The benefits outlined in the following table show the payment percentages for Covered Expenses AFTER the Insured Person has satisfied any Deductibles and prior to satisfaction of his/her Out-of-Pocket. Covered Expenses are based on Reasonable Charges which may be less than actual billed charges. Providers can bill the Insured Person for amounts exceeding Covered Expenses.

**Deductible:**
The Insured Person’s Deductible is $0 per Insured Person per Trip Coverage Period.

**Copayment:**
The Insured Person’s Copayment is listed below and is based upon each visit for medical services.

After the Deductible is satisfied, benefits are paid for Covered Expenses as follows:

<table>
<thead>
<tr>
<th>Benefit Description</th>
<th>Insurer Pays to Per Insured Person</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Policy Maximums</strong></td>
<td></td>
</tr>
<tr>
<td>Trip Period Maximum Benefits</td>
<td>$250,000</td>
</tr>
<tr>
<td>Period of Insurance Maximum Benefits</td>
<td>$250,000</td>
</tr>
<tr>
<td><strong>Benefits</strong></td>
<td></td>
</tr>
<tr>
<td>Professional Services</td>
<td></td>
</tr>
<tr>
<td>a. Surgery, anesthesia, radiation therapy, in-hospital doctor visits, diagnostic X-</td>
<td>100%</td>
</tr>
<tr>
<td>ray and lab</td>
<td></td>
</tr>
<tr>
<td>b. Office Visits: including X-rays and lab work billed by the attending physician.</td>
<td>100%</td>
</tr>
<tr>
<td>Inpatient Hospital Services</td>
<td></td>
</tr>
<tr>
<td>a. Surgery, X-rays, In-hospital doctor visits</td>
<td>100%</td>
</tr>
<tr>
<td>b. In-patient medical emergency</td>
<td>100%</td>
</tr>
<tr>
<td>Ambulatory Surgical Center</td>
<td>100%</td>
</tr>
<tr>
<td>Ambulance Service (non Medical Evacuation)</td>
<td>100% up to $1,000</td>
</tr>
<tr>
<td>Benefits for claims resulting from downhill (alpine) skiing and scuba diving (certification by the Professional Association of Diving Instructors (PADI) or the National Association of Underwater Instructors (NAUI) required or diving under the supervision of a certified instructor)</td>
<td>Limited to Trip Period Maximum or $10,000 whichever is less</td>
</tr>
<tr>
<td>Outside Home Country Outpatient prescription drugs</td>
<td>100% of Covered Expenses</td>
</tr>
<tr>
<td>Dental Care required due to an Injury</td>
<td>100% of Covered Expenses up to $200 with maximum per Trip Period</td>
</tr>
<tr>
<td>Dental Care for Relief of Pain</td>
<td>100% of Covered Expenses up to $100 per Trip Period</td>
</tr>
<tr>
<td>Accidental Death &amp; Dismemberment</td>
<td></td>
</tr>
<tr>
<td>Principal Sum up to $10,000 for Eligible Participant; Principal Sum up to $10,000 for Eligible Dependent</td>
<td></td>
</tr>
<tr>
<td>Repatriation Of Remains</td>
<td>Deductible is not applicable. Maximum Benefit up to $25,000</td>
</tr>
<tr>
<td>Medical Evacuation</td>
<td>Deductible is not applicable. Maximum Benefit per Trip Period for all Evacuations up to $250,000</td>
</tr>
<tr>
<td>Bedside Visit</td>
<td>Deductible is not applicable. Maximum Benefit per Trip Period up to $1,500 for the cost of one economy round-trip air fare ticket to , and the hotel accommodations in, the place of the Hospital Confinement for one (1) person</td>
</tr>
</tbody>
</table>
V. Benefits: What the Plan Pays

Before this Plan pays for any benefits, the Insured Person must satisfy his/her Period of Insurance Deductible. After the Insured Person satisfies the Deductible, the Insurer will begin paying for Covered Services as described in this section.

