

**STUDENT
ACCIDENT & SICKNESS
INSURANCE PROGRAM**

**Designed for the
International Students of:**



2011-2012

Policy Number: GLB 9709470

Brochure Number: 0810-2491 (11)

UNIVERSITY REQUIREMENTS

All international students and scholars are required to participate in this insurance program unless proof of comparable coverage is furnished.

ELIGIBILITY

All international students, visiting faculty or other persons who are under the age of 65, have a current passport or student visa, and are temporarily residing outside their Home Country while actively engaged in education or educational activities or research related activities.

Insured students may also purchase dependent coverage. Eligible dependents are the Spouse (residing with the Insured Student) and unmarried children under nineteen years of age who are not self-supporting, and reside with the Insured Student. Dependent eligibility expires concurrently with that of the Insured Student.

EFFECTIVE DATE OF COVERAGE

Coverage for an individual who makes the required premium payment will become effective on the latest of the following dates:

- 1) 12:01 a.m., Standard Time on August 18, 2011; or
- 2) the beginning date of the period of coverage purchased; or
- 3) the day after the date of postmark when premium is received by the University, Company Agent or Administrator.

Coverage will always become effective at 12:01 a.m., Standard Time on the date determined by this provision. The effective date of coverage for dependents will not precede that of the Insured Student.

The individual's insurance coverage is effective 24 hours a day on a worldwide basis except when the student withdraws from school and resumes residency in his/her home country.

TERMINATION DATE OF COVERAGE

Coverage for an Insured Student shall terminate on the earlier of the following dates:

- 1) the last day of the period for which premium has been paid; or
- 2) 12:01 a.m., Standard Time on August 18, 2012.

Coverage for any dependent shall terminate as indicated above or on the time and date the Insured Student's insurance terminates, whichever is earlier.

A pro-rated refund of premium will be made only in the event the Insured enters military service. Otherwise, coverage will continue for the period for which premium was paid.

CONTINUOUS COVERAGE

Coverage for an Insured Person will be considered as continuous during consecutive periods of insurance (such as Fall, Spring, Summer, etc.) when premium payment is received by the Policyholder, Company Agent or Administrator within 15 days of the beginning date of the period of coverage purchased regardless of any breaks in calendar days between consecutive periods of insurance (Fall, Spring, Summer, etc.). This Continuous Coverage provision will not establish a new benefit period, nor affect any lifetime or specifically stipulated benefits shown herein for an incurred loss existing during any preceding coverage period.

EXTENSION OF BENEFITS AFTER TERMINATION

The coverage provided under this policy ceases on the Termination Date. However, if an Insured is hospital confined on the termination date from a covered injury or illness for which benefits were paid before the termination date, covered medical expenses for such injury or illness will continue to be paid until the Insured is discharged from the hospital or at the end of 90 days, whichever comes first.

The total payments made in respect of the Insured for such condition both before and after the Termination Date will never exceed the Maximum Benefit.

PRE-EXISTING CONDITIONS

Pre-existing Conditions, defined as any illness which was contracted or which manifested itself, or for which treatment or medication was prescribed within the 12 months prior to the effective date of this insurance, are covered under this policy to a maximum of \$5,000 per policy year. After an Insured Person has maintained 12 months of continuous uninterrupted coverage, pre-existing conditions are covered as any other condition for loss of expense incurred after such 12 consecutive months period.

Payment will be in accordance with the provisions of this Plan. If the Insured Person has a lapse in coverage, a period of 12 months of continuous uninterrupted coverage will have to be satisfied again before pre-existing conditions are covered as any condition.

DEFINITIONS

Deductible - means the dollar amount of covered expenses which must be incurred as an out-of-pocket expense by each Insured for any one disablement.

Illness - means sickness or disease of any kind contracted and commencing after the effective date of the policy and causing loss covered by the policy.

Injury – means bodily injury caused by an accident that: (1) occurs while the policy is in force as to the person whose injury is the basis of claim; (2) occurs while such person is participating in a Covered Activity and (3) results directly and independently of all other causes in a covered loss.

Medical Emergency - means treatment for a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) within 72 hours of the date of injury or onset of illness, such that a prudent layperson with average knowledge of health and medicine could reasonably expect that his health or bodily functions would be in serious jeopardy without immediate medical attention.

