

STUDENT HEALTH CENTER INFORMATION

Location

South wing of East Hall facing the parking lot and theatre, (512) 448-8686.

Staff

Nurse Practitioner Director (an NP is a registered nurse with advanced graduate academic training and clinical experience which enables him or her to diagnose and manage most common illnesses).

Office Manager
Registered Nurse
Physician Supervisor

Fall/Spring Semester Hours (when classes are in session)

Monday through Friday
9:00 a.m. - 4:30 p.m.

(Summer & Semester Break Hours vary and will be posted)

Services

The Student Health Center provides confidential care by appointment to currently enrolled students. Services at low or no cost to students include:

Assessment and treatment of minor acute illnesses and injuries
Prescriptions for medication if indicated
Routine immunizations
Lab testing
Some preventative exams
Health and wellness education and illness information
Referral to appropriate health care providers in the community for illnesses and services beyond the scope of the Health Center

Students who have major, chronic illness are advised to be under the care of a private Physician. Students with urgent medical conditions are advised to go to the nearest emergency room or to call 911.

ELIGIBILITY

All registered students taking 1 or more credit hours are required to have Health Insurance.

The purpose of the Plan is to provide coverage to students who receive healthcare, if needed, outside the Student Health Center. Any registered student may receive health services at the Student Health Center.

Students may purchase this Plan while registering for each term. Students who decline this Plan must provide their alternate insurer and plan policy number while registering.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased unless he or she withdraws due to an Injury or Sickness and the absence is an approved medical leave. Home study, distance learning, internet classes and television (TV) courses do not fulfill the Eligibility requirements that the student actively attend classes. 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. Dependent means an Insured Student's lawful spouse; or an Insured's unmarried child, from the moment of birth to age 25.

A child, for eligibility purposes, includes an Insured Student's (1) natural child; (2) stepchild; (3) adopted child, beginning with any waiting period pending finalization of the child's adoption. This includes, but is not limited to the situation when the Insured Student is a party in a suit seeking adoption of the child. (4) grandchild who is dependent on the Insured Student for federal income tax purposes at the time application for coverage of the child is made. Dependent Eligibility expires concurrently with that of the Student.

EFFECTIVE AND TERMINATION DATES

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

- 1) The effective date of the Policy August 6, 2005; or
- 2) The date premium is received by the Company or its authorized representative.

Coverage is effective on the Policy effective date for newly insured Athletes, CAMP students and Resident Assistants.

Coverage is effective as follows for all other Students:

	From	To
Fall	08/20/2005	01/02/2006
Spring/Summer	01/02/2006	08/20/2006
Summer	05/01/2006	08/20/2006

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

- 1) The last day of the period through which the premium is paid;
- 2) August 20, 2006; or
- 3) The date the eligibility requirements are not met.

You must meet the Eligibility requirements listed above 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 during the Enrollment Period to avoid a lapse in coverage.

All insured Students and Dependents are covered 24 hours per day at school, home, on vacation or while traveling. Summer coverage is provided to all students who purchase Spring coverage.

Once coverage has become effective, the Company will only refund premium upon entry into the Armed Forces and the Company receives proof of active duty.

If you no longer meet the eligibility requirements contact Academic HealthPlans at (888) 308-7320.

ENROLLMENT PERIODS

During the enrollment period students purchase/cancel this Plan through St. Edward's Office of Student Financial Services. Enrollment deadline dates are as follows:

Deadline Dates	Fall	September 14, 2005
	Spring	January 25, 2006
	Summer	May 19, 2006

Students wanting to purchase the Plan after these dates may do so by calling Academic HealthPlans at (888) 308-7620 for rates and additional information.

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 as follows provided the condition continues but not to exceed 90 days after termination date.

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.

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.

Inside Texas: Texas True Choice
(800) 683-4856 or www.texastruechoice.com
Outside Texas: MultiPlan
(800) 546-3887 or www.multiplan.com

Provider information is available 24 hours a day.

COORDINATION OF BENEFITS

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

ADDITIONAL COVERED EXPENSES

The Company will pay benefits for the following additional covered expenses: acquired brain injury; breast cancer treatment; colorectal cancer screening; diabetes treatment; mammography; off-label use of prescription drugs; medical foods (enteral formulas); osteoporosis detection and prevention; prostate cancer screening; reconstructive breast surgery; serious mental illness and alternate mental health coverage; phenylketonuria and heritable diseases; telemedicine; temporomandibular joint and craniomandibular disorders; childhood immunization services; craniofacial abnormalities; and hearing impairment coverage for children under 24 months old. A detail of benefits may be found in the Policy on file at the University.