The benefits described in this section will be paid for Covered Expenses incurred on the date the Insured Person receives the service or supply for which the charge is made. These benefits are subject to all terms, conditions, exclusions, and limitations of this Plan. All services are paid at percentages and amounts indicated below or in the Benefit Overview Matrix, and subject to limits outlined in Section IV, How the Plan Works.

Following is a general description of the supplies and services for which the Insured Person’s Plan will pay benefits, if such supplies and services are Medically Necessary:

Services and Supplies Provided by a Hospital
For any eligible condition other than for Mental, Emotional or Functional Nervous Conditions or Disorders, Alcoholism or Drug Abuse, the Insurer will pay indicated benefits on Covered Expenses for:
1. Inpatient services and supplies provided by the Hospital except private room charges above the prevailing two-bed room rate of the facility.
2. Outpatient services and supplies including those in connection with outpatient surgery performed at an Ambulatory Surgical Center.

Payment of Inpatient Covered Expenses are subject to these conditions:
1. Services must be those which are regularly provided and billed by the Hospital.
2. Services are provided only for the number of days required to treat the Insured Person’s Illness or Injury

Note: No benefits will be provided for personal items, such as TV, radio, guest trays, etc.

Professional and Other Services
The Insurer will pay Covered Expenses for:
1. Services of a Physician.
2. Services of an anesthesiologist or an anesthetist.
3. Outpatient diagnostic radiology and laboratory services.
4. Surgical implants.
5. Artificial limbs or eyes.
6. The first pair of contact lenses or the first pair of eyeglasses when required as a result of a covered eye surgery.
7. Self-Administered injectable drugs.
8. Syringes when dispensed with self-administered injectable drugs (except insulin).
9. Blood transfusions, including blood processing and the cost of unrepaid blood and blood products.
10. Services for the detection and prevention of osteoporosis for qualified individuals.
11. Rental or purchase of medical equipment and/or supplies that are all of the following:
   a. ordered by a Physician;
   b. of no further use when medical need ends;
   c. usable only by the patient;
   d. not primarily for the Insured Person’s comfort or hygiene;
   e. not for environmental control;
   f. not for exercise; and
   g. manufactured specifically for medical use.

Note: Medical equipment and supplies must meet all of the above guidelines in order to be eligible for benefits under this Plan. The fact that a Physician prescribes or orders equipment or supplies does not necessarily qualify the equipment or supply for payment. The Insurer determines whether the item meets these conditions. Rental charges that exceed the reasonable purchase price of the equipment are not covered.

Ambulance Services
The following ambulance services are covered under this Plan:
1. Base charge, mileage and non-reusable supplies of a licensed ambulance company for ground or air service for transportation to and from a Hospital.
2. Monitoring, electrocardiograms (EKGs or ECGs), cardiac defibrillation, cardiopulmonary resuscitation (CPR) and administration of oxygen and intravenous (IV) solutions in connection with ambulance service. An appropriate licensed person must render the services.

Dental Care for an Accidental Injury
Benefits are payable for dental care for an Accidental Injury to natural teeth that occurs while the Insured Person is covered under this Plan, subject to the following:
1. services must be received during the six months following the date of injury;
2. no benefits are available to replace or repair existing dental prostheses even if damaged in an eligible Accidental Injury; and
3. damage to natural teeth due to chewing or biting is not considered an Accidental Injury under this Plan.
In addition, the Plan provides benefits for up to three days of Inpatient Hospital services when a Hospital stay is ordered by a Physician and a Dentist for dental treatment required due to an unrelated medical condition. The Insurer determines whether the dental treatment could have been safely provided in another setting. Hospital stays for the purpose of administering general anesthesia are not considered Medically Necessary.

Dental Care for Relief of Pain
Benefits are payable for dental care for Relief of Pain to the teeth that occurs while the Insured Person is covered under this Plan. Services must be received while covered during the Trip Coverage Period. The Insurer pays as stated in the Benefit Overview Matrix.

