation claims.
16. Animals or pets belonging to the Insured Person or any Relative, or in the care, custody, or control of the Insured Person or any Relative.
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 the Insured Person's suicide or attempted suicide.
20. The Insured Person's participation in gambling, gaming, or betting of any kind.
21. The Insured Person's participation in any fights, brawls, criminal activity, or other unlawful activity.
22. During the practice or participation of sports, Recreational activities, or athletics either as a professional, amateur or novice, unless performed solely for Recreational purposes or during high school activities.
23. Contact Sports, Extreme Sports, Adventure Sports, or Professional Sports.
24. Occurring when the Insured Person is a passenger in an aircraft other than a commercial aircraft.
25. War, Hostilities, and War-Like Operations.
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 radioisotopes or the use of nuclear or chemical materials.
27. 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 Certificate, whichever is earlier.
28. 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 Relative against Underwriters or the Plan Administrator including, without limitation, any lawsuit or proceeding alleging breach of contract, bad faith, or any tortuous 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.
29. 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,
30. Any personal Injury, medical expense, damage or other loss suffered by a Relative except for damage to a Relative's personal property, which shall be limited to a maximum of \$2,500 and subject to the Deductible set forth in the Schedule of Benefits and Limits.