Insurance Information
Disney Work & Travel Programs

Plan Option 2A
Certificate Number: CC000415

Valid until 12/31/2020
Guidelines how to use your insurance

How to contact the Insurance Administrator

Your exchange organization has enrolled you in an illness and injury health insurance policy which is underwritten by Crum & Forster Segregated Portfolio Captive and administered by Relation Insurance Administrators, Inc. (RIA).

The insurance cover does not apply in your home country, except during the outward and return journey to or from your place of residence in the host country. Please contact RIA if you have any questions regarding your medical benefits, how to file a claim, or status of a claim you have filed.

Relation Insurance Administrators, Inc.
P.O. Box 6040 • Agoura Hills, CA 91376-6040
USA
Email: riaservice@relationinsurance.com
24/7 Service Hotline:
In the USA: 1 800 314 3938*
Outside the USA: +1 818 735 3560**

* For claims questions and if you need help to find a provider, please call the hotline from 6:00am-5pm PT, Mon-Thurs and 6:00am – 4pm PT Fridays.
** For claim questions and benefit information, do not press 1, but stay on the line to reach RIA during their business hours (6:00am-5pm PT, Mon-Thurs and 6:00am – 4pm PT Fridays).

Please note: If you want to extend or shorten your insurance cover, please contact your organization.

Carry your Insurance ID card with you at all times.

When you go to a Doctor’s office or to the Hospital, be sure to bring your insurance identification card.

With the MyInsurance Mobile app you have all your travel information right at your fingertips: Show your Insurance ID-Card on your phone to the doctor, view all important contact details and service hotlines, search for a doctor or hospital near your location and view the summary of your benefits.

Simply scan the QR code and get the App on your mobile!
If you become ill or injured:
How to find a medical provider within the PPO Network?

Your policy utilizes the Aetna Passport to Healthcare Network. Medical providers who belong to this network are considered preferred providers and have a contract with your policy’s administrator to bill them direct for services rendered to their participants. This means for eligible expenses under your policy, a preferred provider will bill RIA direct at the time of service and you would only be responsible for any deductible or copayment. You can search for a preferred network provider yourself via the link below or call RIA for assistance at

1 800 314 3938*

* Service available from 6:00am-5pm PT, Mon-Thurs and 6:00am – 4pm PT Fridays.

Search for a doctor, Urgent Care or Walk-in Clinic*:
www.atena.com/docfind/custum/passport or simply scan the QR code:

*Select Passport to Healthcare Primary PPO Network

Don’t use an Emergency Room (ER) in the USA unless you are having a serious or life-threatening medical problem!

Services rendered in the emergency room are extremely expensive in the USA so you need to carefully determine whether or not it is appropriate to go there for treatment. Do not go to the ER only because it is the only place open or for treatment of a minor illness or injury. There are alternatives to the ER. In fact, if you go to the ER for a non-serious condition, be prepared to wait a very long time as patients with more serious conditions will take priority. In addition, if you are not admitted to the hospital, you will be billed a $350 copayment in addition to any applicable deductible or co-insurance. Go to the emergency room only for serious or life threatening conditions such as:

- Difficulty breathing
- Chest Pain
- Serious burns
- Head or Eye Injuries
- Any severe pain or severe injury
- Major broken bones (such as arm, leg, pelvis)

You will be charged $350 (in addition to any other co-payments or deductibles required by your plan) if you use an Emergency Room (ER) for a condition that does NOT result in the Plan Participant being admitted to the hospital. Please read your Insurance Policy before starting your travel to review your Emergency Room (ER) co-payment.
Use an Urgent Care or Walk-In Clinic

The alternative to the ER is an Urgent Care Center sometimes referred to as either Walk-In Clinics or Convenient Care. Urgent Care is for same day treatment, but it is not for serious or life threatening conditions. If the condition you have is one that you would normally visit your doctor’s office, then you should go to Urgent Care instead of the ER although Urgent Care is not intended for routine preventive care. Urgent Care has extended hours and is open weekends and some holidays. No appointment is necessary although you do want to visit one in network if possible (www.aetna.com/docfind/custom/passport - and select Passport to Healthcare Primary PPO Network or call RIA Customer Service at 1 800 314 3938*). Go to Urgent Care for non-emergency conditions such as:

- Sore throat, Common Cold or Respiratory Infections
- Ear pain, Eye or Skin Infections
- Allergies
- Painful urination
- Vomiting
- Minor injury (sprains/strains)
- Minor broken bones (such as hand, fingers, foot, toes)

Search for a doctor, Urgent Care or Walk-in Clinic*:
www.aetna.com/docfind/custum/passport or simply scan the QR code:

*Select Passport to Healthcare Primary PPO Network

All pre-existing medical conditions are excluded from coverage.

