

# Mercy Ships Top Up Medical Benefits

Effective 02 May, 2025

This policy is an annual policy underwritten by Mangrove Insurance SPC (Cayman) Ltd. solely on behalf of Barnabas Segregated Portfolio (Talent Trust), registered in the Cayman Islands (hereinafter referred to as the “Insurer”).

This Table of Benefits provides an overview of the coverage included in this plan. All limits apply per insured person, per period of cover, unless otherwise specified.

The benefits outlined are subject to the maximum aggregate limit, the sums insured as stated in this benefits schedule, applicable medical underwriting, and exclusions. Coverage is governed by our policy terms and conditions.

Please read this benefit alongside your ‘Insurance Certificate’ and the ‘How to Use Your Policy’ document to ensure a full understanding of your coverage.

Cover	Mercy Ships Top Up
<p><b>Maximum Annual Aggregate Limit</b></p> <p>We provide coverage for the treatment of acute medical conditions. All costs incurred must be medically necessary and subject to reasonable and customary charges.</p> <p>Pre-existing conditions - please review your insurance certificate to see if pre-existing conditions are covered by your policy.</p> <p>Coverage is intended to cover crew members serving 12 months or less with Mercy Ships aboard their hospital vessels.</p>	US\$1,500,000 per insured person per period of cover
<p><b>Area of Cover</b></p> <p>Worldwide coverage, including cover up to US\$150,000 for emergency medical expenses in the USA for a condition that started outside the USA. All planned inpatient and day patient treatments in the USA require prior approval by us.</p>	
<p><b>Policy Excess – Member’s Responsibility</b></p> <p>Your insurance certificate will show the amount of excess you will be obliged to pay before receiving any benefits under this policy.</p>	
<p><b>Pre-authorization</b></p> <p>The following items will require pre-authorization:</p> <ul style="list-style-type: none"><li>a) Planned inpatient or day patient treatment (hospitalization)</li><li>b) Planned surgery (including outpatient surgery)</li><li>c) Evacuation</li><li>d) Planned inpatient, day patient or outpatient PET &amp; CT-PET scans</li><li>e) Planned outpatient treatment above US\$1,000.</li></ul> <p><b>Application of Limits:</b></p> <p>Any overall benefit limits (monetary limit, etc.) will be applied after the application of any excess.</p>	

## Plan Benefits

### Cash Benefit for Using Free Medical Services

This benefit is payable when you receive inpatient treatment for a medical condition covered by your plan, but the treatment is accessed free of charge in your country of treatment—this usually happens when the hospital admission and inpatient care are fully government-funded. To qualify for this benefit, no claims should be submitted for the eligible medical condition, including any costs incurred for travel, accommodation, or treatment. To claim this benefit, the member should ask the hospital to sign and stamp his/her claim form to verify their hospital admission and discharge dates. This benefit is not applicable to admissions into the accident and emergency facility of the hospital.

Limited to US\$25 per night for a maximum of 20 nights

### Death/Body Repatriation/Burial/Cremation

This benefit covers the transportation of a member's body or ashes to their country of domicile or residence, or the costs of burial or cremation at the place of death, in the event of death due to an eligible medical condition. If the member passes away in their home country, we will cover transportation to their chosen burial or cremation site within that country and the necessary burial or cremation fees. If the member has multiple home countries, transportation to an alternative home country is also covered.

Cover for necessary burial or cremation fees include:

- a) The cost of reopening a grave and burial costs, or
- b) The cost of opening a new grave and burial costs, including any exclusive right of burial fee,
- c) Embalming
- d) A container legally appropriate for transportation
- e) Shipping
- f) Necessary government authorization

or

In the case of cremation:

- a) Cremation fees
- b) The cost of required doctor's certificates
- c) The cost of removing a pacemaker or other medical device that must be removed prior to cremation

This benefit does not cover other funeral-related expenses, such as:

- a) Funeral director's fees
- b) Flowers
- c) The cost of documents required for the release of money, savings, or property of the deceased.

Limited to US\$15,000 per insured person

### Emergency Dental Treatment

The benefit covers treatment received in an accident and emergency ward of a hospital or dental clinic within 24 hours of an emergency event due to an accident or injury.

Cover does not extend to follow-up dental treatment, dental surgery, dental prostheses, permanent restorations or the continuation of root canal treatment, orthodontics or periodontics. Accidental damage to teeth caused through eating is not covered under this benefit.