OUTPATIENT PRESCRIPTION DRUG BENEFIT

Outpatient prescription drugs are provided through a prescription drug program managed by RxWest. There is a \$10 Deductible for each prescription drug. Expenses are payable up to a \$200 maximum benefit per Policy year. 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. In order to access this program and receive discounted prices for your Prescription Drugs, you must present your insurance ID Card to the pharmacy to identify yourself as a participant in this Plan. Once your prescription is filled, you will be required to pay for your prescription and then file your claim for reimbursement. You can locate a participating pharmacy by calling (888) 479-2000 or visiting the website at www.RxWest.com.

OPTIONAL MAJOR MEDICAL BENEFIT \$50,000 LIFETIME MAXIMUM BENEFIT (STUDENT ONLY)

When this Optional Major Medical coverage is purchased, payment will be made for 80% of additional Covered Expenses incurred for any one covered Injury or Sickness up to a Maximum Policy Benefit of \$50,000. The total benefit payable under Optional Major Medical is \$50,000 minus the total maximum benefit of \$25,000 paid under the Basic Medical Expense Benefit and all prior years of coverage under the school's Policy.

No Benefits will be paid under Optional Major Medical for: Room & Board expenses which exceed the semi-private room rate; Pre-Existing Conditions, until continuously insured for 12 months under Optional Major Medical; Prescription Drugs; Psychotherapy; or Dental treatment.

**GLOBAL EMERGENCY SERVICES
(PROVIDED BY ASSIST AMERICA, INC.)**

Insured Students enrolled under the Plan shall have access to 24-hour global emergency services provided by Assist America, 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 national 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 and, upon discharge from the hospital, if ongoing assistance is needed, medically supervised transportation home (repatriation) with an escort, if necessary. The Assist America 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. Assist America 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 Assist America.** No claims for reimbursement will be accepted. **(Assist America, Inc. is not affiliated with ACE American Insurance Company.)**

CLAIM PROCEDURE

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

- 1) Report to the Student Health Center for treatment. If necessary when the Health Center is closed, report to your Doctor, Urgent Care Center (Texas Urgent Care (512) 326-2243) or Hospital. Covered Persons should go to a participating Doctor or Hospital for treatment if possible.

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

- 2) A Company claim form is required for filing a claim. Claim forms are available at the Student Health Center or by calling Academic HealthPlans at (888) 308-7320 or online at: www.AHPCare.com/stedwards. Mail to the address below all itemized 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 to:

Academic HealthPlans
c/o True Choice USA
P.O. Box 700307
Dallas, Texas 75370-0307

For Claims Inquiries:

Health Special Risk, Inc. (HSR)
(800) 785-2446
(972) 492-6474
Email: Claims@hsri.com



**An Academic Risk Management
Business Partner**

P.O. Box 1605
Colleyville, Texas 76034-1605
(888) 308-7320
(817) 427-3800
fax (817) 427-3801
www.AcademicHealthPlans.com

**For more information about
this Plan please visit:
www.AHPCare.com/stedwards**

For Campus Assistance:
**Student Health Center
(512) 448-8686**

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 should receive a copy of this notice with your enrollment materials. If, at anytime, you wish to request a copy of ACE USA's HIPAA Privacy Notice write to Academic HealthPlans, P.O. Box 1605 Colleyville, TX 76034-1605 or call (817) 427-3800.

2005-2006



**Academic
HealthPlans**



**ST. EDWARD'S
UNIVERSITY**
A U S T I N

**Student Health
Insurance Plan**

ACE American Insurance Company
Philadelphia, PA

Please read the brochure to
understand your coverage.

Policy Number: SDH N00575124

SDHN00575124-0705

SCHEDULE OF MEDICAL EXPENSE BENEFITS - INJURY AND SICKNESS
UP TO \$25,000 MAXIMUM LIFETIME BENEFIT PAID AS SPECIFIED BELOW FOR EACH COVERED INJURY OR SICKNESS

Benefits will be paid at 90% of the Preferred Allowance for services rendered by Preferred Providers in the Texas True Choice Network inside Texas or MultiPlan Network outside of Texas. Services obtained by Out-of-Network providers (any provider outside the Texas True Choice or MultiPlan Networks) will be paid at 70% of Usual & Customary Charges. Benefits are limited to 90 days maximum per hospital confinement for each Covered Injury or Sickness. Re-admissions within 90 days of a previous discharge are considered continuations of prior admissions. Benefits will be paid up to the maximum benefit for each service as specified below, regardless of the provider selected, not to exceed the \$25,000 Maximum Lifetime Benefit. Unless otherwise specified, the maximum amounts apply on a per Covered Injury or Sickness basis.

