



**ENVISAGE**  
GLOBAL INSURANCE



## Greenheart Exchange - Work & Travel 2024

Plan Number: GN-WATY24

Plan Year: 2024

# Seeking Medical Care

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



## Telemedicine

Your plan includes free access to Teladoc, virtual telemedicine while inside the USA. If you have a minor or non-urgent medical need, you can use Teladoc to see a doctor or get a prescription from anywhere, at any time using your phone or computer.

Please [visit our website](#) for more details.



## 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.



## Insurance ID Card

It is extremely important that you carry your insurance ID card with you at all times and make sure to show it when you seek treatment. Your ID card will be emailed to you before you travel and should be kept with you at all times.



## 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** – an additional **\$500 Deductible** will apply for each Emergency Room visit for an illness which does not result in a direct Hospital admission



## Doctor/Hospital Search

You have the freedom of choice to visit any provider you wish, however you are strongly encouraged to visit medical providers who are part of the insurance plans network. This will allow direct billing and can remove the need for you to pay up front for medical expenses.

- Inside the USA, you can search for a [network provider online](#).
- Outside the USA, you can seek treatment from any provider of your choices, pay up front and then file a claim for reimbursement.



## Prescription Medications

Inside the USA, your plan uses the [Magellan Rx Network](#), so you'll just need to show your ID card when picking up your prescription at the pharmacy and you should not need to pay for these expenses out of pocket.

Outside of the USA, you will need to pay for your prescription medication upfront, and then submit a copy of the receipt and Rx label to PCU for reimbursement.



# Claims Information

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## Inside the USA

If you sought treatment from an in-network provider, and provided your insurance ID card at the time of treatment, they should be able to bill the PCU claims team directly with no payment up front.

## Outside the USA

When outside the USA, please seek treatment from a provider that is nearest to you, pay for the services upfront and then submit a claim for reimbursement. For help finding a provider nearby, please contact PCU at: [providers@pointcomfort.com](mailto:providers@pointcomfort.com).

**PLEASE NOTE** - After seeking treatment, even if you are not required to pay up front, please complete a claim form and submit this to PCU for review.

## Claim Forms

You can download a copy of the claim form (and accident questionnaire, if your visit was due to an accident) from the [Student Zone](#) and submit it with your receipts to:

**Email:** [travelclaims@pointcomfort.com](mailto:travelclaims@pointcomfort.com) (recommended)

**Online:** <https://www.pointcomfort.com/greenheart>

**Mail:**

Point Comfort Underwriters  
306 Prospect Street  
Indianapolis, IN 46225, USA

## Claims Update

You can check on the status of your claim by contacting Point Comfort directly:

[travelclaims@pointcomfort.com](mailto:travelclaims@pointcomfort.com)

Toll-free: (833) 483-0001

Direct: +1 (317) 210 2010

# Student Zone

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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
- Claims tracking
- Access your policy documents

Visit your student zone:

[Student Zone](#)

# Assistance

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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:

Toll-free: (833) 483-0001

Direct: +1 (317) 210 2010

[travelclaims@pointcomfort.com](mailto:travelclaims@pointcomfort.com)



# Benefit Summary

Plan Benefits	Coverage
Policy Maximum	\$150,000
Deductible	\$25 per injury or illness
Coinsurance	After the deductible, the plan pays 100% of eligible expenses, up to the policy maximum
Benefit Period	90 days
Inpatient and Outpatient Services Subject to the deductible and maximum benefit unless otherwise stated	
Physician Office Visits / Services	Usual, Reasonable, and Customary charges
Urgent Care or Walk-in Clinic Visits	Usual, Reasonable, and Customary charges
Outpatient Facility Charges	Usual, Reasonable, and Customary charges
Hospital Emergency Room	Usual, Reasonable, and Customary charges (Illness with no direct hospital admission subject to <b>\$500 deductible</b> , injuries not subject to additional deductible)
Hospitalization / Room & Board	Average, Semi-Private Room Rate, including nursing and ancillary services
Intensive Care Unit	Usual, Reasonable, and Customary charges
Operating room, treatment room, and/or recovery room	Usual, Reasonable, and Customary charges
Laboratory	Usual, Reasonable, and Customary charges
Radiology/x-rays	Usual, Reasonable, and Customary charges
Surgeon fees, anesthesiologists fees, and anesthesia	Usual, Reasonable, and Customary charges
Durable Medical Equipment	Usual, Reasonable, and Customary charges (limited to standard wheelchair and standard hospital bed.
Reconstructive Surgery (if incidental to or following a covered surgery)	Usual, Reasonable, and Customary charges
Physical Therapy	Usual, Reasonable, and Customary charges, subject to a maximum of \$100 per visit and 5 visits (Physician order and treatment plan required)
Extended Care Facility	Usual, Reasonable, and Customary charges
Home Nursing Care	Usual, Reasonable, and Customary charges
Dental Treatment - accident involving associated face, skull, neck or jaw injury	Usual, Reasonable, and Customary charges
Sports	Contact and non-Contact High School Sanctioned Sports - Not Covered
	Contact Sports - Not Covered
	Professional Athletics - Not Covered
	Extreme Sports - Not Covered
	Adventure Sports - Not Covered
	Amateur Athletics - Not Covered
	Recreational Sports - Usual, Reasonable and Customary charges up to \$100,000 lifetime limit
Teledoc ( <i>not subject to the deductible</i> )	Usual, Reasonable, and Customary charges

