

What is Not Covered?

Pre-existing Conditions

Any injury, illness, sickness, disease, or other physical, medical, mental or nervous disorder, condition or ailment that, with reasonable medical certainty, existed at the time of enrollment, whether or not previously manifested, symptomatic or known, diagnosed, treated, or disclosed to the company prior to enrollment, and including any and all subsequent, chronic or recurring complications or consequences related thereto or resulting or arising therefrom.

This means any medical conditions that existed prior to your arrival in the United States will not be covered by the plan.

Maternity and Newborn Care

Maternity including pregnancy or illness resulting from pregnancy, childbirth, or miscarriage is NOT covered.

Routine Dental Services

Regular dental care, treatment for cavities, root canals, and any other dental condition is not covered.

Vision

Glasses, contact lenses and eye exams are not covered. Charges incurred for eye surgery, such as but not limited to radial keratotomy, when the primary purpose is to correct or attempt to correct nearsightedness, farsightedness, or astigmatism are not covered.

Elective and Cosmetic Surgeries and Treatments

Charges or treatment for cosmetic or aesthetic reasons, except for reconstructive surgery when such surgery is medically necessary, is directly related to, and follows a surgery which was covered under this insurance.

Extreme Sports, Adventurous Sports, Team Sports

Any illness or injury sustained while taking part in activities designated as any of these types of sports.

Sexually transmitted diseases, including HIV, HPV/Aids

Any sexually transmitted or venereal disease.

Substance Abuse

Any injury or illness sustained as a result of being under the influence of or due wholly or partly to the effects of alcohol, liquor, intoxicating substance, narcotics or drugs other than drugs taken in accordance with treatment prescribed and directed by a physician.

Sleep Studies and Disorders

Any sleep disorder, including without limitation sleep apnea.

Organ Transplants

Any organ or tissue or other transplant or related services, treatment or supplies.

Coverage under Other Plans or Sources

Charges for treatment of an illness or injury for which payment is made or available through a workers' compensation law or a similar law.

Outpatient Therapeutic Services

Biofeedback, acupuncture, music, occupational, recreational, sleep, speech, or vocational therapy

Disclaimer - This list of exclusions is not complete; refer to the policy terms and conditions for a complete list of exclusions. Plan benefits are subject to the terms and conditions of the insurance plan.