Physician – means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: 1) the Insured; 2) an Immediate Family Member; or 3) retained by the Policyholder.

Usual and Customary Charges - means an average of charges by other providers, within the same zip code, for the same or similar service or equipment.

COMPANY'S RIGHT OF SUBROGATION

In the event you require medical treatment due to another person's negligence (such as an automobile accident), the Company has the right to seek recovery of any benefits it pays toward your medical expenses.

STUDENT HEALTH CENTER CHARGES

When the student receives treatment at the Student Health Center for a covered injury or illness, those eligible expenses incurred are covered as any injury or illness.

PREFERRED PROVIDER NETWORK

If you use a physician from the Preferred Provider Network, the Company will reimburse your covered expenses at a higher amount when compared to using a Non-Network Provider. We have made arrangements with **HealthEOS by MultiPlan**, a Preferred Provider Network in Wisconsin, who has contracted with numerous hospitals, physicians and other health care providers in order to administer your care at a prearranged, preferred dollar amount. If you choose to use a Non-Network Provider, your benefits will be reduced as shown on the Benefits Schedule. Prior to seeking care with a Network Provider, you should always verify that the doctor continues to be a Network Provider. For a complete list of participating providers, you may access the **HealthEos** website at www.healtheos.com or call their **toll free number:**

1-800-279-9776

Please note: in the event you need medical attention while out of the State of Wisconsin and need to find a participating provider, please access the Multiplan website at www.multiplan.com and select PHCS from the drop down menu. You may also call Multiplan's toll free number at **800-922-4362**.

WALGREENS HEALTH INITIATIVES PHARMACY NETWORK

The pharmacy network provides prescription drug coverage for all covered conditions when prescriptions are filled at any participating Walgreens pharmacy. Preventive drugs are not covered. The Covered Person is responsible for a **\$10 co-payment per generic prescription; \$20 co-payment per brand name prescription; or \$30 co-payment per multi-source prescription**. No claim forms are required. The participating pharmacy will file claims directly with the administrator for reimbursement of the remaining charges.

The Covered Person must show his/her identification card to receive benefits at a participating pharmacy. An identification/prescription card will be issued once the correct premium and enrollment form have been processed by the administrator.

For member services information, please call **Walgreens Health Initiatives RX Member Services at 800-207-2568**, or access their website at www.mywhi.com. This service is available 24/7 after the issuance of the identification/prescription card.

ASK MAYO CLINIC

Students who enroll and maintain medical coverage in this insurance plan have access to a 24-hour nurse line administered by **Ask Mayo Clinic**. This program provides:

- * Phone-based reliable health information in response to health concerns and questions; and
- * Assistance in decisions on the appropriate level of care for an Injury or Illness. Appropriate care may include self-care at home; a call to a physician; or visit to the emergency room. Calls are answered 24 hours a day, 365 days a year by experienced registered nurses who have been specifically trained to handle telephone health inquiries.

This program is not a substitute for doctor visits or emergency response systems. **Ask Mayo Clinic** does not answer health plan benefit questions. Health benefit questions should be referred to Rust International Associates. The **Ask Mayo Clinic** 24-hour nurse line toll free number will be on an ID card provided by **Ask Mayo Clinic**.

MEDICAL EXPENSE BENEFITS SCHEDULE

\$250,000 Maximum Benefit

Deductible: \$25 per Injury and per Illness. The Deductible is waived when treatment is referred by the Student Health Center.

Emergency Room Co-Payment: \$100 per Emergency Room Visit. The Co-payment is waived if the Insured is immediately admitted to the hospital.

The Company will pay benefits, as described below, for the Usual and Customary charges incurred while the Insured Person's coverage is in force for treatment by a licensed Physician for: 1) accidental bodily Injury when first treatment commences within 90 days of the date of Injury, or 2) Illness beginning with the date of first treatment, not to exceed a **Maximum Benefit of \$250,000 per Injury or Illness.**