Pre-Existing condition means an injury, sickness, disease, or other condition that you had symptoms of or were seen by a doctor within the 6-month period before your coverage start date. Your condition may also be considered pre-existing if you saw a doctor or had your medication dosage adjusted for the condition during the 6-month period before your coverage start date. If you have a condition that is stable, controlled entirely by medication and have not seen a doctor or have not had your dosage adjusted within the 6-month period before your coverage start date, your condition is not considered a pre-existing condition. Please read the policy conditions document for more details on pre-existing conditions.
Routine health checkups or preventive care NOT covered.

This policy is only intended to cover you for an eligible illness or injury which you incur during your program. The policy does not provide any coverage for routine care such as annual gynecological exams, school or sports physicals, or immunizations.

How to file Health and Accident Insurance claims.

After you receive treatment at a PPO provider, your provider will submit a claim to the insurance company. Providers should submit claims electronically to PAYER ID 95397.

In some circumstances, such as using a non-PPO provider, you may be asked to pay upfront. In this case, submit a claim for reimbursement for the portion of the charges the company is responsible for paying by sending all itemized Hospital and medical bills and prescription drug receipts, along with a completed claim form by mail or email to:

Relation Insurance Administrators, Inc.
P.O. Box 6040
Agoura Hills, CA 913766040
riaservice@relationinsurance.com

If you have questions about the status of your claim after it has been submitted, please call Relation Insurance Administrators, Inc., at 1 800 314 3938*

*Monday - Friday: 6:30 a.m. to 5:00 p.m. (4:00 p.m. on Fridays) PT.

The completed claim, including all Hospital and medical bills, must be submitted for payment within 60 days after the date loss occurs, or as soon thereafter as is reasonably possible.

Benefits Overview

Your exchange organization has enrolled you in an illness and injury health insurance policy which is underwritten by Crum & Forster Segregated Portfolio Captive and administered by Relation Insurance Administrators, Inc. (RIA). The insurance cover does not apply in your home country, except during the outward and return journey to or from your place of residence in the host country. Please contact RIA if you have any questions regarding your medical benefits, how to file a claim, or status of a claim you have filed.

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Please note: If you want to extend or shorten your insurance cover, please contact your organization.
Description of coverage

Pre-existing Medical Conditions

All Pre-Existing Medical Conditions are excluded from cover under this Insurance Policy. Pre-Existing Condition means an Injury, Sickness, disease, or other condition during the 6-month period immediately 6 months prior to the date that the Plan Participant’s coverage is effective for which the Plan Participant: 1) received or received a recommendation for a test, examination, or medical treatment for a condition which first manifested itself, worsened or became acute or had symptoms which would have prompted a reasonable person to seek diagnosis, care or treatment; or 2) took or received a prescription for drugs or medicine. Item (2) of this definition does not apply to a condition which is treated or controlled solely through the taking of prescription drugs or medicine and remains treated or controlled without any adjustment or change in the required prescription throughout the 6-month period before coverage is effective under the Plan Participant’s Plan.

Deductible case of outpatient treatment

In case of out-patient treatment at a doctor or a specialist you will have a deductible for each claim, which you will have to pay yourself, in the amount listed in the benefit coverage overview. This only applies if your medical insurance plan has an outpatient deductible included and if you use an Emergency Room for treatment that is not medically necessary or does not result in a hospital admission and overnight stay.

Emergency Room Treatment in the USA

The emergency room situation in the US is different from emergency room treatments in other countries. The costs for an emergency room visit in the US are significantly higher than treatments at a walk-in clinic, urgent care center or physician’s office. You are responsible to pay a USD [[copay]] ER co-payment for treatment that takes place in an outpatient facility emergency room setting. The co-payment is waived if you are admitted to the hospital through the emergency room.

The co-payment does not apply to Convenience Care, Walk-In or Urgent Care Clinics. To avoid being responsible for the USD 350 ER co-payment, seek treatment at Convenience Care, Walk-In or Urgent Care Clinics for medical conditions that are not sufficiently severe or involve severe pain.

