

# Coverage Information Medical Insurance






This document provides a brief summary of your insurance plan.

To access your complete insurance information, including the general insurance conditions, all important contact information and a VISA letter, please login to your personal MyInsurance area at:  
[www.esecutive.com/MyInsurance](http://www.esecutive.com/MyInsurance)

To create your personal account, you will need:

- Your Last Name:
- Your First Name:
- Certificate Number: **AGS021938-2168232**
- Your Date of Birth:

## Insurance ID-Card

 <p>UHC ID#: 6600          Health Plan#: (80840) 911-87601-04          Plan Name: UnitedHealthcare Options PPO          UHC Group #: 76570037          Policy Number: AGS021938-2168232          Start Date:          End Date:          Co-ins: 100%          Emergency Room Co-Payment: \$350          Deductible per Injury or Sickness: \$100</p>  <p style="color: red; font-size: small;">GBG Assist must be contacted prior to seeking medical treatment including treatment in an Emergency Room unless you are having a life-threatening emergency. You must contact GBG Assist within 48 hours of such an emergency. Failure to do so, may result in a reduction in benefits.          To access your complete insurance information, please log in at: <a href="http://www.esecutive.com/MyInsurance">www.esecutive.com/MyInsurance</a></p> <p style="font-size: x-small;">RxBIN#: 610415 RXGrp#: J257 0001 RxID#: 6600</p>	<p><b>Eligibility/Benefit Verification/Member &amp; Provider Services/Pre-authorization/Emergency Assistance</b>  <b>GBG Assist - 24 Hour Customer Service:</b>          U.S./Canada Toll-free: 1.800.817.4345          Worldwide Collect: 1.786.814.4125          Email: <a href="mailto:GBGAssist@gbg.com">GBGAssist@gbg.com</a>          To find a provider, members please visit the website  <a href="https://us1.welcometouhc.com/">https://us1.welcometouhc.com/</a></p> <p><b>Claims Submission</b>  <b>UHC Providers mail submissions/claims to UHC Global:</b>  <b>UnitedHealthcare Options PPO</b>          P.O. Box 30526      Payor ID# USN01          Salt Lake City, UT 84130-0526      Provider Services: 1.844.251.0748</p> <p><b>Non-UHC Providers mail to GBG:</b>          P.O. BOX 211008          EAGAN, MN 55121 USA</p> <p><b>Online:</b> <a href="http://www.gbg.com">www.gbg.com</a></p> <p style="font-size: x-small;">This card doesn't guarantee coverage.          Insurance portion of the plan is underwritten by Crum &amp; Forster SPC. AH-3943</p> <div style="text-align: right; font-size: x-small;">      </div>
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## Schedule of Benefits

The following benefits are per person per Policy period and subject to the Insured Person's Policy period Deductible. After satisfaction of the Policy period Deductible, the Underwriter will pay the eligible benefits set forth in this Schedule at the Allowable Charge, which is defined as the Negotiated Rate or the Usual, Customary, and Reasonable (UCR). This is the lower of: a) the Provider's usual charge for furnishing the treatment, service or supply; or b) the charge determined by the Underwriter to be the general rate charged by the others who render or furnish such treatments, services or supplies to persons who reside in the same country and whose Injury or Illness is comparable in nature and severity, or the rate that has been negotiated.

Benefits will be paid on a Usual, Customary, and Reasonable basis or a negotiated basis with the contracted providers. Subject to Policy exclusions, limitations and conditions, for the charges listed, if they are:

- Incurred as a result of sickness or accidental bodily injury, under the care of a Physician; and
- Medically Necessary; and
- Ordered by a Physician; and
- Delivered in an appropriate medical setting.

