

**GLOBAL EMERGENCY SERVICES**  
*(PROVIDED BY SCHOLASTIC EMERGENCY SERVICES, INC.)*

Insured Students enrolled under the Plan shall have access to 24-hour global emergency services provided by Scholastic Emergency Services, Inc.

If you are a U.S. student studying in a U.S. location, you are eligible for all services when traveling more than 100 miles away from your permanent residence and for selected services at your campus location. If you are a U.S. student studying abroad, you are eligible for all assistance services at your campus location. If you are a foreign nation student studying in the U.S., you are eligible for services, both on campus and while traveling outside of your home country for the duration of your studies. Foreign national students are not eligible for services in their home country of origin.

The services include referrals to qualified, local medical providers, transportation to the nearest appropriate medical facility if it is not available locally (evacuation), critical care monitoring upon discharge from the hospital and if ongoing assistance is needed, medically supervised transportation home (repatriation) with an escort, if necessary. The Scholastic Emergency Services program also includes other services such as transportation of a family member to join hospitalized patient, emergency counseling, prescription replacement assistance, pre-trip information, lost luggage and document assistance, as well as return of mortal remains. Scholastic Emergency Services completely arranges and pays for all of the assistance services it provides without limits on the covered cost. **All services must be arranged and provided by Scholastic Emergency Services. No claims for reimbursement will be accepted. (Scholastic Emergency Services, Inc. is not affiliated with ACE American Insurance Company.)**

**CLAIM PROCEDURE**

In the event of Injury or Sickness, the Student should:

- 1) Report to WKU Health Services for treatment or referral; or when not in school, to your Doctor or Hospital.

**IN AN EMERGENCY, REPORT DIRECTLY TO THE NEAREST EMERGENCY ROOM FOR TREATMENT.**

- 2) The student is not required to submit a claim form for the WKU Health Services or In Network providers unless treatment is due to an Injury. Mail to the address below all medical and hospital bills along with patient's name and Insured student's name, address, social security number and name of the University under which the student is Insured.

- 3) File claims within 30 days of Injury or first treatment for a Sickness or as soon as reasonably possible. Bills should be received by the Company within 90 days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

**Submit All Claims and Inquiries to:**

Klais & Company, Inc.  
1867 West Market Street  
Akron, Ohio 44313

Medical Providers Call: (800) 331-1096  
All Other Calls: (888) 308-7320  
Email: [KlaisClaims@Klais.com](mailto:KlaisClaims@Klais.com)



*An Academic Risk Management, Inc.  
Business Partner*



Academic HealthPlans, Inc.  
P.O. Box 1605  
Colleyville, Texas 76034-1605  
(888) 308-7320  
(817) 479-2100  
fax (817) 479-2101  
[www.AcademicHealthPlans.com](http://www.AcademicHealthPlans.com)

**For more information about this Plan or  
to Enroll online, please visit:  
[www.AHPCare.com/wku](http://www.AHPCare.com/wku)**

**IMPORTANT NOTICE**

This information provides a brief description of the important features of the insurance Plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the policy issued in the state in which the policy was delivered. Complete details may be found in the policy on file at your school's office. The policy is subject to the laws of the state in which it was issued. Please keep this information as a reference.

**PRIVACY DISCLOSURE**

Under HIPAA's Privacy Rule, we are required to provide you with notice of our legal duties and privacy practices with respect to personal health information. You will receive a copy of ACE USA's HIPAA Privacy Notice upon request. Please write to Academic HealthPlans, Inc., P.O. Box 1605, Colleyville, TX 76034-1605 or call (817) 479-2100. You may also view and download a copy from the website at [www.AHPCare.com/wku](http://www.AHPCare.com/wku).

**2008-2009  
Student Health  
Insurance Plan**



**Underwritten by:**

ACE American Insurance Company  
Philadelphia, PA

Please read the brochure to  
understand your coverage.