Complications of Pregnancy
Complications of Pregnancy are covered under this Plan as any other medical condition. Benefits for complications of pregnancy shall be provided for all Insured Persons.

Physical and/or Occupational Therapy/Medicine
Benefits for the therapeutic use of heat, cold, exercise, electricity, ultraviolet, manipulation of the spine, or massage to improve circulation, strengthen muscles, encourage return of motion, or for treatment of Illness or Injury are payable only for services rendered by a Physician up to the maximum amounts and visits as stated in the Benefit Overview Matrix. For the purposes of this benefit, the term "visit" includes any outpatient visit to a Physician during which one or more Covered Services are provided.

Treatment received from Foreign Country Providers
Benefits for services and supplies received from Foreign Country Providers are covered. The Insured Person may seek the assistance of HTH in locating a provider.

Benefits for Claims resulting from downhill skiing and scuba diving
The Insurer will pay Covered Expenses resulting from downhill (alpine) skiing. It will also pay Covered Expenses resulting from scuba diving provided that the diver is certified by the Professional Association of Diving Instructors (PADI) or the National Association of a Underwater Instructors (NAUI), or provided that he/she is diving under the supervision of a certified instructor. These Covered Expenses are Limited as stated in the Benefit Overview Matrix.

Accidental Death & Dismemberment Benefit
The Insurer will pay the benefit stated below if an Insured Person sustains an Injury resulting in any of the losses stated below within 365 days after the date the Injury is sustained:

<table>
<thead>
<tr>
<th>Loss</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of life</td>
<td>100% of the Principal Sum</td>
</tr>
<tr>
<td>Loss of one hand</td>
<td>50% of the Principal Sum</td>
</tr>
<tr>
<td>Loss of one foot</td>
<td>50% of the Principal Sum</td>
</tr>
<tr>
<td>Loss of sight in one eye</td>
<td>50% of the Principal Sum</td>
</tr>
</tbody>
</table>

Loss of one hand or loss of one foot means the actual severance through or above the wrist or ankle joints. Loss of the sight of one eye means the entire and irrecoverable loss of sight in that eye.

If more than one of the losses stated above is due to the same Accident, the Insurer will pay 100% of the Principal Sum. In no event will the Insurer pay more than the Principal Sum for loss to the Insured Person due to any one Accident.

The Principal Sum is stated in Benefit Overview Matrix.

Benefits payable are subject to the Exclusions and Limitations as listed in this document.

Catastrophic Limitation. Except as may otherwise be provided, the total liability hereunder for deaths and Injuries suffered by any number of Insured Persons in any one Accident or disaster shall not exceed the sum of $300,000. In the event of any such Accident or disaster for which all indemnities payable hereunder would otherwise exceed $300,000 the amount of indemnity payable for each Insured Person will be proportionately reduced to the extent that the total of all indemnities payable shall not exceed $300,000.

Repatriation of Remains Benefit
If an Insured Person dies, while traveling outside of his/her home country, the Insurer will pay the necessary expenses actually incurred, up to the Maximum Limit shown in the Schedule of Benefits, for the preparation of the body for burial, or the cremation, and for the transportation of the remains to his/her Home Country. This benefit covers the legal minimum requirements for the transportation of the remains. It does not include the transportation of anyone accompanying the body, urns, caskets, coffins, visitation, burial or funeral expenses. Any expense for repatriation of remains requires approval in advance by the Plan Administrator.

No benefit is payable if the death occurs after the Termination Date of the Policy. However, if the Insured Person is Hospital Confined on the Termination Date, eligibility for this benefit continues until the earlier of the date the Insured Person’s Confinement ends or 31 days after the
Termination Date. The Insurer will not pay any claims under this provision unless the expense has been approved by the Administrator before the body is prepared for transportation.