All benefits shown are in USD

**Insured Amount per Person per Accident or Illness:**  
**Co-Payment:**

100.000 USD  
100 USD

Benefit Coverage	Covered Benefit
<b>HOSPITALIZATION AND INPATIENT BENEFITS</b>	
Accommodations including semi-private room	100%
Intensive Care/Cardiac Care	100%
Inpatient Consultation/Visit by a Physician or Specialist	100%
Diagnostic Testing and Hospital Miscellaneous Expense	100%
Pre-Admission Testing	100%
<ul style="list-style-type: none"> <li>• Within 7 working days prior to admission</li> </ul>	

Extended Care, Skilled Nursing Facility, and Inpatient Rehabilitation <ul style="list-style-type: none"> <li>Maximum Benefit per Period of Insurance: 30 days</li> <li>Must be confined to facility immediately following a hospital stay</li> </ul>	100%
<b>OUTPATIENT BENEFITS</b>	
Physician Visit or Consultation by Specialist	100%
Diagnostic Testing <ul style="list-style-type: none"> <li>X-Ray and Laboratory</li> <li>MRI, PET, and CT scans</li> </ul>	100%
<b>SURGICAL BENEFITS (INPATIENT/OUTPATIENT)</b>	
Inpatient, Outpatient or Ambulatory Surgery Includes: <ul style="list-style-type: none"> <li>Surgeon's Fees</li> <li>Out of network Assistant Surgeon or Anesthesiologist (up to 25% of Usual, Customary &amp; Reasonable for surgery)</li> <li>Facility fees</li> <li>Laboratory tests</li> <li>Medications and dressings</li> <li>Other medical services and supplies</li> </ul>	100%
<b>EMERGENCY BENEFITS</b>	
Emergency Room and Medical Services	100% subject to a \$350 Co-Payment, waived if admitted. The Copay does not apply to an Injury.
Ambulance Services <ul style="list-style-type: none"> <li>Emergency local ground ambulance</li> </ul>	100%
Emergency Dental <ul style="list-style-type: none"> <li>Limited to accidental Injury of sound natural teeth sustained while covered</li> </ul>	100%
Palliative Dental Care <ul style="list-style-type: none"> <li>Sudden onset of pain</li> <li>Maximum Benefit per Period of Insurance: \$200 per tooth</li> </ul>	100%
<b>OTHER BENEFITS (INPATIENT/OUTPATIENT)</b>	
Physical Therapy <ul style="list-style-type: none"> <li>Maximum Benefit per Illness or Injury: \$2,500</li> </ul>	100%
Cancer Care and Oncology	100%
Kidney Dialysis	100%
Durable Medical Equipment <ul style="list-style-type: none"> <li>Reimbursement of rental up to the purchase price</li> </ul>	100% URC
Home Health Care <ul style="list-style-type: none"> <li>Minimum Hospital Stay: 7 consecutive days</li> <li>Home Health Care must begin within: 3 consecutive days after the Minimum Hospital Stay</li> <li>Maximum Benefit per Period of Insurance: \$10,000</li> </ul>	100% URC
Prescription Medications <ul style="list-style-type: none"> <li>Up to 31-day supply per prescription</li> </ul>	100% of charges
Sports and Other Activities <ul style="list-style-type: none"> <li>Injuries arising from Intramural, Interscholastic, and Club sports</li> </ul>	Covered, as any other Injury
Motor Vehicle Accident <ul style="list-style-type: none"> <li>Injuries caused by Accident</li> </ul>	Covered, as any other Injury
Passive War and Terrorism	Included
<b>ADDITIONAL BENEFITS</b>	

Compassionate Care Visit	Maximum Benefit per Period of Insurance: \$5,000
Medical Evacuation and Repatriation	Maximum Benefit per Period of Insurance: \$50,000
Return of Mortal Remains	Maximum Benefit: \$25,000
Emergency Reunion	Maximum per Period of Insurance: \$500 per day up to \$5,000
Trip Curtailment/Study Interruption	Included
Future Health Consultations (Mental Health)	100% no Deductible or Co-Payment

### Accidental Death and Dismemberment Benefits

Principal Sum: **\$15,000.00**

(Maximum Death benefit payable shall not exceed \$5,000 for an Insured Person aged 17 years or younger)

Aggregate Limit: **\$500,000**

Loss of:	Benefit: (Percentage of Principal Sum)
Accidental Death	100%
Loss of Both Hands	100%
Loss of Both Feet	100%
Loss of Entire Sight of Both Eyes	100%
Loss of One Hand and One Foot	100%
Loss of One Hand	50%
Loss of One Foot	50%
Loss of Entire Sight of One Eye	50%