INPATIENT COVERED EXPENSES

	<u>IN-NETWORK</u>	<u>OUT-OF-NETWORK</u>
Room and Board Expense: semi private room, including general nursing care	100% of PPO Allowance	60% of Usual & Customary
Intensive Care: including 24-hour nursing care	100% of PPO Allowance	60% of Usual & Customary
Miscellaneous Expenses: for services and supplies limited to: 1) the cost of an operating room; 2) laboratory tests; 3) X-ray examinations; 4) anesthesia; 5) drugs or medicines (excluding take-home drugs); 6) miscellaneous supplies; and 7) pre-admission testing	100% of PPO Allowance	60% of Usual & Customary
Physiotherapy: when prescribed by the attending Physician and administered by a licensed physiotherapist	100% of PPO Allowance	60% of Usual & Customary
Surgeon: Physician's fees for a surgical procedure	100% of PPO Allowance	60% of Usual & Customary
Anesthetist Services: in conjunction with surgery	100% of PPO Allowance	60% of Usual & Customary
Registered Graduate Nurse: when prescribed by the attending Physician	100% of PPO Allowance	60% of Usual & Customary
Physician's Visits: limited to one visit per day when a surgery benefit is not paid	100% of PPO Allowance	60% of Usual & Customary

OUTPATIENT BENEFITS

Surgeon: Physician's fees for a surgical procedure	100% of PPO Allowance	60% of Usual & Customary
Miscellaneous for Day Surgery: when surgery is performed in a hospital emergency room, trauma center, physician's office, outpatient surgical center or clinic, for services and supplies limited to: 1) operating room; 2) laboratory tests; 3) X-ray examinations; 4) anesthesia; 5) drugs or medicines (excluding take-home drugs); and miscellaneous supplies	100% of PPO Allowance	60% of Usual & Customary
Anesthetist Services: in conjunction with a surgical procedure	100% of PPO Allowance	60% of Usual & Customary
Physician's Visits: limited to one visit per day when a surgery benefit is not paid,	100% of PPO Allowance	60% of Usual & Customary
Physiotherapy: when prescribed by the attending Physician after a surgical procedure has been performed and when administered by a licensed physiotherapist	100% of PPO Allowance	60% of Usual & Customary
Physiotherapy: when administered by a licensed physiotherapist for non post-surgical treatment, to a maximum of	\$500	\$500
Medical Emergency Expenses: incurred in a hospital emergency room, surgical center or clinic (see Emergency Room Co-payment above)	100% of PPO Allowance	60% of Usual & Customary
Diagnostic X-rays Services: when prescribed by the attending Physician, to include negative testing without a diagnosis following a symptomatic condition	100% of PPO Allowance	60% of Usual & Customary
Radiation Therapy: when prescribed by the attending Physician	100% of PPO Allowance	60% of Usual & Customary
Laboratory Procedures: when prescribed by the attending Physician, to include negative testing without a diagnosis following a symptomatic condition	100% of PPO Allowance	60% of Usual & Customary
Miscellaneous Tests and Procedures: incurred loss for which no other policy benefit is provided, to include negative testing without a diagnosis following a symptomatic condition ...	100% of PPO Allowance	60% of Usual & Customary
Shots or Injections: administered in an emergency room or Physician's office and charged on the emergency room statement or Physician statement	100% of PPO Allowance	60% of Usual & Customary
Chemotherapy: when prescribed by the attending Physician	100% of PPO Allowance	60% of Usual & Customary
Prescription Drugs: please see the Walgreens Health Initiatives Pharmacy Network paragraph herein for details.		

OTHER BENEFITS

Ambulance Service: for transportation to or from a hospital	100% of Usual & Customary	100% of Usual & Customary
Braces and Appliances: when prescribed by the attending Physician exclusively for the purpose of healing the specific part of the body for which the brace or appliance is prescribed (replacement braces and appliances are not covered)	100% of PPO Allowance	60% of Usual & Customary
Dental braces, except when necessitated by accidental bodily injury, are not covered.		
Consultant Physician Services: when requested and approved by the attending Physician ..	100% of PPO Allowance	60% of Usual & Customary
Dental Treatment: for treatment of Injury to sound, natural teeth	100% of PPO Allowance /	60% of Usual & Customary /
to a maximum of	\$250 Per Tooth	\$250 Per Tooth
Impacted Wisdom Teeth: covered as any Illness, to a maximum of	\$250	\$250
Registered Nurse (Outpatient): when prescribed by the attending Physician on an outpatient basis	100% of PPO Allowance	60% of Usual & Customary
Abortion: covered as any Illness, to a maximum of	\$500 Per Policy Year	\$500 Per Policy Year
Club Sports: covered as any Injury, to a maximum of	\$25,000	\$25,000
Venereal Disease: covered as any Illness	100% of PPO Allowance	60% of Usual & Customary
Hepatitis B Injections: covered as any Illness, to a maximum of	\$100	\$100
TB Testing: covered as any Illness	100% of PPO Allowance	60% of Usual & Customary
Snowmobile and ATV (all terrain vehicles) Accidents: covered as any Injury	100% of PPO Allowance	60% of Usual & Customary
Suicide and Attempted Suicide: covered as any condition	100% of PPO Allowance	60% of Usual & Customary