Please follow one of the links below to search for a Convenience Care, Walk-In or Urgent Care Clinic:

1. Search for a provider nearby your location via Google Maps: Click here*

*Please note: Before receiving any treatment you have to make sure that the clinic is part of the Passport to Healthcare Primary PPO Network!

2. Use the Aetna Provider Search at: www.aetna.com/docfind/custom/passport*

(*Please select plan: Passport to Primary PPO Network)

Local Ambulance Services

When you, by reason of Injury or Sickness, require the use of a community or Hospital Ambulance in a Medical Emergency, the insurance will pay a Benefit Amount up to a Maximum shown in the schedule of benefits, within the metropolitan area in which you are located at that time. Ambulance Service is transportation by a vehicle designed, equipped and used only to transport the sick and injured from home, the scene of the Accident or Medical Emergency to a Hospital or between Hospitals. Surface trips must be to the closest local facility that can provide the covered service appropriate to the condition. If there is no such facility available, coverage is for trips to the closest facility outside the local area. Air transportation is covered when Medically Necessary because of a life threatening Injury or Sickness or if you are in a rural area, then air ambulance transportation to the nearest metropolitan area will be considered a Eligible Expense. Air Ambulance is air transportation by a vehicle designed, equipped and used only to transport the sick and injured to and from a Hospital for inpatient care.

Emergency Dental Treatment

Your insurance plan covers the cost up to the amount specified in the Schedule of Benefits for emergency dental treatment due to Injury to natural teeth. Only expenses for emergency dental treatment to natural teeth incurred during the Trip will be reimbursed. Expenses incurred after the Trip are not covered. Emergency Dental Treatment shall not include restorative or remedial work, the use of any precious metals, and Orthodontic Treatment of any kind or Dental Surgery performed in a Hospital, unless Dental Surgery is the only Treatment available to alleviate the pain.

Palliative Dental

Your insurance plan covers the cost up to the amount specified in the Schedule of Benefits for eligible expenses for Palliative Dental. An eligible Palliative Dental condition will mean emergency pain relief treatment to natural teeth.

Emergency Medical Evacuation

Your insurance plan covers the cost up to the amount specified in the Schedule of Benefits for eligible expenses for Emergency Medical Evacuation. If the local attending Legally Qualified Physician and the authorized travel assistance company determine that transportation to a Hospital or medical facility is Medically Necessary to treat an unforeseen Sickness or Injury which is acute or life
threatening and adequate Medical Treatment is not available in the immediate area, the Transportation Expense incurred will be paid for the Usual and Customary Charges for transportation to the closest Hospital or medical facility capable of providing that treatment.

Medical Repatriation

Your insurance plan covers the cost up to the amount specified in the Schedule of Benefits for eligible expenses for Medical Repatriation. If the local attending Legally Qualified Physician and the authorized travel assistance company determine that it is Medically Necessary for you to return to your primary place of residence because of an unforeseen Sickness or Injury which is acute or life-threatening, the Transportation Expense incurred within 30 days from the date of the Covered Loss, will be paid for your return to your primary place of residence or to a Hospital or medical facility closest to your primary place of place of residence capable of providing continued treatment via one of the following methods of transportation, as approved, in writing, by the authorized travel assistance company:

a) one-way Economy Transportation;
b) commercial air upgrade (to Business or First Class), based on Your condition as recommended by the local attending Legally Qualified Physician and verified in writing and considered necessary by the authorized travel assistance company; or
c) other covered land or air transportation including, but not limited to, commercial stretcher, medical escort, or the Usual and Customary Charges for air ambulance, provided such transportation has been pre-approved and arranged by the authorized travel assistance company. Transportation must be via the most direct and economical route.

Emergency Medical Reunion

When you are hospitalized for more than 5 days, the Company will arrange and pay for round-trip economy-class transportation for one individual selected by you from your Home Country to the location where you are hospitalized and return to the current Home Country. The benefits payable will include:

1. The cost of a round trip economy air fare up to the maximum stated in the Schedule of Benefits;
2. Reasonable travel and accommodation expenses incurred in relation to the Emergency Medical Reunion up to the maximum stated in the Schedule of Benefits;
3. Hotel and meals to a maximum of $100 per day up to the maximum stated in the Schedule of Benefits.