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## ELIGIBILITY

All domestic undergraduate students taking twelve (12) or more credit hours (six (6) credit hours in the summer) and all domestic graduate students taking nine (9) or more credit hours (three (3) credit hours in the summer) must take at least 6 or more on-campus credit hours to be eligible to enroll in the student health insurance plan.

All international students including, ESLI, F-1, J-1, visiting faculty, scholars are required to participate in the student health insurance plan unless proof of comparable coverage is furnished by August 1, 2008 . A waiver will only be granted to those individuals already insured under other equitable government or embassy sponsored plans.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. The Company maintains its right to investigate student status and attendance records to verify that the Eligibility requirements have been met. If the Company discovers the Eligibility requirements have not been met, its only obligation is refund of premium.

Eligible students who enroll may also insure their Dependents for an additional premium. Dependent enrollment must take place at the initial time of student enrollment or beginning with the next enrollment period, with the exception of newborn or adopted children. Dependent coverage is available only if the student is also insured. Dependent coverage cannot exceed the coverage of the Insured and expires concurrently with that of the Student. Eligible Dependents are the spouse, unmarried children from the moment of birth to age 19 (23 if a full time student) and adopted children from the date of placement with the student, who are chiefly dependent on the Insured for support.

## EFFECTIVE AND TERMINATION DATES

Coverage becomes effective at 12:01 a.m. at WKU's address on the later of the following dates:

- 1) The effective date of the Policy, August 01, 2008; or
- 2) The date premium is received by the Company or its authorized representative.

**Semester coverage and student rates are as follows:**

	From	To
Annual	08/01/2008	08/01/2009
Fall	08/01/2008	01/15/2009
Spring/Summer	01/15/2009	08/01/2009
Summer	05/01/2009	08/01/2009

## Effective and Termination Dates (Continued)

The coverage provided with respect to the Covered Person shall terminate at 12:01 a.m. on the earliest of the following dates.

- 1) The last day of the period through which the premium is paid;
- 2) August 01, 2009;
- 3) The date the eligibility requirements are not met; or
- 4) The date the Covered Person enters full time active duty in any Armed Forces.

You must meet the Eligibility requirements listed herein each time you pay a premium to continue insurance coverage. To avoid a lapse in coverage, your premium must be received within 31 days after the coverage Expiration Date. It is the student's responsibility to make timely renewal payments to avoid a lapse in coverage. **Refunds of premium are allowed only upon entry into the Armed Forces, and the Company receives proof of active duty.**

The Policy issued to WKU is a Non-Renewable, One-Year Term Policy. However, if you still maintain the required eligibility you may purchase the Plan the next year. It is the Covered Person's responsibility to enroll for coverage each year in order to maintain continuity of coverage.

**Alternate Coverage** - If you no longer meet the eligibility requirements contact Academic HealthPlans at (888) 308-7320 **prior to your termination date.**

## EXTENSION OF BENEFITS AFTER TERMINATION

The coverage provided under the Plan ceases on the termination date. However, if a Covered Person is hospital confined on the termination date for a Covered Injury or Sickness for which benefits were paid before the termination date, Covered Expenses for such Covered Injury or Sickness will continue to be paid provided the condition continues but not to exceed the earlier of 90 days after termination date or date of discharge from a Hospital.

The total payments made in respect of the Covered Person for such condition both before and after the termination date will never exceed the maximum benefit. After this "Extension of Benefits" provision has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made.

## COORDINATION OF BENEFITS

If a Covered Person is eligible for benefits under this insurance plan and any other group or blanket plans, we will coordinate the benefits payable under this Plan with the benefits payable under the other group or blanket plans.

## PREFERRED PROVIDER INFORMATION

Preferred Providers allow the Covered Person to maximize the benefits offered under this Plan. You should seek treatment from the Preferred Provider Organization (PPO), which consists of hospitals, doctors, ancillary, and other health care providers organized into a network for the purpose of delivering quality health care at affordable rates.

The Preferred Provider Organization is the First Health Network. A list of providers may be found on the Internet at [www.firsthealth.com](http://www.firsthealth.com) or by calling (800) 226-5116.