### Part B: Travel Arrangements Benefits

Trip Interruption Benefit: **100% of actual expense**

### TRIAGE AND PRE-AUTHORIZATION GUIDELINES AND PROCEDURES

#### TRIAGE (ONLY APPLIES TO SERVICE IN THE USA)

**Triage** is a required process by which an Insured contacts GBG Assist **prior** to obtaining medical care and is directed by GBG Assist where to go to receive the appropriate level of care by a network provider. **TRIAGE IS MANDATORY** prior to seeking medical care at an emergency room unless the Insured is having a life-threatening emergency such as difficulty breathing, excessive bleeding, traumatic injury. A \$350 emergency room Co-Payment will be waived if the Insured is triaged and sent to the emergency room, waived for injury. GBG medical staff will make the final decision regarding Medical Necessity of the emergency room. **Call GBG at 1-800-817-4345 or email [gbgassist@gbg.com](mailto:gbgassist@gbg.com)**

**Pre-Authorization** is a process by which an Insured Person or a medical person on behalf of the Insured obtains approval for certain non-emergency, medical procedures or treatments prior to the commencement of the proposed medical treatment.

This requires the Insured or a medical person on behalf of the Insured to submit a completed Pre-Authorization Request form to GBG Assist, a minimum of 5 business days prior to the scheduled procedure or treatment date.

Pre-Authorization is required for the following services to maximize the benefits covered under the plan and to arrange for direct billing with the medical provider:

- Interfacility Ambulance Transfer: No coverage if Pre- Authorization requirements are not met.
- Medical Evacuation: No coverage if not approved by the company.

Treatments and supplies listed below: Fifty percent (50%) reduction of eligible medical expenses if Pre-authorization requirements are not met. Maximum Penalty: \$1,000. The penalty amount is not applied towards the deductible. Medical Emergency Notifications must be received within 48 hours of the Admission or procedure. In instances of medical emergency, the Insured should go to the nearest Hospital or Provider for assistance even if that Hospital or Provider is not part of the Network.

- In-Patient Hospitalization
- Outpatient Surgery
- All CAT scans, PET scans, and MRIs
- Air Ambulance (Air Ambulance service will be coordinated by the Insurer's Air Ambulance Provider)
- Specialty Treatments and Highly Specialized Drugs
- Physical Therapy and Rehabilitation Services

**Call GBG at 1-800-817-4345 or email [gbgassist@gbg.com](mailto:gbgassist@gbg.com)**

GBG Assist will review the matter and respond to the Insured or the medical person. To assure reimbursement for covered services, written approval from GBG Assist must be received by the Insured prior to the commencement of the proposed medical treatment. It is the Insured Person's responsibility to make sure Pre-Authorization is obtained when necessary. The Insured will obtain a letter of authorization, prior to the performance of those services for both Pre-Authorization requests and Network information, Customer Service representatives are available 24 hours a day, every day.

Please note: Some treatment requests may require longer than 5 days for the review process to be completed.

Notwithstanding the requirement to Pre-Authorize:

- Pre-Authorization approval does not guarantee payment of a claim in full, as Deductibles, charges in excess of Usual, Customary and Reasonable and out of pocket charges may apply.

Benefits payable under the Policy are still subject to Eligibility at the time charges are actually incurred, and to all other terms, limitations, and exclusions of the Policy.

**This plan is underwritten by Crum & Forster Segregated Portfolio Captive.**

**"A" (Excellent) from A.M. Best.**

The list of Cover and Benefits forms part of the Insurance Conditions where the complete terms for the plan document are stated. For a detailed representation, including all restrictions and exemptions from coverage, please read the detailed insurance terms and conditions.

Disclaimer: This is not your official insurance ID card. If you don't have an official copy of your insurance ID card, please download or print it at [www.esecutive.com/myinsurance](http://www.esecutive.com/myinsurance)

Please be advised this document is only a summary. Please refer to the policy for complete details. In the event of a discrepancy between this document and the policy, the policy is the prevailing document.