The benefit for all necessary repatriation services is listed in the Overview Matrix.

**Medical Evacuation Benefit**

If an Insured Person is involved in an accident or suffers a sudden, unforeseen illness requiring emergency medical service, while traveling outside of his/her home country and adequate medical facilities are not available, the Administrator will coordinate and pay for a medically-supervised evacuation, up to the Maximum Limit shown in the Schedule of Benefits, to the nearest appropriate medical facility. This medically-supervised evacuation will be to the nearest medical facility only if the facility is capable of providing adequate care. The evacuation will only be performed if adequate care is not available locally and the Injury or Sickness requires immediate emergency medical treatment, without which there would be a significant risk of death or serious impairment. The determination of whether a medical condition constitutes an emergency and whether area facilities are capable of providing adequate medical care shall be made by physicians designated by the Administrator after consultation with the attending physician on the Insured Person's medical conditions. The decision of these designated physicians shall be conclusive in determining the need for medical evacuation services. Transportation shall not be considered medically necessary if the physician designated by the Administrator determines that the Insured Person can continue his/her trip or can use the original transportation arrangements that he/she purchased.

The Insurer will pay Reasonable Charges for escort services if the Insured Person is a minor or if the Insured Person is disabled during a trip and an escort is recommended in writing by the attending Physician and approved by the Insurer.

As part of a medical evacuation, the Administrator shall also make all necessary arrangements for ground transportation to and from the hospital, as well as pre-admission arrangements, where possible, at the receiving hospital.

If following stabilization, when medically necessary and subject to the Administrator's prior approval, the Insurer will pay for a medically supervised return to the Insured Person's permanent residence or, if appropriate, to a health care facility nearer to their permanent residence or for one-way economy airfare to the Insured Person's point of origin, if necessary.

All evacuations must be approved and coordinated by Administrator designated physicians. Transportation must be by the most direct and economical route.

With respect to this provision only, the following is in lieu of the Policy's Extension of Benefits provision: No benefits are payable for Covered Expenses incurred after the date the Insured Person's insurance under the Policy terminates. However, if on the date of termination the Insured Person is Hospital Confined, then coverage under this benefit provision continues until the earlier of the date the Hospital Confinement ends or the end of the 31st day after the date of termination.

The combined benefit for all necessary evacuation services is listed in the Overview Matrix.

**Bedside Visit Benefit**

If an Insured Person is Hospital Confined due to an Injury or Sickness for more than 7 days, is likely to be hospitalized for more than 7 days or is in critical condition, while traveling outside of his/her home country, the Insurer will pay up to the maximum benefit as listed in Table 1 of the Schedule of Benefits for the cost of one economy round trip air fare ticket to, and the end hotel accommodations in, the place of the Hospital Confinement for one person designated by the Insured Person. Payment for meals, ground transportation and other incidentals are the responsibility of the family member or friend.

With respect to any one trip, this benefit is payable only once for that trip, regardless of the number of Insured Persons on that trip. The determination of whether the Covered Member will be hospitalized for more than 7 day or is in critical condition shall be made by the Administrator after consultation with the attending physician. No more than one (1) visit may be made during any 12 month period. No benefits are payable unless the trip is approved in advance by the Plan Administrator.

The benefit for all Bedside Visits is listed in the Overview Matrix.
VI. Exclusions and Limitations: What the Plan does not pay for