## OUTPATIENT PRESCRIPTION DRUG BENEFIT

Outpatient prescription drugs are provided through a prescription drug program managed by WellDyneRx. There is a \$15 copay for each generic prescription drug and a \$30 copay for each brand name prescription drug at a participating WellDyneRx Pharmacy. Expenses are payable up to a maximum of \$250 per Policy year. There are specific prescription drugs that may not be covered under this plan. Please contact WellDyneRx at (888) 479-2000 for a complete list of those prescription drugs. In order to access this program, go to a pharmacy within the WellDyneRx network. Present your insurance ID Card to the pharmacy to identify yourself as a participant in this Plan. Eligibility status will be on-line at the pharmacy. After you have reached your maximum in Prescription Drug benefits, you can continue to use your ID Card and receive discounted prices for your prescriptions. You can locate a participating pharmacy by calling (888) 479-2000 or visit the website at [www.welldynex.com](http://www.welldynex.com).

## ACCIDENTAL DEATH AND DISMEMBERMENT

### Loss of Life, Limb, or Sight

We will pay if an Insured's Injury results in any of the following losses within 180 days of a covered Accident, in any one of the Covered Losses shown below. We will pay only one benefit, the largest, for all losses due to the same Covered Accident.

### For Loss Of:

Life	\$2,500
Two or More members	\$2,500
One members	\$1,000

Member means hand, arm, foot, leg or eye. Loss shall mean with regard to hands or arms and feet or legs, dismemberment by severance at or above the wrist or ankle joint; with regard to eyes, entire and irrecoverable loss of sight.

**SCHEDULE OF MEDICAL EXPENSE BENEFITS - INJURY AND SICKNESS**  
**UP TO \$100,000 AGGREGATE MAXIMUM BENEFIT PAID AS SPECIFIED BELOW PER CONDITION PER POLICY YEAR**

**NOTE:** Pre-existing conditions are covered for students only up to a \$1,000 maximum per Policy year. However, this limitation does not apply if the Covered Person was insured under prior Creditable Coverage within 63 consecutive days before coverage becomes effective under this plan. Please refer to the complete definition of Pre-Existing Condition within this brochure.

Benefits will be paid at 80% of the Preferred Allowance for services rendered by First Health Network, unless otherwise specified below. Services obtained by Out-of-Network providers (any provider outside of First Health Network) will be paid at 60% of Usual and Customary Charges, unless otherwise specified below. Benefits will be paid up to the Maximum Benefit for each service as specified below, regardless of the provider selected, not to exceed the \$100,000 Aggregate Maximum Benefit Per Policy Year. Unless otherwise specified, the maximum amounts apply on a per condition per Policy year basis. Covered Expenses are:

<b>INPATIENT</b>	<b>WKU HEALTH SERVICES</b>	<b>IN NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Hospital Expenses</b> , daily semi-private room rate; general nursing care provided by the Hospital; . . . . . N/A . . . . .	.80% of Preferred Allowance/	.60% of Usual and Customary Charges/	
Hospital Miscellaneous Expenses such as the cost of the operating room, pre-admission testing, . . . . . N/A . . . . .	\$1,800 aggregate maximum per day	\$800 aggregate maximum per day	
Laboratory tests, X-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services and supplies. In computing the number of days payable under this benefit, the date of admission will be counted but not the date of discharge.			
<b>Intensive Care/Hospital Expenses</b> . . . . .	N/A . . . . .	.80% of Preferred Allowance . . . . .	.60% of Usual and Customary Charges
<b>Surgery, \$3,000 Inpatient/Outpatient maximum per condition</b> , no more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession. . . . .	N/A . . . . .	.80% of Preferred Allowance . . . . .	.60% of Usual and Customary Charges
<b>Anesthetist</b> . . . . .	N/A . . . . .	.25% of Surgery Allowance . . . . .	.25% of Surgery Allowance
<b>Assistant Surgeon</b> . . . . .	N/A . . . . .	.20% of Surgery Allowance . . . . .	.20% of Surgery Allowance
<b>Doctor's Visits</b> , benefits are limited to one visit per day and do not apply when related to Surgery. . . . .	N/A . . . . .	.80% of Preferred Allowance . . . . .	.60% of Usual and Customary Charges
<b>Mental &amp; Nervous Disorders, \$5,000 maximum per Policy year</b> , psychiatric hospitals are not covered. . . . .	N/A . . . . .	.Paid as any other Covered Sickness . . . . .	.Paid as any other Covered Sickness
<b>Substance Abuse</b> . . . . .	N/A . . . . .	.Paid under Mental & Nervous Disorders . . . . .	.Paid under Mental & Nervous Disorders
<b>OUTPATIENT</b>			
<b>Surgery, \$3,000 Inpatient/Outpatient maximum per condition</b> , no more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession. . . . .	N/A . . . . .	.80% of Preferred Allowance . . . . .	.60% of Usual and Customary Charges
<b>Day Surgery Miscellaneous</b> , related to scheduled surgery performed in a Hospital, including the cost of the operating room, Laboratory tests and X-ray examinations, including professional fees, anesthesia, drugs or medicines and supplies. . . . .	N/A . . . . .	.80% of Preferred Allowance/ \$1,800 maximum . . . . .	.60% of Usual and Customary Charges/ \$800 maximum
<b>Anesthetist</b> . . . . .	N/A . . . . .	.25% of Surgery Allowance . . . . .	.25% of Surgery Allowance
<b>Assistant Surgeon</b> . . . . .	N/A . . . . .	.20% of Surgery Allowance . . . . .	.20% of Surgery Allowance
<b>Doctor's Visits</b> , benefits are limited to one visit per day and do not apply when related to Surgery or Physical Therapy. . . . .	100%/No Copay . . . . .	.100% of Preferred Allowance/ \$50 copay . . . . .	.60% of Usual and Customary Charges \$50 copay
<b>Physical Therapy, 10 day maximum per condition per Policy year</b> , includes chiropractic services. Benefits are limited to one visit per day. . . . .	N/A . . . . .	.80% of Preferred Allowance . . . . .	.60% of Usual and Customary Charges
<b>Medical Emergency, \$750 maximum per condition</b> , use of the emergency room and supplies. Treatment must be rendered within 72 hours of Injury or first onset of Sickness. . . . .	N/A . . . . .	.100% of Preferred Allowance/ \$150 copay . . . . .	.60% of Usual and Customary Charges/ \$150 copay
<b>Diagnostic X-rays &amp; Laboratory (Non-Hospital), \$500 maximum per condition</b> . . . . .	100%/No Copay . . . . .	.100% of Preferred Allowance/ \$50 copay . . . . .	.60% of Usual and Customary Charges/ \$50 copay
<b>Prescription Drugs, \$250 maximum per Policy year</b> , benefits provided at participating WellDyneRx pharmacies. Prescription Drugs filled at non-participating pharmacies must be paid in full by the student at time of service. (See Outpatient Prescription Drug section in the brochure for more information.) . . . . .	N/A . . . . .	\$.15 copay for generic/ \$30 copay for brand name . . . . .	.No Benefits
<b>Mental &amp; Nervous Disorders, \$500 maximum per Policy year</b> , includes all related or ancillary charges incurred as a result of a Mental & Nervous Disorder. Benefits are limited to one visit per day. . . . .	N/A . . . . .	.80% of Preferred Allowance . . . . .	.60% of Usual and Customary Charges
<b>Substance Abuse</b> . . . . .	N/A . . . . .	.Paid under Mental & Nervous Disorders . . . . .	.Paid under Mental & Nervous Disorders
<b>OTHER</b>			
<b>Ambulance, \$250 maximum per trip</b> . . . . .	N/A . . . . .	.80% of Usual and Customary Charges . . . . .	.80% of Usual and Customary Charges
<b>Braces &amp; Appliances, \$200 maximum per condition</b> , a written prescription must accompany the claim when submitted. Replacement equipment is not covered. . . . .	N/A . . . . .	.80% of Usual and Customary Charges . . . . .	.80% of Usual and Customary Charges
<b>Dental Treatment, \$200 maximum per tooth</b> , injury to Sound, Natural Teeth only. . . . .	N/A . . . . .	.80% of Usual and Customary Charges . . . . .	.80% of Usual and Customary Charges
<b>Maternity/Complications of Pregnancy</b> . . . . .	N/A . . . . .	.Paid as any other Covered Sickness . . . . .	.Paid as any other Covered Sickness
<b>Routine Well-Baby Care</b> , 4 days Hospital Confinement Expense maximum. . . . .	N/A . . . . .	.Paid as any other Covered Sickness . . . . .	.Paid as any other Covered Sickness
<b>Well Woman Exam and Pap Smear Screening</b> , one routine annual screening for women age 18 and older. . . . .	100%/No Copay . . . . .	.Paid as any other Covered Sickness . . . . .	.Paid as any other Covered Sickness
<b>Vaccinations/Immunizations</b> , including flu shots, Menomune/Menactra, HPV and Twinrix. . . . .	100%/No Copay . . . . .	.100% of Preferred Allowance/ \$50 copay . . . . .	.60% of Usual and Customary Charges/ \$50 copay
<b>\$1,000 maximum per Policy year</b>			
<b>High Cost Procedures, \$1,500 maximum per condition</b> . . . . .	N/A . . . . .	.80% of Preferred Allowance . . . . .	.60% of Usual and Customary Charges