Limited to US\$750 per period of cover

### Emergency Evacuation

This benefit covers the cost of emergency evacuation in the event of an emergency, where treatment or adequately screened blood is unavailable at the place of incident. The evacuation will be to the nearest appropriate medical facility, as determined by us, which may or may not be in your home country. It will be carried out using the most appropriate method of transportation, as determined by us, for the purpose of admission to a hospital as an inpatient or day patient.

The evacuation must be requested by your doctor, who must confirm that the required treatment is unavailable at the place of incident. Following completion of treatment, we will also cover the cost of your return trip to your principal country of residence at economy rates.

If you are not medically fit to travel home following discharge from an inpatient episode, we will cover the reasonable cost of a non-hospital accommodation for up to seven days. Cover is limited to 3-star hotels and does not extend to hotel suites.

If you are evacuated to a medical center for ongoing treatment, we will cover the reasonable cost of hotel accommodation in a private en-suite room, provided this cost is more economical than multiple journeys between the medical center and your principal country of residence. Hotel accommodation for an accompanying person is not covered.

You must contact us at the first indication that evacuation is needed. From that point, we will organize and coordinate the evacuation to ensure your safe arrival at your destination of care. If evacuation services are not organized by us, we reserve the right to decline any costs incurred.

This benefit does not cover medical evacuation from a vessel at sea to a land-based medical facility and cost related to air-sea or mountain rescue. It also excludes all maternity and childbirth related costs.

Limited to US\$1,500,000

### Evacuation Additional Travel Expenses

This benefit covers the reasonable travel costs associated with an emergency medical evacuation.

- a) Travel costs for one person accompanying an evacuated person, if medically necessary.
- b) Following completion of treatment, we will also cover the cost of the companion's return trip, at economy rates, to the country where the evacuation started.
- c) Travel costs for one accompanying person to and from medical appointments when treatment is being received on a day-care basis.
- d) Travel costs for one accompanying person (to and from the hospital), to visit the insured person receiving in-patient treatment.
- e) v) Non-hospital accommodation costs for the insured person and any accompanying person, where required in the period immediately preceding or following hospital admission (where the insured person is under the care of a specialist).

Limited to US\$2,500 per person per evacuation

e) is limited to US\$80 per person per day (subject to the overall benefit limit of US\$2,500 above)

### Eye Diseases and Disorders

Charges incurred for the diagnosis and treatment of diseases and disorders of the eye excluding non-medical/natural degenerative eye defects.

Covered in full

## Inpatient, Day Patient, Emergency Care & Diagnostics

Diagnostic tests, including but not limited to pathology tests, ultrasound and x-rays, MRI, CT, PET and CT-PET scans	Covered in full
Hospital accommodation	Standard private room
Intensive care	Covered in full
Medical practitioner fees including surgeon, consultations and specialist fees	Covered in full
Nursing by a qualified nurse	Covered in full
Physiotherapy, occupational therapy, and manipulative treatment	Covered in full
Prescribed drugs and materials, including traditional Chinese medicine	Covered in full
Reconstructive surgery (including outpatient treatment) <ul style="list-style-type: none"> <li>a) To restore natural function or appearance after a disfiguring accident or surgery for cancer.</li> <li>b) Covered only if the accident or initial surgery occurs during your period of cover.</li> </ul>	Covered in full
Rehabilitation treatment <ul style="list-style-type: none"> <li>a) In-patient, day-care and out-patient treatment; must commence within 14 days of discharge after the acute medical and/or surgical treatment ceases.</li> <li>b) Covered only if you've received in-patient treatment for three or more consecutive days/nights for the same medical condition.</li> <li>c) Treatment includes the use of special treatment rooms, physical, occupational and/or speech therapy fees, and other services usually provided by a rehabilitation unit including qualified nurse care but not including private or special nursing or specialist services.</li> </ul>	Limited to 120 days per medical condition
Surgical appliances and materials	Covered in full
Surgical fees, including anesthesia and theatre charges	Covered in full
<b>Local Ambulance</b> This benefit covers the cost of ambulance transport required for an emergency or out of medical necessity to the nearest available and appropriate hospital or licensed medical facility to receive treatment as an inpatient or day patient.	Covered in full

## Outpatient Care

Medical practitioner fees including consultations and specialist fees	Covered in full
Surgical fees, including anaesthesia and theatre charges	Covered in full
Nursing by a qualified nurse.	Covered in full