Excluded Services
The Plan does not provide any benefits for:
1. Any amounts in excess of maximum amounts of Covered Expenses stated in this Plan.
2. Services not specifically listed in this Plan as Covered Services.
3. Services or supplies that are not Medically Necessary as defined by the Insurer.
4. Services or supplies that the Insurer considers to be Experimental or Investigative.
5. Services received before the Effective Date of coverage or during an inpatient stay that began before that Effective Date of Coverage.
6. Services received after coverage ends unless an extension of benefits applies as specifically stated under the 'Who is Eligible for Coverage' section of this Plan.
7. Services for which the Insured Person has no legal obligation to pay or for which no charge would be made if he/she did not have a health policy or insurance coverage.
8. Services or supplies for the treatment of an Occupational Injury or Sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act.
9. Treatment or medical services required while traveling against the advice of a Physician, while on a waiting list for a specific treatment, or when traveling for the purpose of obtaining medical treatment.
10. Services related to pregnancy or maternity care other than for complications of pregnancy that may arise during a Trip Coverage Period.
11. Conditions caused by or contributed to by (a) The inadvertent release of nuclear energy when government funds are available for treatment of illness or injury arising from such release of nuclear energy; (b) An Insured Person participating in the military service of any country; (c) An Insured Person participating in an insurrection, rebellion, or riot; (d) Services received for any condition caused by an Insured Person's commission of, or attempt to commit, a felony or to which a contributing cause was the Insured Person being engaged in an illegal occupation.
12. Professional services received or supplies purchased from the Insured Person, a person who lives in the Insured Person's home or who is related to the Insured Person by blood, marriage or adoption, or the Insured Person's employer.
13. Inpatient or outpatient services of a private duty nurse.
14. Inpatient room and board charges in connection with a Hospital stay primarily for environmental change, physical therapy or treatment of chronic pain; Custodial Care or rest cures, services provided by a rest home, a home for the aged, a nursing home or any similar facility service.
15. Inpatient room and board charges in connection with a Hospital stay primarily for diagnostic tests which could have been performed safely on an outpatient basis.
16. Treatment of Mental, Emotional or Functional Nervous Conditions or Disorders.
17. Treatment of Drug, alcohol, or other substance addiction or abuse.
18. Dental services, dentures, bridges, crowns, caps or other dental prostheses, extraction of teeth or treatment to the teeth or gums, except as specifically stated under Dental Care and/or Dental Care for Accidental Injury, in the Benefits section of this Plan.
19. Dental and orthodontic services for Temporomandibular Joint Dysfunction (TMJ).
20. Orthodontic Services, braces and other orthodontic appliances except as specifically stated under Orthodontic Dental Care.
21. Dental Implants: Dental materials implanted into or on bone or soft tissue or any associated procedure as part of the implantation or removal of dental implants.
22. Hearing aids.
23. Routine hearing tests.
24. Optometric services, eye exercises including orthoptics, eyeglasses, contact lenses, routine eye exams, and routine eye refractions, except as specifically stated in this Plan.
25. An eye surgery solely for the purpose of correcting refractive defects of the eye, such as near-sightedness (myopia), astigmatism and/or farsightedness (presbyopia).
26. Outpatient speech therapy.
27. Any Drugs, medications, or other substances dispensed or administered in any outpatient setting except as specifically stated in this Plan. This includes, but is not limited to, items dispensed by a Physician.
28. Any intentionally self-inflicted injury or illness. This exclusion does not apply to the Medical Evacuation Benefit, to the Repatriation of Remains Benefit and to the Bedside Visit Benefit.
29. Cosmetic surgery or other services for beautification, including any medical complications that are generally predictable and associated with such services by the organized medical community. This exclusion applies to Reconstructive Surgery to restore a bodily function or to correct a deformity caused by injury or congenital defect of a newborn child, or to Medically Necessary reconstructive surgery performed to restore symmetry incident to a mastectomy.
30. Procedures or treatments to change characteristics of the body to those of the opposite sex. This includes any medical, surgical or psychiatric treatment or study related to sex change.
31. Treatment of sexual dysfunction or inadequacy.
32. All services related to the evaluation or treatment of fertility and/or infertility, including, but not limited to, all tests, consultations, examinations, medications, invasive, medical, laboratory or surgical procedures including sterilization reversals and in vitro fertilization.