The period of Emergency Medical Reunion is not to exceed 10 days, including travel. All transportation in connection with an Emergency Medical Reunion must be pre-approved and arranged by an assistance company representative appointed by the Company.

Trip Interruption Benefit

Benefits will be paid, up to the Maximum Benefit Amount shown in the Schedule of Benefits. Trip Interruption must be due to an Immediate Family Member’s death, which occurs while you are on your Trip; provided such circumstances occur while coverage is in effect.

What to do if you become ill abroad

1. Where to call?

Participants in the USA

Your policy utilizes the Aetna Passport to Healthcare Network. Medical providers who belong to this network are considered preferred providers and have a contract with your policy’s administrator to bill them direct for services rendered to their participants. This means for eligible expenses under your policy, a preferred provider will bill RIA direct at the time of service and you would only be responsible for any deductible or copayment. You can search for a preferred network provider yourself via the link below or call RIA for assistance at:

1 800 314 3938*

* Service available from 6:00am - 5pm PT, Mon-Thurs and 6:00am - 4pm PT Fridays.

Search for a doctor, Urgent Care or Walk-in Clinic: www.aetna.com/docfind/custom/passport (Select Passport to Healthcare Primary PPO Network)

2. Emergency Room Treatment (only in the USA)

Don’t use an Emergency Room (ER) in the USA unless you are having a serious or lifethreatening medical problem!

Services rendered in the emergency room are extremely expensive in the USA so you need to carefully determine whether or not it is appropriate to go there for treatment. Do not go to the ER only because it is the only place open or for treatment of a minor illness or injury. There are alternatives to the ER. In fact, if you go to the ER for a nonserious condition, be prepared to wait a very long time as patients with more serious conditions will take priority. In addition, if you are not admitted to the hospital, you will be billed a $350 copayment in addition to any applicable deductible or coinsurance. Go to the emergency room only for serious or life threatening conditions such as:

- Difficulty breathing
- Chest Pain
- Serious burns
- Head or Eye Injuries
• Any severe pain or severe injury
• Major broken bones (such as arm, leg, pelvis)

You will be charged $350 (in addition to any other copayments or deductibles required by your plan) if you use an Emergency Room (ER) for a condition that does NOT result in the Plan Participant being admitted to the hospital. Please read your Insurance Policy before starting your travel to review your Emergency Room (ER) copayment.

Use an Urgent Care or Walk-In Clinic

The alternative to the ER is an Urgent Care Center sometimes referred to as either Walk-In Clinics or Convenient Care. Urgent Care is for same day treatment, but it is not for serious or life threatening conditions. If the condition you have is one that you would normally visit your doctor’s office, then you should go to Urgent Care instead of the ER although Urgent Care is not intended for routine preventive care. Urgent Care has extended hours and is open weekends and some holidays. No appointment is necessary although you do want to visit one in network if possible (www.aetna.com/docfind/custom/passport and select Passport to Healthcare Primary PPO Network or call PIA Customer Service at 1 800 314 3938*).

Go to Urgent Care for nonemergency conditions such as:
• Sore throat, Common Cold or Respiratory Infections
• Ear pain, Eye or Skin Infections
• Allergies
• Painful urination
• Vomiting
• Minor injury (sprains/strains)
• Minor broken bones (such as hand, fingers, foot, toes)

*Service available from 6:00am5pm PT, MonThurs and 6:00am – 4pm PT Fridays.

3. How to file a claim

Your exchange organization has enrolled you in an illness and injury health insurance policy which is underwritten by Crum & Forster Segregated Portfolio Captive and administered by Relation Insurance Administrators, Inc. (RIA). The insurance cover does not apply in your home country, except during the outward and return journey to or from your place of residence in the host country. Please contact RIA if you have any questions regarding your medical benefits, how to file a claim, or status of a claim you have filed.

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Please note: If you want to extend or shorten your insurance cover, please contact your organization.
* For claims questions and if you need help to find a provider, please call the hotline from 6:00am-5pm PT, Mon-Thurs and 6:00am – 4pm PT Fridays.
Coverage Information Medical Insurance

This document provides a brief summary of your insurance plan. To access your complete insurance information, including the general insurance conditions, all important contact information and a VISA letter, please login to your personal MyInsurance area at:

www.esecutive.com/MyInsurance

To create your personal account, you will need:

- Your Last Name:
- Your First Name:
- Certificate Number: LF006136
- Your Date of Birth:

Please note: you can also use Facebook connect and log-in to MyInsurance with your Facebook account!