Surgical appliances and materials	Covered in full
Diagnostic tests, including but not limited to pathology tests, ultrasound and x-rays	Covered in full
CT and MRI scans	Covered in full
PET and CT-PET scans	Covered in full
Prescribed drugs and materials, including traditional Chinese medicine	Covered in full
Physiotherapy, occupational therapy, and manipulative treatment	Covered in full
<b>Reasonable Additional Treatment &amp; Accommodation Charges for up to 6 months after the expiry of the period of insurance</b> This benefit covers continued treatment for an eligible condition if your policy expires while you are still receiving care following a medical emergency and are unfit to return to your country of residence. Coverage is provided for up to six months or until your attending doctor certifies you are fit to travel, whichever comes first.	Covered in full

## Travel Cover

Refer <a href="#">here</a> for full benefit details of your travel benefit.	
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## DEFINITIONS

To help you understand your policy the following words and phrases used anywhere within your policy have specific meanings, which are set out in this section.

<b>Accident:</b>	An unexpected, unforeseen and involuntary external event resulting in injury occurring whilst your policy is in force.
<b>Acute:</b>	A medical condition which is brief has a definite end point and which we, on advice or general advice, determine can be cured by treatment.
<b>Act of Terrorism:</b>	An act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in conjunction with any organization(s) or government(s), committed for political, religious, ideological or ethnic purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.
<b>Advice:</b>	Any consultation from a medical practitioner or specialist including the issue of any prescriptions or repeat prescriptions.
<b>Appliances:</b>	Devices, implants and equipment when used as an integral part of a surgical procedure administered by a medical practitioner or specialist.
<b>Benefits:</b>	The insurance coverage provided by this policy and any extensions or restrictions shown in the Insurance Certificate or in any endorsements (if applicable).
<b>Bodily Injury:</b>	Injury which is caused solely by an accident which results in the insured person's dismemberment, disablement or other physical injury.
<b>Chronic:</b>	Sickness, illness, disease or injury that lasts longer than six months or requires medical attention (such as check-up or treatment) at least once a year. It also has one or more of the following characteristics:

- Is recurrent in nature
- Is without a known, generally recognized cure
- Is not generally deemed to respond well to treatment
- Requires palliative treatment
- Leads to permanent disability

<b>Commencement Date:</b>	The date shown on the Insurance Certificate on which the policy first came into effect.
<b>Congenital Anomaly:</b>	Any abnormality, deformity, disease, disorder, illness, malformation, defect, anomaly or injury that is hereditary or acquired before or during birth. A congenital condition can be diagnosed at birth or later in life.
<b>Country of Nationality:</b>	A country for which you hold a current passport.
<b>Country of Residence:</b>	The country where you and your dependents (if applicable) live for more than six months of the year.
<b>Day patient:</b>	Medical care where you are admitted to a hospital or clinic for treatment but are not required to stay overnight.
<b>Dental Practitioner:</b>	A person who is licensed by the relevant authority to practice dentistry and/or dental surgery in the country where the treatment is given.
<b>Dependents:</b>	Your spouse and unmarried children that are named as dependents on your Insurance Certificate. Children aged 16 years or younger at the commencement date will be accepted for cover on a policy with a legal parent or guardian.
<b>Drugs and Dressings:</b>	<p>Drugs and dressings prescribed by a doctor to:</p> <ul style="list-style-type: none"> <li>• treat a confirmed diagnosis or medical condition</li> <li>• compensate a lack of vital bodily substances.</li> </ul> <p>Prescribed drugs and dressing must be clinically proven to be effective for the diagnosed condition. They must also be recognized by the pharmaceutical regulator in the country where you use the prescription. Even if you can legally buy a medication without a doctor's prescription in that country, you must get a prescription for these costs to be covered. You can claim for a supply of up to three months from the prescription date, subject to length of time remaining on the policy.</p>
<b>Elective:</b>	Planned treatment which is medically necessary, but which is not required in an emergency.
<b>Emergency:</b>	A sudden and unforeseen medical condition requiring medical care, where if a person does not get urgent medical assistance, could result in death or serious health complications. Coverage is limited to treatment that begins within 24 hours of the emergency event.
<b>Evacuation:</b>	In the event of an emergency, where treatment or adequately screened blood is not readily available at the place of the incident, to the nearest appropriate medical facility as determined by us (which may or may not be in your home country), by the most appropriate method of transportation as determined by us, for the purpose of admission to hospital as an Inpatient or Day patient . All airline tickets are limited to economy class.
<b>Excess:</b>	The amount you must pay out of pocket before your insurance coverage starts contributing, as specified in your Insurance Certificate. The excess applies per medical condition and per person.
<b>General Advice:</b>	Any medical opinion or medical recommendation from a relevant accredited professional body in relation to a medical condition or treatment which confirms, in our reasonable opinion, an established medical practice or opinion.
<b>Hereditary:</b>	Transmitted from parents to offspring; inherited, and which presents symptoms at birth.
<b>Hospital:</b>	An establishment that is legally licensed as a medical or surgical hospital under the laws of the country in which it is situated. The following are not considered hospitals: rest and nursing homes, spas, cure-centers and health resorts.