COVID-19	Usual, Reasonable, and Customary charges - treatment and testing is only covered if medically necessary and ordered by a treating physician due to symptoms being shown
Eligible Transportation Expenses Subject to the deductible and maximum benefit unless otherwise stated	
Local Ambulance	Usual, Reasonable, and Customary charges for illness if admitted to hospital as inpatient or for injury  Illness if not admitted to hospital as inpatient - No Coverage
Interfacility Ambulance Transfer	Usual, Reasonable, and Customary charges
Emergency Medical Evacuation	\$100,000 lifetime maximum
Emergency Reunion	\$2,500 lifetime maximum
Repatriation of Mortal Remains	\$100,000 lifetime maximum
Local/Burial Cremation	\$5,000 (in lieu of Repatriation of Mortal Remains)
Trip Interruption	\$5,000 per certificate period
Lump Sum Benefits	
Accidental Death	14 days to 17 years old - \$5,000 maximum benefit 18 to 69 years old - \$10,000 maximum benefit
Accidental Dismemberment	Loss of 1 limb or eye - 50% of accidental death benefit Loss of more than 1 limb or eye - 100% of accidental death benefit
Accidental Death & Dismemberment Family Maximum	\$50,000 maximum

**PRE-CERTIFICATION:** Please contact PCU prior to the following treatment: (1) Inpatient Care (2) Any Surgery Surgical Procedure (3) Extended Care Facility (4) Home Nursing Care (5) Durable Medical Equipment (6) Artificial Limbs (7) CAT Scans (8) MRI (9) All Transportation Benefits (10) Specialty Medications. Pre-certification can be completed by calling PCU directly, by email at [clinical@pointcomfort.com](mailto:clinical@pointcomfort.com) or online at <https://pcf.pointcomfort.com/>

## Eligibility

In order to be eligible for coverage under the Master Policy a person must meet all of the following requirements:

1. be an employee, member, sponsored volunteer or other affiliated participant of the Participating Organization designated in the Master Policy Declaration
2. be at least fourteen (14) days old and not yet seventy (70) years of age
3. complete, sign and submit an application as the Insured Person (or be listed thereon by proxy)
4. pay the required premium on or before the Certificate Effective Date
5. receive written acceptance of their application
6. as of the Certificate Effective Date, have legally departed their Home Country
7. have not established a permanent residency in the Host Country

**PLEASE NOTE:** This document is being provided for informational purposes only. This is a summary of a selection of plan benefits offered only as an illustration and does not supersede in anyway the Master Certificate of Insurance and governing policy documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided. Please visit the [student zone](#) for a copy of your insurance certificate which includes the full plan wording, exclusions and definitions.

# Exclusions

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The following charges, treatments, surgeries, medications, conditions and circumstances are excluded:

## A. War & Terrorism

1. Resulting directly or indirectly, proximately or remotely occasioned by, contributed to or by, traceable to or arising in connection with the following:
  - 1.1. The Insured Person's active and voluntary planning or coordination of or participation in any Act of Terrorism.
  - 1.2. Any Act of Terrorism that takes place in a location, post, area, territory or country for which a Travel Warning or Emergency Travel Advisory was issued or in effect within the six (6) months prior to the Insured Person's date of arrival in said location, post, area, territory or country.
  - 1.3. Any Act of Terrorism that takes place in a location, post, area, territory or country for which a Travel Warning or Emergency Travel Advisory becomes effective or is in effect on or after the Insured Person's date of arrival in said location, post, area, territory or country, and the Insured Person fails or refuses to heed such warning and thereafter remains in said location, post, area, territory or country.
2. Resulting directly or indirectly, proximately or remotely occasioned by, contributed to by, traceable to or arising in connection with the following:
  - 2.1. War, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war.
  - 2.2. Mutiny, riot, strike, military or popular uprising, insurrection, rebellion, revolution, military or usurped power.
  - 2.3. Any act of any person acting on behalf of or in connection with any organization with activities directed towards the overthrow by force of the Government de jure or de facto or to the influencing of it by violence of any nature.
  - 2.4. Martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege.
  - 2.5. 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).
  - 2.6. War, whether declared or not, between any of the following countries: China, France, the United Kingdom, the Russian Federation and the United States.
  - 2.7. War in Europe, whether declared or not, in which any of the countries stated in (2.6) above or any armed forces thereof are engaged.
  - 2.8. Arising during the existence of abnormal conditions (whether physical or otherwise), whether or not directly or indirectly, proximately or remotely occasioned by, or contributed to by, traceable to or arising in connections with any of the occurrences set forth in this provision, shall be deemed and considered to be consequences for which Underwriters shall not be liable under this insurance, except to the extent that the Insured Person shall prove that such claim happened independently of the existence of such abnormal conditions and/or occurrences.