## 6.1 MEDICAL EXPENSE BENEFITS EXCLUSIONS AND LIMITATIONS

**All services and benefits described below, including expenses for medical treatment not expressly indicated in the Medical Expense Benefit section, are either excluded from coverage or limited under this Plan of insurance.**

1. **Abortion:** Any voluntarily induced termination of pregnancy and complications thereof, except if the mother's life is in danger,
2. **AIDS/HIV:** Acquired Immune Deficiency Syndrome (AIDS), AIDS related Complex Syndrome (ARC), HIV positive, all secondary diseases,
3. **Aircraft Travel:** Travel in any aircraft owned, leased, operated or controlled by the Policyholder, or any of its subsidiaries or affiliates. An aircraft will be deemed to be "controlled" by the Policyholder if the aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year,
4. **Alcohol and Substance Abuse:** 1) Treatment of any illness or injury caused by, contributed to, or resulting from voluntary use of alcohol, illegal substance abuse, drug, poison, gas or fumes, or any medication that is not taken in the dosage or for the purpose prescribed. 2) Medical expenses related to diagnosis, detoxification, counseling or other rehabilitative services.
5. **Breast reduction:** All services and treatments,
6. **Charges Reimbursable by Another Entity:** Services, supplies, or treatment that are provided by or payment is available from: a) Workers' Compensation law, occupational disease law or similar law concerning job related conditions of any country; or; b) Another insurance company or government; or c) A government entity due to an epidemic or public emergency; d) Services provided normally without charge by the Health Services Center of the institution attended by the Insured Person, or services covered or provided by a student health fee,
7. **Cosmetic and Elective Surgery for Non-Medical Reasons:** Treatments, procedures or medications which are primarily for enhancement, improvement, or altering one's appearance, unless required due to a non-occupational injury occurring while insured under this Plan. Medical complications arising from such treatments or procedures are also not covered,
8. **Dental Care:** a) All expenses related to dental care except for Accidental injury to sound, natural teeth b) unless pediatric dental is shown on the Schedule of Benefits,
9. **Experimental or Off-Label Services:** Services, supplies or treatments, including medications, which are deemed to be Experimental or Investigational or that is not medically recognized for a specific diagnosis,
10. **Fertility/Infertility Treatments and Birth Control:** Any services, procedure or treatment including medications used to: a) Treat infertility including In-vitro Fertilization (IVF), Gamete Intrafallopian Transfer (GIFT), Zygote Intrafallopian Transfer (ZIFT), and any variations of these procedures, and any costs associated with the preparation or storage of sperm for artificial insemination. b) Vasectomies and sterilization, and any expenses for male or female reversal of sterilization, c) Contraceptive devices including the insertion or removal of such devices, including oral contraceptives,
11. **Genetic Screening:** Counseling, screening, testing, or treatment in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease,
12. **Hearing Care:** Hearing exams, hearing aids or devices, unless due to an Injury/Illness covered under the Plan. Surgical implantation of, or removal of bone anchored hearing devices and cochlear implants,
13. **Home Country:** All medical charges incurred in the Insured Person's Home Country in excess of the amount shown on the Schedule of Benefits,
14. **Illegal Activities:** Injuries or illnesses resulting or arising from or occurring during the commission of an assault or felony,
15. **Immunizations for Travel:** Vaccines and preventive medications recommended or required for travel to specific countries,
16. **Maternity Care:** Prenatal care, childbirth, postnatal care, miscarriage due to any cause, and premature birth.
17. **Mental and Nervous Disorders:** Inpatient and Outpatient Treatment as identified in the most recent edition of the American Psychiatric Association Diagnostic and Statistical Manual or the International Classification of Diseases,
18. **Motor Vehicle:** Medical expenses: 1) Resulting from a motor vehicle Accident unless the benefit is provided for on the Schedule of Benefits, 2) If the operator of a motor vehicle is the Insured Person and does not possess a valid motor vehicle operator's license in the jurisdiction in which the motor vehicle Accident occurred, unless: (a) the Insured Person holds a valid learners permit and (b) the Insured Person is receiving instruction from a driver's education instructor, 3) The operating of any type of vehicle or conveyance by the Insured Person while under the influence of alcohol or any illegal substance, drug, poison, gas, or fumes including prescribed drugs for which the Insured was provided a written warning against operating a vehicle or conveyance while taking it. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the motor vehicle laws of the jurisdiction in which the Covered Loss occurred,
19. **Nasal Surgery:** Deviated septum, submucous resection and/or other surgical correction thereof, nasal and sinus surgery except for treatment of a covered Injury,
20. **Non-Medical Care:** Services related to Custodial Care, respite care, home-like care, assistance with Activities of Daily Living (ADL), or Milieu Therapy. Any Admission to a nursing home, home for the aged, long term care facility, sanitarium, spa, hydro clinic, or similar facilities. Any Admission arranged wholly or partly for domestic reasons, where the Hospital effectively becomes or could be treated as the Insured Person's home or permanent abode,
21. **Organ Transplant:** Organ transplant and related procedures and expenses,