<b>Inpatient:</b>	Medical care where you are admitted to a hospital or clinic for treatment and are required to stay overnight.
<b>Insurance Certificate:</b>	A document that includes details of your chosen plan, the start and renewal date of cover (and effective dates of when dependents were added). Any other specific policy terms for your policy will be included in the insurance certificate.
<b>Insured Person /You/Your:</b>	You and your dependents as stated on your Insurance Certificate.
<b>Insurer:</b>	Mangrove Insurance SPC (Cayman) Ltd. solely on behalf of Barnabas Segregated Portfolio (Talent Trust). Pursuant to Cayman Islands law, only assets of Barnabas Segregated Portfolio are available to satisfy claims for Benefits under this policy.
<b>Medical Condition:</b>	Any injury, illness or disease including psychiatric illness.
<b>Medical Practitioner:</b>	Doctors who are licensed to practice medicine under the law of the country in which treatment is given and where they are practicing within the limits of their license.
<b>Medically Necessary:</b>	<p>Medical treatment, services or supplies that fulfil all of the following:</p> <ul style="list-style-type: none"> <li>• Essential to identify or treat your condition, illness or injury</li> <li>• Consistent with your symptoms, diagnosis or treatment of the underlying condition</li> <li>• In accordance with generally accepted medical practice and professional standards of care in the medical community at the time (this does not apply to complementary treatment methods if they form part of your cover)</li> <li>• Required for reasons other than the comfort or convenience of you or your doctor</li> <li>• Proven and demonstrated to have medical value (this does not apply to complementary treatment methods if they form part of your cover)</li> <li>• Considered to be the most appropriate type and level of service or supply</li> <li>• Provided at an appropriate facility, in an appropriate setting and at an appropriate level of care for the treatment of your medical condition</li> <li>• Provided only for an appropriate duration of time</li> </ul> <p>In this definition, the term 'appropriate' means taking patient safety and cost effectiveness into consideration. In respect to Inpatient treatment, 'medically necessary' also means that diagnosis can't be made or treatment can't be safely and effectively provided on an outpatient basis.</p>
<b>Near Relative:</b>	Spouse, child, brother, sister, parents, parents-in-law, sister-in-law, brother-in-law and fiancé.
<b>Newborn:</b>	A baby who is within the first 16 weeks of its life following delivery.
<b>Outpatient:</b>	Medical care where you receive treatment at a hospital or clinic without being admitted or requiring an overnight stay.
<b>Palliative Treatment:</b>	Any treatment given, on advice or general advice, for the purpose of offering temporary relief of symptoms. Palliative treatment is not given to cure the medical condition causing the symptoms. For the purposes of this policy, palliative treatment will include renal dialysis.
<b>Period of Cover:</b>	The period of cover set out in the Insurance Certificate. This will be a 12-month period starting from the date of entry or any subsequent renewal date as applicable.
<b>Policy:</b>	The Insurance cover effected with Talent Trust and as provided to you as detailed in this document.
<b>Principal Insured:</b>	The main insured person named as such within the Insurance Certificate.
<b>Private Room:</b>	Single occupancy accommodation in a private hospital.
<b>Qualified Nurse:</b>	A nurse whose name is currently on any register or roll of nurses, maintained by any Statutory Nursing Registration Body within the country in which they are resident.