## B. Pre-Existing Conditions

Resulting from or relating, directly or indirectly, to any Pre-existing Condition, as defined herein.

**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 (2) years immediately preceding the **Certificate Effective Date**; (2) condition that had manifested itself in 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 two (2) years immediately preceding the **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 two (2) years immediately preceding the **Certificate Effective Date**.

## C. General Exclusions

1. If Proof of Claim is not provided within the times specified under the GENERAL CONDITIONS AND CONDITIONS PRECEDENT, Proof of Claim section of the policy wording.
2. 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.
3. 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.

4. Incurred prior to the Certificate Effective Date or after the Certificate Termination Date, unless expressly provided for under the provisions of this insurance.
5. For treatment of any Illness or Injury when the purpose of traveling to the Host Country was to obtain treatment.
6. For any services performed or supplies provided by a Relative of the Insured Person or any person who ordinarily resides with the Insured Person.
7. For services or supplies provided at no cost to the Insured Person and/or for which the Insured Person is not otherwise liable.
8. Charges for expenses for which advance approval from Underwriters was not obtained by the Insured Person in accordance with the provisions of this insurance.
9. For services not arranged by the Plan Administrator when required by the provisions of this insurance.
10. 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.
11. For treatment of an Illness or Injury for which payment is made or available through a workers' compensation law or similar law.
12. Charges which exceed the Usual, Reasonable and Customary charge for the service or supply provided.
13. For exposure to any non-medical nuclear or atomic radiation and/or radioactive material(s).

## D. 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. For diagnosis and/ or treatment of fungal, viral or bacterial skin infection or inflammatory skin conditions. These include but are not limited to dermatitis, acne, rosacea, hives, rash, eczema, psoriasis, folliculitis, moles, warts, skin tags, herpes (including without limitation HSV-1 and HSV-2), carbuncle, furuncle, diseases of sebaceous glands, seborrhea, and hypertrophic and atrophic conditions of skin.
6. For 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, except as otherwise expressly set forth in this insurance.
7. For diagnosis and/or treatment of Mental Health Disorders except for Insured Persons in the Covered Plans specified in the Schedule of Benefits and Limits.
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:
  - 8.1. bodily or mental infirmity, Illness or disease; or
  - 8.2. 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 without limitation, 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 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.
19. 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.
20. For diagnosis and/or treatment of any sleep disorder, including without limitation, sleep apnea and insomnia.
21. Elective Surgical Procedures and related diagnostic testing and procedures

## E. 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 services provided by a chiropractor.
5. For telephone consultations or failure to keep a scheduled appointment. Telemedicine consultations through an established Telemedicine protocol system will be considered individually based on Medical Necessity and appropriateness as determined by Underwriters.
6. For Surgeries, treatments, services or supplies that are Investigational, Experimental or for Research Purposes.
7. Incurred while confined primarily to receive Custodial Care.
8. 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.
9. For speech, vocational, occupational, biofeedback, acupuncture, recreational, sleep or music therapy, holistic care of any nature, massage and kinesiotherapy.
10. 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.
11. For exercise and/or fitness programs or equipment, whether or not prescribed or recommended by a Physician.
12. For Hospice care.
13. 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 pre-disposition, provide genetic counseling, or administration of gene therapy.
14. 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.
15. For any artificial or mechanical devices designed to replace human organs temporarily or permanently after termination of Inpatient status.
16. 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.

## F. 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) 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) or the World Health Organization (WHO) 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.

## G. 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.
3. Resulting or relating, directly or indirectly, from an Insured Person entering into or alighting from, operating or riding as a passenger in any motorized vehicle that does not require licensing as a motor vehicle.
4. 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.
5. Resulting or relating, directly or indirectly, from an Insured Person entering into or alighting from, operating or riding as a passenger, or any motorized vehicle not designed primarily for use on public streets and highways. 6.
6. Resulting or relating, directly or indirectly, from an Insured Person's operation of any vehicle, whether or not motorized, 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. For purposes of this Exclusion, "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.
7. For travel, meals, transportation and/or accommodations except as expressly provided herein.
8. Resulting or relating, directly or indirectly, from the Insured Person's participation in Contact Sports, except for Sanctioned High School Sports for Insured Persons in the Covered Plans specified in the Schedule of Benefits and Limits.
9. Resulting or relating, directly or indirectly, from the Insured Person's participation in Amateur Athletics, except for Sanctioned High School Sports for Insured Persons in the Covered Plans specified in the Schedule of Benefits and Limits.
10. Resulting or relating, directly or indirectly, from the Insured Person's participation in Adventure Sports, except for recreational snow-skiing or snowboarding provided that such activity is not in 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 of authoritative body.
11. Resulting or relating, directly or indirectly, from the Insured Person's participation in Extreme Sports.
12. Resulting or relating, directly or indirectly, from the Insured Person's participation in Adventure Sports.
13. 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.
14. 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.

## H. 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 treatment of a Dental Injury without associated face, skull, neck and/or jaw Injury or that can be evaluated and treated in a Dental office.
4. For Dental Treatment relating, directly or indirectly, to oral care and maintenance, including without limitation, tooth repair by fillings, root canals, tooth removal and x-rays.