PSYCHOTHERAPY

Benefits are payable for the treatment of Mental or Nervous Disorder, Alcoholism and Drug Abuse, subject to all terms and conditions of the policy and the provisions outlined below:

1. When confined as an "Inpatient", benefits will be paid to the lesser of :
 - (a) The Usual and Customary Charges incurred for the first 30 days of Hospital Confinement per policy year; or
 - (b) The first \$7,000 of eligible incurred charges less a co-payment of 10% to a maximum benefit of \$6,300; or
 - (c) The difference between \$7,000 and the benefits paid for outpatient services.
2. For treatment as an "Outpatient", benefits will be the lesser of:
 - (a) The first \$2,000 of eligible incurred charges less a co-payment of 10% to a maximum benefit of \$1,800; or
 - (b) The difference between \$7,000 and the benefits paid for inpatient Hospital Services.
3. For "Transitional Treatment", benefits will be the lesser of:
 - (a) The first \$3,000 of eligible incurred charges less a co-payment of 10% to a maximum benefit of \$2,700; or
 - (b) The difference between \$7,000 and the benefits paid for "Inpatient" and/or "Outpatient" Hospital Services.

Transitional Treatment means: Mental health services for adults, children and adolescents in a day treatment program; persons with chronic mental illness, or with chronic alcohol or drug dependency. Other policy provisions may affect Transitional Treatment benefits in addition to specific limitations described within the Policy.

All charges incurred for all other services or ancillary services stated on the Schedule of Benefits and incurred as a result of Mental or Nervous Disorder/Alcoholism and Drug Abuse are subject to the above stated maximums.

ACCIDENTAL DEATH & DISMEMBERMENT INDEMNITY

The Company shall pay an indemnity, in addition to the medical expense benefits provided herein, if an Insured Person sustains a loss, as listed below. within 180 days after the date of accident causing such loss. If more than one loss is sustained as the result of one accident, only the largest amount shall be payable.

<u>For Loss of:</u>	<u>Benefit</u>
Life	\$25,000
Both Hands or Both Feet, or Sight of Both Eyes	\$25,000
One Hand and One Foot	\$25,000
Either Hand or Foot and Sight of One Eye	\$25,000
Either Hand or Foot	\$12,500
Sight of One Eye	\$12,500

Only one of the amounts shown above, the largest, will be paid for loss resulting from any one accident, and shall be in addition to any other indemnity payable for such accident. Loss shall mean in regard to Hand or Hands or Foot or Feet, actual severance through or above the wrist or wrists or ankle or ankles, and loss of sight of eye or eyes shall mean the irrecoverable loss of the entire sight thereof.

OPTIONAL INTERCOLLEGIATE SPORTS COVERAGE Additional Premium Required

\$250 Deductible per Sports Injury
(Deductible is not waivable)

Injuries sustained while participating, playing or traveling to or from an intercollegiate sports event as a member of a sports team or tryout squad will be covered on the same basis as any other injury, not to exceed a Maximum Benefit of \$90,000 per policy year.

Intercollegiate sports coverage is only available if the participant is also enrolled in the Student Injury and Illness program. Please see the enrollment form for additional premium per sport.

BREAST RECONSTRUCTION

Benefits will be paid the same as any other illness for breast reconstruction of the affected tissue resulting from a surgical procedure known as a mastectomy. Benefits shall be subject to all deductibles, copayments, coinsurance, limitations, or any other provisions of the Policy.

DIABETES BENEFIT

Benefits will be provided an Insured with diagnosed diabetes for the installation of an insulin infusion pump (limited to one pump per year), related equipment and supplies, including insulin, used in the treatment of diabetes and for diabetic self-management education programs. This benefit is subject to all deductibles, copayments, coinsurance, limitations or any other provisions of the Policy.