<b>Reasonable &amp; Customary Charges:</b>	Treatment costs that are usual within the country of treatment. We will only reimburse the cost of medical providers where their charges are reasonable and customary and in accordance with standard and generally accepted medical procedures.
<b>Related Condition:</b>	Refers to any injury, illness or disease that, based on medical advice or general advice, we determine is the result of any one or more other medical conditions.
<b>Rehabilitation:</b>	Treatment that combines therapies such as physical, occupational and speech therapy. It aims to restore original form or function after an acute illness, injury or surgery. Treatment must take place in a licensed rehabilitation facility and start within 14 days of discharge from acute medical and/or surgical treatment. We cover Inpatient or day-care accommodation costs only if admission to a rehabilitation facility was requested by your doctor and approved by us.
<b>Specialist:</b>	A licensed doctor possessing the additional qualifications and expertise necessary to practice as a recognized specialist in diagnostic techniques, treatment and prevention in a particular field of medicine.
<b>Treatment:</b>	Surgical, medical, or other procedures, the sole purpose of which is the diagnosis, cure, or relief of a medical condition.
<b>We/Our/Us:</b>	Talent Trust
<b>Professional Sport:</b>	Any sporting activity which derives salary or other economic compensation.

## EXCLUSIONS

**This policy does not cover expenses arising from:**

- 1 Any medical condition or related condition for which you have:
  - a) consulted any medical practitioner or specialist for treatment or advice (including checkups except for non-prescribed wellness checks)
  - or
  - b) experienced symptoms
  - or
  - c) taken medication (including drugs, medicines, special diets or injections)
 or to the best of your knowledge existed prior to the commencement date.
- 2 Treatment of a medical condition which we, on advice or general advice, determine is palliative or is for a chronic medical condition. We will, however, pay for the stabilization of acute exacerbations of chronic medical conditions that are not pre-existing medical conditions.
- 3 Chronic supportive treatment of renal failure, including dialysis. We will, however, pay for the cost of renal dialysis incurred:
  - a) immediately pre- and post-operatively.
  - b) in connection with acute secondary failure when dialysis is part of intensive care.
- 4 Treatment or drug therapy, which we determine on general advice, is either experimental or unproven.
- 5 Hereditary medical condition(s).
- 6 Congenital anomalies.
- 7 Preventive medicines (including vaccination), routine tests and physical examinations by a medical practitioner, including gynecological investigations and normal hearing tests and any corrective surgery for non-medical/natural degenerative sight defects.
- 8 Normal eye or hearing tests, non-medical/natural degenerative eye defects, including but not limited to myopia, presbyopia, astigmatism.



- 9      Rehabilitation except as provided under the 'Rehabilitation' benefit.
- 10     Treatment received in health spas, nature cure clinics, hydrotherapy centers, or similar establishments, including private beds registered as nursing homes attached to such facilities, or in a hospital where the facility effectively becomes the insured person's home or permanent residence or where admission is arranged, in whole or in part, for domestic reasons.
- 11     Any cosmetic or aesthetic treatment to enhance your appearance.
- 12     Treatment for weight loss or weight problems whether or not preceding or as a consequence of a psychiatric condition and any associated treatment costs consequent of cosmetic surgery or arising as a result of an eating disorder or weight problem, including any required psychiatric treatment where the psychiatric condition is a related condition to the eating disorder.
- 13     Alternative therapy, including, but not limited to, hypnotherapists and lactation examiners.
- 14     Costs incurred in connection with locating a replacement organ or any costs incurred for removal of the organ from the donor, transportation costs of the same and all associated administrative costs.
- 15     Pregnancy and childbirth.
- 16     Treatment directly or indirectly arising from (or required in connection with) male and female birth control, sterilization (or its reversal), cryopreservation, infertility treatment (assisted conception) and any complications of pregnancy costs resulting from infertility treatment (assisted conception).
- 17     Pregnancy terminations on non-medical grounds.
- 18     Treatment of impotence or any related condition or consequence thereof.
- 19     Treatment directly or indirectly associated with a sex change and any consequence thereof.
- 20     Aids, venereal disease or any other sexually transmitted diseases or any related condition.
- 21     Costs in respect of a psychotherapist or psychologist, a family therapist or bereavement counselor.
- 22     Treatment of psychiatric, psycho-geriatric or mental illness or conditions of any kind and any related conditions.
- 23     Treatment for delay in cognitive or physical development, learning difficulties, hyperactivity, attention deficit disorder, speech therapy, and developmental, social, or behavioral problems in children.
- 24     Treatment for alcoholism, drug or substance abuse, or any addictive condition of any kind (including detoxification programs and treatments to stop smoking) and any injury or illness arising directly or indirectly from such abuse or addiction.
- 25     Suicide or attempted suicide, bodily injury or illness, which is willfully self-inflicted or due to negligent or reckless behavior. Any injury sustained directly or indirectly as a result of the insured person acting illegally or committing or helping to commit a criminal offence.
- 26     Costs and expenses incurred where a member has travelled against medical advice.
- 27     Treatment required as a result of failure to seek or follow medical advice.
- 28     Claims relating to 'search and/or rescue' operations, for instance, on land or down from a mountain, to find and transport a member back to a safe location. Please note that in the case of medical evacuation, we only cover activities that begin after the 'search and/or rescue' operations conclude.
- 29     Travel and accommodation costs, unless specifically agreed by us in writing prior to travel. No travel and accommodation costs are payable where treatment is obtained solely as an outpatient, including the costs of a hire car. Travel costs to and from medical facilities (including parking costs) for treatment, except when covered under the 'Emergency Evacuation' and 'Evacuation & Additional Travel Expenses' benefits.
- 30     Treatment related to insomnia, sleep disorders (including sleep apnea, narcolepsy, and bruxism), snoring, fatigue, jet lag, work-related stress, or any related condition.