33. All contraceptive services and supplies, including but not limited to, all consultations, examinations, evaluations, medications, medical, laboratory, devices, or surgical procedures.
34. Cryopreservation of sperm or eggs.
35. Orthopedic shoes (except when joined to braces) or shoe inserts, including orthotics.
36. Services primarily for weight reduction or treatment of obesity including morbid obesity, or any care which involves weight reduction as a main method of treatment.
37. Routine physical exams or tests that do not directly treat an actual Illness, Injury or condition, including those required by employment or government authority.
38. Charges by a provider for telephone consultations.
39. Items which are furnished primarily for the Eligible Participant’s personal comfort or convenience (air purifiers, air conditioners, humidifiers, exercise equipment, treadmills, spas, elevators and supplies for hygiene or beautification, etc.).
40. Educational services except as specifically provided or arranged by the Insurer.
41. Nutritional counseling or food supplements.
42. Durable medical equipment not specifically listed as Covered Services in the Covered Services section of this Plan. Excluded durable medical equipment includes, but is not limited to: orthopedic shoes or shoe inserts; air purifiers, air conditioners, humidifiers, exercise equipment, treadmills; spas; elevators; supplies for comfort, hygiene or beautification; disposable sheets and supplies; correction appliances or support appliances and supplies such as stockings.
43. Physical and/or Occupational Therapy/Medicine, except when provided during an inpatient Hospital confinement or as specifically provided under the benefits for Physical and/or Occupational Therapy/Medicine.
44. All infusion therapy, radiation therapy and hemodialysis treatment together with any associated supplies. Drugs or professional services are excluded.
45. Growth Hormone Treatment, except as necessary to treat a congenital defect.
46. Routine foot care including the cutting or removal of corns or calluses; the trimming of nails, routine hygienic care and any service rendered in the absence of localized illness, Injury or symptoms involving the foot.
47. Charges for which the Insurer are unable to determine the Insurer’s liability because the Eligible Participant or an Insured Person failed, within 60 days, or as soon as reasonably possible to: (a) authorize the Insurer to receive all the medical records and information the Insurer requested; or (b) provide the Insurer with information the Insurer requested regarding the circumstances of the claim or other insurance coverage.
48. Charges for the services of a standby Physician.
49. Charges for animal to human organ transplants.
50. Under the medical treatment benefits, for loss due to or arising from a motor vehicle Accident if the Insured Person operated the vehicle without a proper license in the jurisdiction where the Accident occurred.
51. Claims arising from loss due to riding in any aircraft except one licensed for the transportation of passengers.
52. Claims arising from participation in interscholastic or professional and/or non-professional club sports or sports event or participation in mountaineering, motor racing, speed contests, skydiving, hang gliding, parachuting, spelunking, helisking, extreme skiing or bungee cord jumping.
53. Treatment for or arising from sexually transmissible diseases. (This exclusion does not apply to HIV, AIDS, ARC or any derivative or variation.)
54. Under the Accidental Death and Dismemberment provision, for loss of life or dismemberment for or arising from an Accident in the Insured Person’s Home Country; for loss of life or dismemberment due to a Sickness, disease or infection.
55. Under the Accidental Death and Dismemberment provision, for loss of life or dismemberment resulting directly or indirectly from the discharge, explosion, or use of any device, weapon, material employing or involving fission, nuclear fusion, or radioactive force, or chemical, biological radiological or similar agents, whether in time of peace or war, and regardless of any other causes or events contribution concurrently or in any other sequence there to.
56. Under the Accidental Death and Dismemberment provision, for loss of life or dismemberment caused by or contributed by (a) an act of war; (b) An Insured Person participating in the military service of any country; (c) An Insured Person participating in an insurrection, rebellion, or not; (d) Services received for any condition caused by an Insured Person’s commission of, or attempt to commit a felony or to which a contributing cause was the Insured Person being engaged in an illegal occupation;
57. Under the Repatriation of Remains Benefit and the Medical Evacuation Benefit provision, for repatriation of remains or medical evacuation of the Covered Accident in the Insured Person’s Home Country without the prior approval of the Administrator.
58. Treatment of Congenital Conditions.
VII. Prescription Drug Benefits