CHILDHOOD IMMUNIZATIONS

Benefits will be paid the same as any other illness for childhood immunization services and supplies for dependent children 6 years of age and under. Childhood immunizations include: Diphtheria, Pertussis, Tetanus, Polio, Measles, Mumps, Rubella, Hemophilus Influenza B, Hepatitis B, and Varicella. These services shall be exempt from any deductible, copayment, coinsurance or any other provisions of the Policy.

MAMMOGRAM BENEFIT

Benefits for 2 examinations by low dose mammography will be payable for a woman between the ages of 45 to 49, if the woman has not had an examination by low dose mammography within 2 years before each examination has been performed. A woman age 50 or over will receive benefits for an annual examination by low dose mammography.

An Insured woman will also qualify for benefits if she does not have a regular licensed physician or nurse practitioner; when she designates a qualified licensed physician to receive the results of the examination, and any previous low-dose mammography testing had been performed at the direction of a licensed physician.

STATE MANDATED BENEFITS

Coverage is provided for benefits mandated by the State of Wisconsin. In addition to those listed herein, benefits include: Kidney Disease; Skilled Nursing; Home Care; Lead Poisoning Screening; Temporomandibular Disorders; and Extension of Coverage for Handicapped Children.

Please refer to the Master Policy on file at the University for a complete description of these benefits.

EXCLUSIONS

Unless otherwise provided within the Schedule of Benefits, no benefits shall be payable for medical expenses provided with respect to expenses incurred:

1. For Pre-Existing Conditions, defined as any illness which was contracted or which manifested itself, or for which treatment or medication was prescribed within the 12 months prior to the effective date of this insurance;
2. For services, supplies or treatment, including any period of hospital confinement, which were not recommended, approved and certified as necessary and reasonable by a physician;
3. For suicide or any attempt thereat while sane or self-destruction or any attempt thereat while insane;
4. Due to declared or undeclared war or any act thereof;
5. For injury sustained while participating in practice or play of interscholastic, intercollegiate, club, semi-professional or professional sports or travel connected therewith;
6. For pregnancy, child birth or miscarriage (except when conception occurred while insured hereunder); elective abortion; elective caesarean section;
7. For routine physicals or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or x-ray examinations except in the course of a disability established by the prior call or attendance of a physician;
8. For cosmetic or plastic surgery, except as the result of an accident;
9. For elective surgery which can be postponed until the insured returns to his/her country of residence;
10. For any mental or nervous disorders(except as specifically provided) or rest cures;
11. For dental care, except as the result of injury to natural teeth caused by an accident;
12. For eye refractions or eye examinations for the purpose prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by accidental bodily injury incurred while insured hereunder;
13. In connection with alcoholism and drug addiction (except as specifically provided), or use of any drug or narcotic agent;
14. For congenital anomalies and conditions arising out of or resulting therefrom;
15. For expenses which are non-medical in nature;
16. For expenses as a result of or in connection with an intentionally self-inflicted injury;
17. For expenses as a result of or in connection with the commission of a felony offense;
18. For specific named hazards: traveling upon a motorcycle, scuba diving, mountain climbing, sky diving, professional or amateur racing, and piloting any aircraft;
19. For treatment paid for or furnished under any other individual or group policy, or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for treatment without cost to any individual;
20. For any expenses for services rendered by any member of an Insured's family or by employees or physicians or other persons employed or retained by the Participant or for the use of the Participant's facilities except those benefits specifically listed as payable at the Participant's Health Service, Infirmary or Hospital;
21. For preventive medicines, serums or vaccines, shots or injections (unless required as a result of accidental bodily injury and administered within 24 hours);
22. For allergy testing or treatment;
23. For diagnostic testing, evaluation or treatment in connection with infertility, fertility, birth control or impotence;
24. For treatment or removal of non-malignant moles; warts or boils; acne; actinic or seborrheic keratosis (example: sun-spots or skin blemishes); dermatofibrosis; or nevus of any description or form (example: birth marks); bunions; keloid surgery (except when as a result of an accidental bodily injury or sickness incurred while insured); hernia of any kind; varicosity; sleep disorders, including the testing thereof; deviated nasal septum, including submucous resection and/or other surgical correction thereof except when the direct result of accidental bodily injury incurred while insured hereunder;
25. For venereal disease;
26. For private air travel, to include ballooning or ultra-light aircraft; parasailing; hang gliding; bungee jumping; travel in or upon a snow mobile or ATV (all terrain or similar type vehicle); travel in or upon any three-wheeled vehicle; racing of any kind.