Insurance ID-Card

Please note: the front side of the Insurance ID-card contains all information that your doctor needs. The back side contains all information for you, the insured and you should only call the phone numbers on the back side.

<table>
<thead>
<tr>
<th>Deductible: $50 per injury or sickness</th>
<th>ER Copay: $350 (waived if admitted)</th>
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</thead>
</table>

Aetna Network Provider Services: (800) 414-0596
Provider Claims Mailing Address: Aetna P.O. Box 30259 Tampa, FL 33680-3259

PROVIDERS: For questions about benefits or eligibility, call Relation Insurance Administrators, Inc., at (800) 314-3938. Coverage for medical treatment subject to patient's eligibility on the date of service, terms, limitations and exclusions of the policy. File claims electronically to Payer ID above, or mail claims to address indicated above.

NOTICE: Possession of this card does not guarantee coverage or payment for a service or procedure.

Schedule of Benefits

Part A: Accident and Sickness Benefits

Accident & Sickness Medical Expense Benefits

Benefits will be provided only for the Coverages listed below and will be paid only up to the amounts shown. Benefits are not provided for Coverages marked “NIL”.

Per Injury or Sickness Maximum for all Injury and Sickness Medical
Deductible (Outpatient Services Only) Per Plan Participant Per Injury or Sickness: 100.000 USD
Deductible: 50 USD

Initial Treatment Period: 30 Days from the date of Injury or Sickness
Coinsurance: 100% of Usual, Reasonable & Customary (URC) Charges
Terms of Payment: Full Excess

<table>
<thead>
<tr>
<th>Benefit Coverage</th>
<th>Covered Benefit</th>
</tr>
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<tbody>
<tr>
<td>Hospital Room &amp; Board Benefit:</td>
<td>Semi-private room rate</td>
</tr>
<tr>
<td>Intensive Care/Cardiac Care Unit Benefit:</td>
<td>URC</td>
</tr>
<tr>
<td>Hospital Miscellaneous Expense Benefit:</td>
<td>URC</td>
</tr>
<tr>
<td>Surgeon (In or Outpatient) Benefits:</td>
<td>URC</td>
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<tr>
<td>Assistant Surgeon Benefit:</td>
<td>URC</td>
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<tr>
<td>Pre-Admission Testing Benefit:</td>
<td>URC</td>
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<tr>
<td>Anesthesia Benefit:</td>
<td>URC</td>
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<tr>
<td>Day Surgery Miscellaneous Benefit:</td>
<td>URC</td>
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<tr>
<td>Diagnostic X-ray and Lab Benefit:</td>
<td>URC</td>
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<tr>
<td>Ambulance Benefit:</td>
<td>URC</td>
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<tr>
<td>Physician Visit Benefit (Inpatient):</td>
<td>URC</td>
</tr>
<tr>
<td>Physician Visit Benefit (Outpatient):</td>
<td>URC</td>
</tr>
</tbody>
</table>
Consultant Physician Benefit: URC
Radiation/Chemotherapy Benefit: URC
Emergency Room Benefit: URC, subject to a $350 copay. The Copay will be waived if admitted. The Copay does not apply to Injury.
Emergency Dental Expense Benefit: URC
Palliative Dental: URC, up to $200 maximum benefit per tooth
Physiotherapy Expense Benefit – Inpatient: URC
Physiotherapy Expense Benefit – Outpatient: URC, up to a $2,500 maximum
Durable Medical Equipment Expense Benefit: URC
Emergency Medical Evacuation Expense Benefit: 100% of actual expense
Emergency Medical Repatriation Expense Benefit: 100% of actual expense
Return of Mortal Remains: 100% of actual expense
Emergency Reunion: 100% of actual expense
Prescription Drug Benefit, Covered Percentage: URC
Prescription Drug Expense Benefit 100% of charges, after a $10 copayment
Mental and Nervous Disorders incl. Drug or Alcohol Abuse Inpatient/Outpatient: Payable up to 30 days
Return Ticket Benefit up to $5,000 per Policy Period

NOTES:

• We do not pay benefits for the amount of Eligible Expenses paid by You as Your Coinsurance or Co-pay amount.
• Eligible Expenses will be paid under the Inpatient benefits for Surgery and under the Outpatient benefits for Surgery, but not both for the same or related procedure.