22. **Podiatric Care:** Routine foot care, including the paring and removing of corns, calluses, or other lesions, or trimming of nails or other such services not resulting from an Illness or Injury. Orthopedic shoes or other supportive devices such as arch supports, orthotic devices, or any other preventative services or supplies to treat the diagnosis of weak, strained, or flat feet or fallen arches.
23. **Pre-Existing Conditions:** a) Expenses for Pre-Existing Conditions, unless coverage is provided for and shown on the Schedule of Benefits, b) Expenses incurred during a Waiting Period if shown on the Schedule of Benefits,
24. **Prescription Medications:** Prescription Medications, services or supplies as follows:
  - a) Therapeutic devices or appliances including: support garments and other non-medical substances, regardless of intended use, except as specifically provided in this Plan, b) Immunization agents, except as specially provided, biological sera, blood or blood products administered on an Outpatient basis, c) Refills in excess of the number specified or dispensed after one year of the date of the prescription, d) Growth hormones, e) Medications used to treat or cure baldness or thinning hair.
25. **Preventive Care and Immunizations:** Annual exams, immunizations for travel or medical, screening tests, and other diagnostic procedures in the absence of an Illness/Injury,
26. **Self-Inflicted Illnesses, Injuries, or Exceptional Danger:**
  - a) Treatment for any conditions as a result of self-inflicted Illnesses or injuries, suicide or attempted suicide, while sane or insane, b) Treatment for any loss or expense of nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with self-exposure to peril or bodily Injury, except in an endeavor to save human life,
27. **Sexual Dysfunction:** Any procedures, supplies, or medications used to treat male or female sexual enhancement or sexual dysfunction such as erectile dysfunction, premature ejaculation, and other similar conditions,
28. **Skin Conditions:** Acne, rosacea, skin tags, and any other treatment to enhance the appearance of the skin, except for cystic or pustular acne,
29. **Sleep Studies:** Sleep studies and other treatments relating to sleep apnea,
30. **Smoking Cessation:** Treatments and other expenses, whether or not recommended by a Physician,
31. **Sports and Hazardous Activities:** a) Participation, practice, or conditioning program for any Intramural, Interscholastic, Intercollegiate, or professional sport or activity, or travelling to/from such sport or activity as a participant, b) Skydiving, parachuting, SCUBA diving (unless PADI or NAUI certified), mountain climbing (where ropes or guides are used), bungee jumping, skiing (off groomed trails), snowboarding (off groomed trails), racing by any animal or motor vehicle, spelunking, whitewater rafting (level 4 and higher), hang gliding, glider flying, parasailing, or flight in any kind of aircraft (except as a passenger in a regularly scheduled flight of a commercial airline), c) Expenses for Accidents or Injuries as a result of motorcycles, mopeds, scooters, any one, two, or three wheeled motorized vehicle and use of any powered vehicle other than the manner in which intended,
32. **Transgender, gender or agender treatment or services:** medical or psychological counseling, hormonal therapy, and surgical procedures. Treatment of any kind in preparation for, or subsequent to, any surgery, and any other expenses related to such treatment, including the complications arising from such procedures,
33. **Vision Care:** Expenses including examinations, eye refractions, frames, lenses, contact lenses, fitting of frames or lenses, or vision correction surgery, unless the pediatric vision benefit is shown on the Schedule of Benefits,
34. **War and Terrorism:** a) Any loss sustained while participating in, or training for, or as a consequence of war (declared or not), or warlike operations, b) voluntary, active participation in a riot or insurrection, c) Terrorist activity including the use of armaments, the detonation of any form of explosive or nuclear devices, the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous Chemical agent and/or Biological agent, including the poisoning via the air or water supplies or food products and deliberate destruction of buildings and transportation. This exclusion extends to any action taken in controlling, preventing, suppressing or in any way relating to any terrorist activity, d) Ionizing radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel, or the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof,
35. **Weight Related Treatment:** Any expense, service, or treatment for obesity, weight control, any form of food supplement, weight reduction programs, dietary counseling, or surgical procedures related to morbid or non-morbid obesity. Charges relating to complications arising from such treatments or surgical procedures are also excluded,
36. Services or treatment rendered by any person who is: a) living in the Insured Person's household, b) an Immediate Family Member of either the Insured Person or the Insured Person's spouse, or c) the Insured Person,
37. Services or treatment related to or arising from or in connection with all trips to the United States undertaken for the purpose of securing medical treatment or supplies.

