

# Schedule of Benefits

## Limitation on Benefits

The Bureau's Accident and Sickness Program does not cover the following:

1. Benefits for loss due to a pre-existing condition. A pre-existing condition is any condition which
  - a. existed prior to the Covered Person's effective date of coverage, with or without his/her knowledge;
  - b. a Physician was consulted prior to the Covered Person's effective date of coverage;
  - c. treatment or medication was received prior to the Covered Person's effective date of coverage; or
  - d. would have caused any prudent person to seek medical advice or treatment prior to the Covered Person's effective date of coverage.

Participants are urged to retain or obtain their own insurance to cover ongoing or potential medical requirements relating to pre-existing conditions.

**NOTE:** For purposes of the ASPE, pregnancy is not defined as a pre-existing condition.

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2. Spouse and Dependents. Coverage for accompanying spouse and dependent children may be purchased by the participant with any of the policies listed on page 20 or any other commercially available policies.
3. Expenses incurred for the treatment of an Injury or Sickness more than one calendar year after the time of the Injury or onset of the Sickness.
4. Expenses incurred within the Covered Person's home country or country of regular domicile, unless:
  - a. it is *necessary and authorized* treatment received after the individual has proven Sickness or Injury in the country of assignment; or
  - b. it is related to a pre-approved medevac and which would have otherwise been covered had the expenses occurred in the country of assignment.
5. Services or supplies for any Injury or Sickness received prior to the Covered Person's effective date under the ASPE, or which are not actually incurred while this Program is in force.
6. Injury or Sickness sustained or contracted during any period of unofficial travel outside the country of assignment

7. Expenses covered under any occupational benefit plan, Workers Compensation Act or similar law, automobile medical payment or no-fault plans, public assistance programs, government plan, any other valid and collectible group insurance, or any primary insurance. However, the ASPE will pay medical expenses which are not paid by such primary insurance due to application of deductibles or limitations on benefits, provided that such expenses would otherwise be covered by the provisions of this Program.
8. Expenses in excess of Usual, Customary and Reasonable Charges.
9. Services or supplies which are experimental or investigative in nature; including any treatment, procedure, facility, equipment, drugs, drug usage, devices, or supplies not recognized as accepted medical practice; and any such items requiring federal or other governmental agency approval not received at the time services were rendered.
10. Charges of an institution, health service, or infirmary which does not require payment in the absence of insurance.
11. Professional services rendered by a member of the Covered Person's immediate family or anyone who lives with the Covered Person.
12. Expenses incurred during a hospital emergency room visit which is not of an emergency nature.

**NOTE:** *Emergency nature is defined as that treatment sought under life-threatening circumstances and for a condition that could not be left unattended without causing further injury or complications.*
13. Routine physical examinations or health examinations including routine care of a newborn infant. ?

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Routine exams? include vaccinations, immunizations, and any such exam required for registration at a university. The program does not cover maternity medical care before or after the period of assignment.

14. Expenses incurred resulting from the use of alcohol or intoxicants, or any drugs by the Covered Person, unless prescribed by a Physician; expenses incurred due to substance abuse treatment.
15. Treatment to the teeth, gums, jaw, or structures directly supporting the teeth. This exclusion does not apply to the repair of injuries to sound natural or false teeth caused by a covered Injury including surgical extractions of teeth. This exclusion does not apply to treatment for the emergency alleviation of pain, in which case dental treatment shall be limited to \$500. The Administrator may reject

any claim for dental treatment when not accompanied by proof of a covered Injury to the participant. Pyorrhea is a disease and is covered as a medical expense.

16. Artificial aids and corrective appliances, such as: external prosthetic devices; orthopedic devices; hearing aids corrective lenses; or, eyeglasses, except as required for repair caused by a covered Injury.
17. Treatment of congenital anomalies and conditions arising or resulting directly therefrom.
18. Expenses incurred for plastic or cosmetic surgery, unless they result *directly from a covered Injury which necessitated medical treatment within 24 hours of the accident.*
19. Expenses incurred for services related to the diagnostic treatment of infertility or other problems related to the inability to conceive a child, unless such infertility is a result of a covered Injury or Sickness.
20. Birth control, including surgical procedures and devices, and elective termination of pregnancy.
21. Deviated nasal septum, including submucous resection and surgical correction thereof.
22. Expenses incurred in connection with weak, strained or flat feet, corns, calluses, or toenails.
23. The diagnosis and treatment of acne.
24. Expenses incurred for chiropractic care, which is defined as outpatient treatment in connection with the detection or correction by mechanical or manual means of structural imbalance, distortion or subluxation on the human body for the purposes of removing nerve interference as a result of or related to distortion, misalignment, or subluxations of or in the vertebrae column.
25. Services and supplies not medically necessary for the diagnosis or treatment of a covered Sickness or Injury; or which are not recommended by the attending Physician, including televisions and telephone access while hospitalized.
26. Loss due to war, declared or undeclared, while in the service in the Armed Forces of any country.
27. Intentionally self-inflicted injury; suicide, or any attempted threat.

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28. Losses resulting from Perilous Activity.
29. Expense incurred for taxicabs or other transportation to and from the doctor's office or other place of treatment, except if an approved medical evacuation expense.
30. Charges related to Hospice services are not a covered benefit.

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