CLAIM PROCEDURE

In the event of injury or illness, the Student/Scholar should:

1. Report at once to the Student Health Service, or when not in school, to the nearest doctor or hospital.
2. Secure a claim form from Health Services or from the address below. Fill in the necessary information and attach all itemized bills showing claimant's name, nature of illness/injury, and description and charge for each service provided. **Mail or fax to the Plan Administrator:**

AMA & ASSOCIATES
P. O. BOX 659570
San Antonio, TX 78265-9570
FAX: 1-210-822-4113

**THE COMPANY MUST BE NOTIFIED WITHIN
90 DAYS FROM DATE OF INJURY OR
FIRST TREATMENT FOR SICKNESS**

For additional information on this insurance plan,
or for assistance on how to expedite claims,
please contact:



This Plan is Underwritten By:

**The Insurance Company of the State of Pennsylvania
with its principal place of business in New York, New York**

IMPORTANT INFORMATION: Please retain this brochure as it outlines the provisions of the Master Policy which is on file at the University. No individual policies will be issued. In the event of a claims dispute, the Master Policy will prevail.

TRAVEL GUARD ASSIST PROGRAM

Provided by: Chartis Insurance Company

The Travel Guard Assist Program is offered along with the Accident and Sickness Insurance Program. The premium rates include both programs. Travel Guard provides 24-hour emergency telephone assistance service available during the Insured's coverage period. In the event of a medical emergency, English speaking help and advice may be available to you.

Highlights of this program include:

Transportation

- **Emergency Evacuation and Medically Necessary Repatriation:** benefits are provided to a maximum single limit of \$100,000 if an Injury or Sickness results in necessary evacuation or repatriation. Both must be ordered by a legally licensed Physician and approved by The Company.
- **Return of Mortal Remains:** benefits are provided to a maximum of \$20,000 to return the covered person's body to his/her home country, including cost of embalming, cremation, and necessary coffin.
- **Transportation to Join Disabled Member:** when a covered person is hospitalized for more than seven days, economy, round trip transportation to the place of hospitalization is provided to a person chosen by the covered person, including \$100 per day for 30 days for accommodations, meals and transportation in the area of hospitalization.

All Transportation Expenses must be: 1) recommended by the attending Physician; 2) required by the standard regulations of the conveyance transporting the covered person; and 3) **verified and approved in advance by the Assistance Company.**

Worldwide Emergency Assistance Services

The Company can assist with the following services (**the covered person is responsible for all the costs involved**): pre-departure information; lost/stolen luggage and personal effects; trip interruption; medical evaluation and referrals; critical care monitoring; lost document assistance; emergency personal cash transfer; emergency medication; emergency message transmission; shipment of medical records, and legal referrals worldwide/bail bonds.

When to Contact Travel Guard:

- * When you require medical assistance or have a medical emergency.
- * For all non-medical situations (lost luggage, lost documents, legal help, etc.).
- * Whenever there is a question.

How to Contact the Travel Guard 24-hour Worldwide Call Center:

Phone Numbers

Inside the USA or Canada (800) 626-2427

From Countries other than the USA or Canada:

- * Request an international operator
- * Request the international operator

to place a collect call to (713) 267-3367

Terms & Conditions

The Assistance Company is not responsible for any loss caused by or resulting from:

Suicide, attempted suicide or intentionally self-inflicted injury, or sexually transmitted conditions, Acquired Immune Deficiency Syndrome (AIDS), Human Immune Deficiency Virus (HIV) infection; participation in any professional, semi-professional or interscholastic team sport or any bodily contact sport; being under the influence of drugs, alcohol or other intoxicants unless prescribed by a Physician and taken as prescribed; participation in a felony, riot, crime, misdemeanor or civil commotion; participation in contests of speed using a motorized vehicle or bicycle; participating in skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing, pot-holing or while riding on a motorcycle; congenital anomalies; declared or undeclared war or any act thereof; service in the military, naval or air service of any country; piloting any aircraft or while flying as a passenger in any aircraft owned or operated by the Policyholder.