## DEFINITIONS

**Covered Expenses** means: expenses actually incurred by or on behalf of a Covered Person for treatment, services and supplies not excluded or limited by the Policy. Coverage under the Policy must remain continuously in force from the date of the Covered Accident or Sickness until the date treatment services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such treatment, service or supply, that gave rise to the expense or the charge was rendered or obtained.

**Covered Person** means: any eligible student or an eligible Dependent who applies for coverage, and for whom the required premium is paid to the Company.

**Doctor** means: a licensed health care provider acting within the scope of his or her license and rendering care or treatment to a Covered Person that is appropriate for the conditions and locality. It will not include an Insured or a member of the Insured's Immediate Family or household.

**Injury** means: accidental bodily harm sustained by a Covered Person that results directly and independently from all other causes from a Covered Accident. The Injury must be caused solely through accidental means. All injuries sustained by one person in any one Covered Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

**Medically Necessary** means: a treatment, service or supply that is: 1) required to treat an Injury or Sickness; 2) prescribed or ordered by a Doctor or furnished by a Hospital; 3) performed in the least costly setting required by the Covered Person's condition; and 4) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. The Company may determine the cost of the alternative to be the Covered Expense.

**Out-of-Network** means: a provider who has not agreed to any prearranged fee schedules. We will not pay charges in excess of the Usual and Customary Charges.

**Preferred Allowance** means: the amount a Preferred Provider will accept as payment in full for covered medical expenses.

**Preferred Provider** means: the Doctors, Hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices.

**Sickness** means: an illness, disease or condition of the Covered Person that causes a loss for which a Covered Person incurs medical expenses while covered under the Plan. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness.

**Usual and Customary Charge** means: the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.

## PRE-EXISTING CONDITION LIMITATION

Benefits will not be paid for Pre-existing Conditions until the Covered Person is continuously insured under the school's existing policy for at least 12 consecutive months, or the Covered Person was previously covered for such Pre-existing Condition under Creditable Coverage and such Creditable Coverage was continuous to a date less than 63 days prior to the effective date of coverage under the Policy, except as specifically provided in the Schedule of Benefits.