Covered Expenses are:

INPATIENT	IN NETWORK	OUT-OF-NETWORK
Hospital Expenses , daily semi-private room rate; general nursing care provided by the Hospital; Hospital Miscellaneous Expenses such as the cost of the operating room, Laboratory tests, X-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services, Physiotherapy, supplies and Pre-Admission testing. In computing the number of days payable under this benefit, the date of admission will be counted but not the date of discharge.	.90% of Preferred Allowance/ \$1,200 aggregate maximum per day	.70% of Usual and Customary Charges/ \$1,200 aggregate maximum per day
Surgery , no more than one Surgical procedure will be covered when multiple procedures are performed through the same incision or immediate succession.	.90% of Preferred Allowance	.70% of Usual and Customary Charges
Assistant Surgeon	.25% of surgery allowance	.25% of surgery allowance
Anesthetist	.25% of surgery allowance	.25% of surgery allowance
Registered Nurse's Services , private duty nursing care.	.90% of Preferred Allowance	.70% of Usual and Customary Charges
Doctor's Visits , benefits are limited to one visit per day and do not apply when related to Surgery.	.90% of Preferred Allowance	.70% of Usual and Customary Charges
Psychotherapy , benefits are limited to one visit per day.	.Paid as any other Sickness/ \$2,000 maximum (per Policy year)	.Paid as any other Sickness/ \$2,000 maximum (per Policy year)
OUTPATIENT		
Surgery , no more than one Surgical procedure will be covered when multiple procedures are performed through the same incision or immediate succession.	.90% of Preferred Allowance	.70% of Usual and Customary Charges
Day Surgery Miscellaneous , related to scheduled Surgery performed in a Hospital, including the cost of the operating room, Laboratory tests, X-ray examinations, including professional fees, anesthesia, drugs or medicines and supplies.	.90% of Preferred Allowance/ \$1,000 maximum	.70% of Usual and Customary Charges/ \$1,000 maximum
Assistant Surgeon	.25% of surgery allowance	.25% of surgery allowance
Anesthetist	.25% of surgery allowance	.25% of surgery allowance
Doctor's Visits , benefits are limited to one visit per day and do not apply when related to Surgery or Physiotherapy.	.90% of Preferred Allowance	.70% of Usual and Customary Charges
Physiotherapy , benefits are limited to one visit per day. (See exclusion # 35 for additional information.)	.90% of Preferred Allowance	.70% of Usual and Customary Charges
Medical Emergency, \$50 per visit per Covered Person Deductible Benefits are payable for the use of the Emergency Room & Supplies. (Treatment must be rendered within 72 hours of Injury or first onset of Sickness.)	.90% of Preferred Allowance	.70% of Usual and Customary Charges
Diagnostic X-rays & Laboratory	.90% of Preferred Allowance	.70% of Usual and Customary Charges
Tests and Procedures , includes diagnostic services and medical procedures performed by a Doctor, other than Doctor's Visits, Physiotherapy and X-rays and Laboratory procedures.	.90% of Preferred Allowance	.70% of Usual and Customary Charges
Chemotherapy and Radiation Therapy	.90% of Preferred Allowance	.70% of Usual and Customary Charges
Psychotherapy , includes all related and ancillary charges incurred as a result of a Mental & Nervous Disorder. Benefits are limited to one visit per day.	.90% of Preferred Allowance/\$50 per day/ \$600 maximum (per Policy year)	.70% of Usual and Customary Charges/ \$50 per day/\$600 maximum (per Policy year)
Prescription Drugs , (See Outpatient Prescription Drug Benefit Section for additional information.)	.100% after a \$10 Deductible/ \$200 maximum (per Policy year)	.100% after a \$10 Deductible/ \$200 maximum (per Policy year)
OTHER		
Ambulance Services	.80% of Usual and Customary Charges/ \$200 maximum	.80% of Usual and Customary Charges/ \$200 maximum
Consultant Fees , when requested and approved by the attending Doctor.	.90% of Preferred Allowance/ \$200 maximum	.70% of Usual and Customary Charges/ \$200 maximum
Dental Treatment , made necessary by Injury to Sound, Natural Teeth only.	.80% of Usual and Customary Charges/ \$500 maximum	.80% of Usual and Customary Charges/ \$500 maximum
Maternity/Complications of Pregnancy	.Paid as any other Sickness	.Paid as any other Sickness
Alcoholism/Drug Abuse	.Paid under Psychotherapy	.Paid under Psychotherapy
Intercollegiate Sports	.Paid as any other Injury/ \$10,000 maximum per Injury	.Paid as any other Injury/ \$10,000 maximum per Injury