## 6.2 NON-MEDICAL EXPENSE BENEFITS EXCLUSIONS AND LIMITATIONS

**The Insurer shall not be responsible for providing the following non-medical expense benefits to an Insured Person in a situation arising from or in connection with any of the following:**

1. **Travel costs that were neither arranged or approved in advance by the Insurer or authorized vendor or affiliate,**
2. **Taking part in military or police operations,**
3. **Insured Person's failure to properly procure or maintain visa, permits, or other documents,**
4. **The actual or threatened use or release of any nuclear, chemical, or biological weapon or device, or exposure to nuclear reaction or radiation, regardless of the contributory cause,**

5. **Any evacuation or Repatriation that requires an Insured Person to be transported in a biohazard-isolation unit,**
6. **Medical evacuation from a marine vessel, ship, or watercraft of any kind,**
7. **Medical evacuation directly or indirectly related to a natural disaster,**
8. **Subsequent medical evacuations for the same or related illness, injury, or emergency medical evacuation event regardless of location.**

### 6.3 ACCIDENTAL DEATH AND DISMEMBERMENT EXCLUSIONS AND LIMITATIONS

**The losses shown below or expenses resulting from or in connection with any of the following are excluded from coverage under this Plan.**

1. **Illegal Activities:** Losses resulting or arising from or occurring during the commission of an assault or felony.
2. **Kidnap and Hijacking:** Any loss caused directly or indirectly from kidnap or wrongful detention of the Insured or hijacking of any aircraft, motor vehicle, train or waterborne vessel on which the Insured Person is travelling.
3. **Professional Sports:** Any loss sustained while participating in or training for any sport or activity performed for financial gain.
4. **Self-Inflicted Illnesses, Injuries, or Exceptional Danger:** a) Treatment for any conditions as a result of self-inflicted illnesses or injuries, suicide or attempted suicide, while sane or insane, b) Treatment for any loss or expense of nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with self-exposure to peril or bodily injury, except in an endeavor to save human life.
5. **Sports and Hazardous Activities:** a) Participation, practice, or conditioning program for any Intramural, Interscholastic, Intercollegiate, or professional sport or activity, or travelling to/from such sport or activity as a participant, b) Skydiving, parachuting, SCUBA diving (unless PADI or NAUI certified), mountain climbing (where ropes or guides are used), bungee jumping, skiing (off groomed trails), snowboarding (off groomed trails), racing by any animal or motor vehicle, spelunking, whitewater rafting (level 4 and higher), hang gliding, glider flying, parasailing, or flight in any kind of aircraft (except as a passenger in a regularly scheduled flight of a commercial airline), c) Expenses for Accidents or Injuries as a result of motorcycles, mopeds, scooters, any one, two, or three wheeled motorized vehicle and use of any powered vehicle other than the manner in which intended,
6. **Substance Abuse:** Any loss directly or indirectly resulting from alcohol or illegal drug abuse or other addiction, or any drugs or medicines that are not taken in the dosage or for the purpose prescribed.

**War and Terrorism:** a) Any loss sustained while participating in, or training for, or as a consequence of war (declared or not), or warlike operations. b) voluntary, active participation in a riot or insurrection c) Terrorist activity including the use of armaments, the detonation of any form of explosive or nuclear devices, the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous Chemical agent and/or Biological agent, including the poisoning via the air or water supplies or food products and deliberate destruction of buildings and transportation. This exclusion extends to any action taken in controlling, preventing, suppressing or in any way relating to any terrorist activity. d) Ionizing radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel, or the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.