

**SCHEDULE OF BENEFITS: OUTBOUND**

Medical Maximums	\$200,000; Medical Maximum is per Person per Occurrence (age 80+ maximum limited to \$15,000)
Deductible	\$75 per Person per Occurrence
Emergency Room Deductible (if not admitted)	\$250 per Person per Occurrence
Coinsurance	After You pay the Deductible, the plan pays 100% to the selected Medical Maximum
Dental (Accident Coverage)	To a maximum of \$500(Only available to programs purchased for one month or more)
Dental (Sudden relief of pain)	To a maximum of \$250(Only available to programs purchased for one month or more)
Mental Illness	Inpatient: Payable at 80% up to \$10,000, to a max of 40 days Outpatient: Payable at 80% up to \$700 (\$100 per visit)
Emergency Medical Evacuation/Repatriation	\$50,000 (in addition to the Medical Maximum)
Felonious Assault	\$10,000 per Person per Coverage period (in addition to medical max)
Return of Mortal Remains	\$25,000
Local Ambulance Benefit	\$5,000
Accidental Death & Dismemberment (AD & D)	\$10,000 principal sum for Insured
Hospital Room & Board	Usual, Reasonable and Customary to the selected Medical Maximum
Intensive Care	Usual, Reasonable and Customary to the selected Medical Maximum
Outpatient Medical Expenses	Usual, Reasonable and Customary to the selected Medical Maximum
Unexpected Recurrence of a Pre-existing condition	Up to \$20,000 (Age 65+ up to \$2,500). This benefit is payable to U.S. citizens when traveling outside the United States and Canada

**DESCRIPTION OF BENEFITS**

**Medical Expenses:** International Travel Medical Insurance shall pay Reasonable and Customary charges for Covered Expenses, excess of the chosen Deductible and Coinsurance up to the selected Medical Maximum, incurred by You, due to an accidental Injury or Illness which occurred during the Period of Coverage outside your Home Country (except as provided under the Home Country Coverage). All bodily disorders existing simultaneously which are due to causes which are the same or related to the cause of a prior Disablement, the Disablement shall be considered a continuation of the prior Disablement and not a separate Disablement. The initial treatment of an Injury or Illness must occur within thirty (30) days of the date of Injury or onset of Illness. Only such expenses which are specifically enumerated in the following list of charges and are incurred within three hundred and sixty four (364) days from the date of accident or onset of Illness and which are not excluded, shall be considered Covered Expenses:

- Charges made by a Hospital for room and board, floor nursing and other services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital's average charge for semiprivate room and board accommodations.
- Charges made for Intensive Care or Coronary Care charges and nursing services.
- Charges made for diagnosis, Treatment and Surgery by a Physician.
- Charges made for an operating room.

- Charges made for Outpatient Treatment, same as any other Treatment covered on an Inpatient basis. This includes ambulatory Surgical centers, Physicians' Outpatient visits/examinations, clinic care, and Surgical opinion consultations.
- Charges made for the cost and administration of anesthetics.
- Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood, transfusions, iron lungs, and medical Treatment.
- Charges for physiotherapy if recommended by a Physician for the Treatment of a specific Disablement and administered by a licensed physiotherapist.
- Dressings, drugs, and Medicines that can only be obtained upon a written prescription of a Physician or Surgeon.
- Local transportation to or from the nearest Hospital, or to and from the nearest Hospital with facilities for required Treatment. Such transportation shall be by licensed ground ambulance only to a limit of \$5,000, within the metropolitan area in which you are located at that time the service is used. If you are in a rural area, then licensed air ambulance transportation to the nearest metropolitan area shall be considered a Covered Expense.

**Pre-Notification/Referral:**

In order to ensure Your claims are addressed as efficiently as possible. You or the provider of service must contact the Assistance Company for pre-notification prior to any medical treatment in the U.S. as well as hospital admissions and inpatient/outpatient surgeries incurred worldwide. The Assistance Company has trained personnel available twenty-four (24) hours a day, seven (7) days a week throughout the year to answer Your questions, provide assistance, and guide You to an appropriate facility if necessary. In the case of an Emergency Admission, the Assistance Company must be contacted within forty-eight (48) hours, or as soon as reasonably possible. Pre-notification does not guarantee that benefits will be paid.

**Dental Accident Coverage:** This plan shall pay in excess of the chosen Deductible and Coinsurance of up to a maximum of \$500, for emergency treatment to repair or replace sound natural teeth damaged as the result of a covered accident. Only those injuries caused by external contact with a foreign object are covered. You are not covered if you break a tooth while eating or biting into a foreign object.

**Dental Sudden Relief of Pain:** This plan shall pay in excess of the chosen Deductible and Coinsurance of up to \$250, for emergency treatment for the relief of pain to sound and natural teeth.

**Mental Illness:**

For the purpose of this section, only such expenses, incurred as a result of treatment or medication for Mental Illness, which are specifically enumerated in the following list of charges, and which are not excluded, shall be considered as covered expenses. Inpatient: Payable at 80% up to \$10,000, to a max of 40 days Outpatient: Payable at 80% up to \$700 (\$100 per visit). *Please refer to full plan certificate for details.*

**Emergency Medical Evacuation/Repatriation:** The plan will pay Covered Expenses incurred if any injury or illness commences during the period of coverage that results in the Medically Necessary Emergency Medical Evacuation or Repatriation (Your medical condition warrants immediate transportation from the medical facility where You are located to the nearest adequate medical facility where medical treatment can be obtained). This benefit must be approved and arranged by the assistance company in consultation with the local attending physician.

**Return of Moral Remains:** The plan will pay the reasonable covered expenses incurred up to a maximum of \$25,000 to return Your remains to Your home country. This benefit must be approved and arranged by the assistance company.