INTERCOLLEGIATE SPORTS MAXIMUM BENEFIT \$10,000

Insured student athletes who are members of and are participating in intercollegiate Baseball, Basketball, Volleyball, Golf, Tennis, Soccer, Lacrosse, Cheerleaders, and Dance Team members sponsored by the Policyholder are covered for sports Injury. Benefits will be paid under the Schedule of Benefits for Intercollegiate sports Injury up to \$10,000 for each Injury. In addition to the standard Policy exclusions and limitations, no benefits will be paid for:

1. Infections, except pyogenic infections caused wholly by a covered Injury;
2. Cysts, blisters, or boils;
3. Overexertion, heat exhaustion, fainting;
4. Hernia, regardless of how caused; or
5. Artificial aids such as crutches, braces, appliances, and artificial limbs.

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 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 a Covered Person or a member of the Covered Person'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 violent and accidental means. All injuries sustained by one person in any one 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 cost of the alternative to be the Covered Expense must be approved by the Company.

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 charge which is the lesser of: (a) the actual charge, (b) the negotiated charge that a Preferred Provider has agreed to accept for any service, or (c) the usual and customary charge for a covered service.

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

Definitions (Continued)

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 Policy. 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

"Pre-Existing Condition" means: a disease or a physical condition for which medical advice or treatment was received by the person 12 months prior to the Covered Person's Effective Date under the Policy. Pre-Existing Conditions are not covered under the Policy until the earlier of: 1) a 12-month waiting period from the effective date of continuous coverage during which the person has received no medical advice or treatment in connection with such disease or physical condition; or 2) the end of the 12-month period commencing on the Effective Date of the Covered Person's coverage, with the exception of Newborn Infants who have been covered under the Policy since birth and newly adopted children; or 3) 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.

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. 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;
2. Eye examinations; prescriptions or fitting of eyeglasses and contact lenses; or other treatment for visual defects and problems and examinations therefore. Radial Keratotomy/Lasik surgery is not covered;
3. 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. (This exclusion does not apply to children from birth to 24 months old.);
4. Dental treatment, except for accidental Injury to sound, natural teeth; as specifically provided in the Schedule of Benefits;
5. 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);
6. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting, except in self-defense;
7. Suicide or attempted suicide while sane or insane (including intentional drug overdose); or intentionally self-inflicted Injury;
8. Injury sustained while (a) participating in any intercollegiate, in excess of \$10,000, interscholastic, club 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; except as specifically provided in the policy;

Exclusions and Limitations (Continued)

9. Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planing, bungee jumping;
10. 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);
11. An accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route;
12. The Covered Person's use of alcohol, illegal drugs, or any drugs or medicines that are not taken in the dosage or for the purpose prescribed by the Covered Person's Doctor;
13. Elective surgery and elective treatment;
14. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
15. Injuries sustained as the result of an Accident involving a three-wheeled motor vehicle or four wheeled off-road motorized vehicles;
16. Braces and appliances;
17. Organ transplants;
18. 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 your reproductive ability; premarital examinations; impotence, organic or otherwise; tubal ligation; vasectomy; elective abortion; sexual reassignment surgery;
19. Nasal and sinus surgery, except surgery made necessary as the result of a covered Injury;
20. Expense incurred in excess of the Usual and Customary Charge for the service, supply or treatment given;
21. Services which are not essential for the necessary medical care and treatment of a Covered Injury or Sickness;
22. Services and supplies related to nicotine addiction;
23. Biofeedback - services and supplies related to biofeedback;
24. Patient controlled analgesia (PCA);
25. Cosmetic procedures, except cosmetic surgery required to correct a Covered Injury for which benefits are otherwise payable under this Policy or for newborn or adopted children; hirsutism; nonmalignant warts, moles and lesions;
26. Immunization services and supplies related to immunizations, except as specifically provided in the Policy;
27. Services and supplies for conditions related to learning disabilities;
28. Services or supplies for foot care including care of corns, bunions or calluses;
29. Services, supplies and/or treatment for acne; acupuncture; allergy testing; alopecia;
30. Sleep disorders, supplies, treatment, or testing relating to sleep disorders;
31. Supplies, except as specifically provided in the Policy;
32. Surgical breast reduction;
33. Weight management services and supplies related to weight reduction programs, weight management programs, related nutritional supplies, treatment for obesity;
34. Routine newborn baby care, well-baby nursery and related Doctor charges;
35. Outpatient Physiotherapy except for a condition that required surgery or Hospital Confinement: a) within the 30 days immediately preceding such Physiotherapy; or b) within 30 days immediately following the attending Doctors release for rehabilitation; and
36. Congenital birth defects, except as mandated for newborn children.