Accidental Death and Dismemberment Benefits

Principal Sum: $15,000.00
(Maximum Death benefit payable shall not exceed $5,000 for an Insured Person aged 17 years or younger)
Aggregate Limit: $500,000

Loss of: Benefit: (Percentage of Principal Sum)
Loss of Life 100%
Loss of Both Hands 100%
Loss of Both Feet 100%
Loss of Entire Sight of Both Eyes 100%
Loss of One Hand and One Foot 100%
Loss of One Hand 50%
Loss of One Foot 50%
Loss of Entire Sight of One Eye 50%
Loss of Thumb and Index Finger of the Same Hand 25%

Part B: Travel Arrangements Benefits

Trip Interruption Benefit: 100% of actual expense

Exclusions

The Plan Document does not cover any loss resulting from any of the following unless otherwise covered under the Plan Document by Additional Benefits:

1) Suicide, attempted suicide (including drug overdose) self-destruction, attempted self-destruction or intentional self-inflicted Injury while sane or insane;
2) War or any act of war, declared or undeclared;
3) An Accident which occurs while the Plan Participant is on Active Duty Service in any Armed Forces, National Guard, military, naval or air service or organized reserve corps;
4) Injury sustained while in the service of the armed forces of any country. When the Plan Participant enters the armed forces of any country, We will refund the unearned pro rata premium upon request;
5) Voluntary, active participation in a riot or insurrection;
6) Organ transplants;
7) Treatment for an Injury or Sickness resulting from the Plan Participant’s intoxication or use of illegal drugs or any drugs or medication that is intentionally not taken in the dosage recommended by the manufacturer or for the purpose prescribed by the Plan Participant’s Physician;
8) Commission or attempt to commit an assault or felony, or that occurs while being engaged in an illegal occupation;
9) Charges which are in excess of Usual, Reasonable and Customary charges;
10) Charges that are not Medically Necessary;
11) Charges provided at no cost to the Plan Participant;
12) Expenses incurred for treatment while in Your Home Country;
13) Expenses incurred for an Accident or Sickness after the Benefit Period shown in the Schedule of Benefits or incurred after the termination date of coverage;
14) Regular health checkups; routine physical, immunizations or other examination where there are no objective indications or impairment in normal health;
15) Injuries paid under Workers’ Compensation, Employer’s liability laws or similar occupational benefits or while engaging in an occupation for monetary gain from sources other than the Participating Organization;
16) Benefits for enrolling solely for the purpose of obtaining medical treatment, while on a waiting list for a specific treatment, or while traveling against the advice of a Physician;
17) Pre-existing conditions;
18) Pregnancy or childbirth, except when conception occurs while covered under the Plan Document; miscarriage resulting from an accident, elective abortion; elective cesarean section; or any complications of any of these conditions; pregnancy or childbirth or a dependent when dependent child of an Plan Participant (except for complications arising there from);
19) Drug, treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof;
20) Charges incurred for Surgery or treatments which are, Experimental/Investigational, or for research purposes;
21) Eyeglasses, contact lenses, hearing aids braces, appliances, or examinations or prescriptions therefore;
22) Injury sustained while taking part in: mountaineering; hang gliding; parachuting; bungee jumping; racing by horse, motor vehicle or motorcycle; scuba diving, involving underwater breathing apparatus, unless FAAI or NAUI certified; water skiing; spelunking; parasailing; white water rafting;
23) Practice or play in any intercollegiate, professional or semi-professional sports contest or competition;
24) Elective or Cosmetic surgery and Elective Treatment or treatment for congenital anomalies (except as specifically provided), except for reconstructive surgery on a
diseased or injured part of the body (Correction of a deviated nasal septum is considered cosmetic surgery unless it results from a covered Injury or Sickness);
25) Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from, except as a fare paying passenger on a regularly scheduled
commercial airline or as a passenger in a non-scheduled, private aircraft used for business or pleasure purposes.
26) Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic,
explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly.
27) Plan Participant being exposed to the utilization of nuclear, chemical or biological weapons of mass destruction

The list of Cover and Benefits forms part of the Insurance Conditions where the complete terms for the plan document are stated. For a
detailed representation, including all restrictions and exemptions from coverage, please read the detailed insurance terms and conditions.

This plan is underwritten by Crum & Forster Segregated Portfolio Captive.
"A" (Excellent) from A.M. Best.