- 31 Substances, personal products, and dietary supplements, including vitamins and minerals, mouthwash, toothpaste, antiseptic lozenges and sprays, shampoo, sunscreen, cosmetic products, sanitizer, gloves, masks, visors, thermometers, children's food, baby supplies and infant formula given orally. These products are excluded even if they are medically recommended, prescribed, or acknowledged as having therapeutic effects.
- 32 Home visits by a medical practitioner, specialist or qualified nurse.
- 33 Treatment received in a hospital emergency room, which is not an emergency.
- 34 Costs of providing, maintaining, or fitting any external prostheses or appliance, including but not limited to hearing and/or visual aids or other equipment, medical or otherwise.
- 35 Claims arising from taking part in extreme or professional sports or activities, including but not limited to:
  - a) base jumping
  - b) tombstoning
  - c) cliff jumping
  - d) mountaineering high altitudes above 6,000 meters
  - e) rock climbing
  - f) paragliding
  - g) potholing
  - h) motorsports racing, including motocross and dirt bike racing
  - i) bull riding or bull running
  - j) parkour
  - k) scuba-diving at a depth of more than 30 meters
  - l) off-piste skiing
- 36 All benefits are excluded from this policy unless they appear on your benefits schedule.
- 37 Self-treatment, or treatment provided by a direct family member. This includes, but is not limited to, prescribed medication, diagnostic tests and surgical procedures.
- 38 Routine or restorative dental treatment, whether or not performed by a medical practitioner or dental practitioner or a specialist or an oral and maxillofacial surgeon, including but not limited to root canal treatment, false teeth, denture, semi-precious and precious crowns/filling, any orthodontic treatment, periodontitis, gingivitis or any related condition except as provided for under the 'Emergency Dental Treatment' benefit.
- 39 The first US\$50 of each claim for each insured person outside of the USA and US\$100 of each claim for each insured person incurred inside the USA.
- 40 The cost of continuing regular treatment for any condition in respect of which advice or medication is being followed at the commencement of the period of insurance hereon.
- 41 Treatment for any medical conditions arising directly or indirectly from chemical contamination, radioactivity or any nuclear material, including the combustion of nuclear fuel.
- 42 Any expenses incurred more than 6 months after the expiry of the period of insurance or after the insured person is fit to return to the usual country of residence whichever is the earlier.
- 43 Death from or treatment for any illnesses, diseases, or injuries resulting from active participation in the following, whether war has been declared or not:
  - a) War
  - b) Riots
  - c) Civil disturbances
  - d) Terrorism
  - e) Criminal acts
  - f) Illegal acts
  - g) Acts against any foreign hostility
- 44 Treatment required as a result of medical error.

- 45 Treatment received in a hospital emergency room, which is not an emergency.
- 46 Products that are purchased without a doctor's prescription.
- 47 The range of therapies required to improve the skills of a person with autism. This includes specialist medical treatment and accredited behavioral programs.
- 48 Medical evacuation from a vessel at sea to a medical facility on land.
- 49 The cost of obtaining medical reports, including but not limited to doctor's statements, specialist reports, diagnostic summaries, or any other documentation required for claims processing or policy administration.
- 50 Expenses not approved by us.