**Pharmacy** means a licensed retail pharmacy.

**Prescription** means a written order issued by a Physician.

**What Is Covered**
1. Outpatient Drugs and medications that federal and/or state law restrict to sale by Prescription only.
2. Insulin.
3. Insulin syringes prescribed and dispensed for use with insulin.
4. All non-infused compound Prescriptions that contain at least one covered Prescription ingredient.

**Conditions of Service**
The Drug or medicine must be:
1. Prescribed in writing by a Physician and dispensed within one Period of Insurance of being prescribed, subject to federal or state laws.
2. Approved for use by the Food and Drug Administration.
3. For the direct care and treatment of the Insured Person’s illness, injury or condition. Dietary supplements, health aids or drugs for cosmetic purposes are not included.
4. Purchased from a licensed retail Pharmacy or other authorized entity in the country in which purchased.

The drug or medicine must not be used while the Insured Person is an inpatient in any facility.

The Prescription must not exceed a 30-day supply.

**Prescription Drug Exclusions and Limitations**
Prescription Drug reimbursement is subject to and treated as part of any benefit maximums, limitations on Pre-existing Conditions or any other exclusions or limitations contained in this entire Plan. In addition, reimbursement will not be provided for:

1. Drugs and medications not requiring a Prescription, except insulin.
2. Non-medical substances or items.
3. Drugs and medications used to induce non-spontaneous abortions.
4. Contraceptive Drugs and devices prescribed for birth control.
5. Drugs and medications used for the purposes of sexual stimulation.
6. Dietary supplements, cosmetics, health or beauty aids.
7. Any vitamin, mineral, herb or botanical product, which is believed to have health benefits, but does not have Food and Drug Administration (FDA) approved indication to treat, diagnose or cure a medical condition.
8. Drugs used by the Eligible Participant in a Hospital, Skilled Nursing Facility, rest home, sanitarium, convalescent hospital or similar facility.
9. Any Drug labeled “Caution, limited by federal law to investigational use” or Non-FDA approved investigational Drugs, any Drug or medication prescribed for experimental indications (such as progesterone suppositories).
10. Syringes and/or needles, except those dispensed for use with insulin.
11. Durable medical equipment, devices, appliances and supplies.
12. Immunizing agent, biological sera, blood, blood products or blood plasma.
14. Professional charges in connection with administering, injecting or dispensing of Drugs.
15. Drugs and medications dispensed or administered in an outpatient setting, including but not limited to outpatient hospital facilities and doctor’s offices.
16. Drugs used for cosmetic purposes.
17. Drugs used for the primary purpose of treating infertility.
18. Drugs used for the purpose of treating hair loss.
19. Anorexiants or Drugs associated with weight loss.
20. Allergy desensitization products, allergy serum.
21. All infusion Therapy is excluded under this Plan except as specifically stated in the Covered Services section.
22. Drugs for treatment of a condition, illness, or injury for which benefits are excluded or limited by a Preexisting Condition, or other contract limitation.
23. Growth Hormone Treatment, except to treat a congenital defect.
24. Over the counter medications and Prescription Drugs with a non-prescription (over the counter) chemical and dose equivalent.
25. The replacement of lost or stolen Prescription Drugs.
Exception to Exclusions and Limitations for certain Cancer Drug treatment
An exception is made to the Exclusions and Limitations for certain cancer drug treatment. If a drug has not yet received formal FDA approval for use in treating a specific cancer, but is recognized for treatment of that specific cancer in one of the following references, it will be covered; AMA Drug Evaluations, American Hospital Formulary Service Drug Information, U.S. Pharmacopoeia Drug Information, or recommended by review article or editorial comment in a major peer-reviewed professional journal. In addition, a service will not be considered experimental or investigational if it is part of a clinic trial program.