"Pre-existing Condition" means: 1) the existence of symptoms within the 12 months immediately prior to the Covered Person's effective date under the Policy; or 2) any condition which originates, is diagnosed, treated or recommended for treatment within the 12 months immediately prior to the Covered Person's effective date under the Policy. *Pre-existing conditions are covered for Covered Persons only up to a \$1,000 maximum per Policy Term for Covered Persons who were not covered under prior Creditable Coverage. Otherwise, such conditions will be covered on the same basis as any other condition as shown in the Schedule of Medical Expense Benefits.*

## CREDITABLE COVERAGE

Your coverage under this health Plan is "creditable coverage" under Federal Law. When your coverage terminates, you can request a Certificate of Creditable Coverage, which is evidence of your coverage under this Plan. You may need such a certificate if you become covered under a group health plan or other health plan within 63 days after your coverage under this health Plan terminates. A Certificate of Creditable Coverage may be requested in writing from Academic HealthPlans.

## EXCLUSIONS AND LIMITATIONS

No benefits will be paid for loss or expense caused by, contributed to, or resulting from:

1. Services provided normally without charge by the WKU Health Services of the policyholder, or by any person employed or retained by policyholder; or services covered or provided by the student health fee;
2. Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury or Sickness, except as specifically provided in the Policy;
3. Eye examinations; prescriptions or fitting of eyeglasses and contact lenses; or other treatment for visual defects and problems. Visual defects means any physical defect of the eye which does or can impair normal vision;
4. Hearing examinations or hearing aids; or other treatment for hearing defects and problems. Hearing defects means any physical defect of the ear that can impair normal hearing, apart from the disease process;
5. Dental treatment, except for accidental Injury to sound, natural teeth; as specifically provided in the Schedule of Benefits;
6. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rated premium will be refunded upon request for such period not covered);
7. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting, except in self-defense;
8. Suicide or attempted suicide while sane or insane (including intentional drug overdose); or intentionally self-inflicted Injury;
9. Injury sustained while (a) participating in any interscholastic, intercollegiate, or professional sport, contest or competition; (b) traveling to or from such sport, contest or competition as a participant; or (c) while participating in any practice or conditioning program for such sport, contest or competition;

## Exclusions and Limitations (Continued)

10. Circumcision, congenital birth defects, except for new born infants;
11. Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planing, bungee jumping, or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
12. Treatment in a government hospital, unless there is a legal obligation for the Covered Person to pay for such treatment; (this includes ex-members of the Armed Forces);
13. Elective surgery and elective treatment;
14. Routine newborn baby care, well-baby nursery and related Doctor charges, except as specifically provided in the Policy;
15. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
16. Organ transplants;
17. Reproductive/Infertility services including but not limited to: family planning; fertility tests; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception. Examples of fertilization procedures are: ovulation induction procedures, in vitro fertilization, embryo transfer or similar procedures that augment or enhance the Covered Person's reproductive ability; premarital examinations; impotence, organic or otherwise; tubal ligation; vasectomy; elective abortion; sexual reassignment surgery;
18. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; temporomandibular joint dysfunction; nasal and sinus surgery;
19. Services and supplies related to nicotine addiction;
20. Biofeedback-services and supplies related to biofeedback;
21. Cosmetic procedures, except cosmetic surgery required to correct a covered Injury for which benefits are otherwise payable under the Policy or for newborn or adopted children; hirsutism; nonmalignant warts, moles and lesions;
22. Immunization services and supplies related to immunizations, except as specifically provided in the Policy; preventive medicines or vaccines,
23. Services and supplies for conditions related to learning disabilities; except as specifically provided in the Policy;
24. Services or supplies for foot care including care of corns, bunions, except capsular or bone surgery or calluses;
25. Services, supplies and/or treatment for acne; acupuncture; allergy testing; alopecia;
26. Injuries sustained as the result of an Accident involving a two or three-wheeled motor vehicle and/or off-road four wheeled motorized vehicles;
27. Sleep disorders, supplies, treatment or testing relating to sleep disorders;
28. Supplies, except as specifically provided in the Policy;
29. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, except as specifically provided for in the Policy; and
30. Weight management services and supplies related to weight reduction programs, weight management programs, related nutritional supplies, treatment for obesity, surgery for removal of excess skin or fat.

This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.