**Accidental Death & Dismemberment:**

Please refer to the full policy for plan benefit, definition and exclusion information for the Accidental Death & Dismemberment Benefits.

**Felonious Assault:** Please refer to the full policy for plan benefit, definition, and exclusion information.

**Family Travel Benefit:** 1. The company will pay the cost of a round-trip economy airline ticket to bring one person chosen by the insured to and from the hospital or other medical facility where the insured is confined when, in the opinion of medical practitioner acceptable to the company, such a visit is necessary due to a bodily injury or illness which constitutes an immediate damage to life. 2. In the event a parent, parent-in-law, child or sibling or a registered participant whose name is on file with the company and who is living in the registered participant's country or origin dies, the company will pay the cost of a round-trip economy airline ticket, not to exceed \$2,000, so that the registered participant can travel back to his or her country of origin. The registered participant must notify the company of their family member's death within ten days from the date of death. The assistance company must make all arrangements for any benefit payable.

**EXCLUSIONS AND LIMITATIONS**

No Benefit shall be payable for Accident Medical, Sickness Medical, In-Hospital Indemnity, Unexpected Recurrence, Dental, Emergency Medical Evacuation/Repatriation, Return of Mortal Remains, Return of Minor Child and Emergency Medical Reunion, as the result of:

- Any Pre-existing Condition(s). This exclusion does not apply to Emergency Evacuation/Repatriation or Return of Mortal Remains.
- Injury or Illness which is not presented to the Company for payment within 3 months of receiving Treatment;
- Charges for Treatment which is not Medically Necessary;
- Charges provided at no cost to You;
- Charges for Treatment which exceeds Reasonable and Customary charges;
- Charges incurred for Surgery or Treatments which are, Experimental/Investigational, or for research purposes;
- Services, supplies or Treatment, including any period of hospital confinement, which were not recommended, approved and certified as Medically Necessary and reasonable by a Physician;
- Suicide, or any attempt thereof, while sane or self destruction or any attempt thereof, while sane;
- War, hostilities or warlike operations (whether war be declared or not), Invasion, Act of an enemy foreign to the nationality of the insured person or the country in, or over, which the act occurs, Civil War, Riot, Rebellion, Insurrection, Overthrow of the legally constituted government, Civil commotion assuming the proportions of, or amounting to, an uprising, Military or usurped power, Explosions of war weapons, Utilization of Nuclear, Chemical or Biological weapons of mass destruction howsoever these may be distributed or combined, Murder or Assault subsequently proved beyond reasonable doubt to have been the act of agents of a state foreign to the nationality of the insured person whether war be declared with that state or not, Terrorist activity. For the purpose of this exclusion; i) Terrorist activity means any act, or acts, of any person, or group(s) of persons, committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public, or any segment of the public, in fear. Terrorist activity can include, but not be limited to, the actual use of force or violence and/or the threat of such use. Furthermore, the perpetrators of terrorist activity can either be acting alone, or on behalf of, or in connection with any organization(s) or government(s). ii) Utilization of Nuclear Weapons of Mass Destruction means the use of any nuclear weapon or device, or the emission, discharge, dispersal, release or escape of fissile material emitting a level of radioactivity capable of causing incapacitating disablement or death amongst people or animals. iii) Utilization of Chemical weapons of mass destruction means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound, which, when suitably distributed is capable of causing incapacitating disablement or death amongst people or animals. iv) Utilization of Biological weapons of mass destruction means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro organism(s) and/or biologically produced toxin(s) (including genetically

modified organisms and synthesized toxins which are capable of causing incapacitating disablement or death amongst people or animals. Also excluded hereon is any Loss or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, suppressing any, or all, of the situations described above. In the event any portion of this exclusion is found to be invalid or unenforceable, the remainder shall remain in full force and effect.

10. Injury sustained while participating in professional athletics, including but not limited to the event, games, practice, conditioning and any activity related to professional athletics;
11. Injury sustained while participating in amateur or interscholastic athletics, including but not limited to the event, games, practice, conditioning, and any other activity related to amateur or interscholastic athletics; this exclusion does not apply to non-competitive, recreational or intramural activities. *Note: a sponsored and/or organized Amateur or Interscholastic Athletic event includes training camps, team sports or any formal grouping of people participating in one or multiple events that may/ may not require a fee for participation.*
12. Routine physicals, immunizations or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or x-ray examinations, except in the course of a disablement established by a prior call or attendance of a Physician;
13. Treatment of the Temporomandibular joint;
14. Vocational, speech, recreational or music therapy;
15. Services or supplies performed or provided by a Relative of yours, or anyone who lives with you;
16. Cosmetic or plastic Surgery, except as the result of a covered Accident; for the purposes of this Plan, treatment of a deviated nasal septum shall be considered a cosmetic condition;
17. Elective Surgery which can be postponed until You return to Your Home Country, where the objective of the trip is to seek medical advice, Treatment or Surgery;
18. Treatment and the provision of false teeth or dentures, normal ear tests and the provision of hearing aids;
19. Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eyeglasses, or for the fitting thereof, unless caused by Accidental bodily Injury incurred while covered hereunder;
20. Treatment in connection with alcoholism and drug addiction, or use of any drug or narcotic agent;
21. Injury sustained or Disablement due wholly or partly to the Insured being intoxicated as defined and determined by the laws of the state where the injury occurred; or to the Insured being under the influence of any narcotic, unless administered by a Physician;
22. Any Mental and Nervous disorders or rest cures;
23. Congenital abnormalities and conditions arising out of or resulting there from;
24. Expenses which are non-medical in nature;
25. Expenses as a result of, or in connection with, intentionally self-inflicted Injury or Illness;
26. Expenses as a result of, or in connection with, the commission of a felony offense;
27. Injury sustained while taking part in mountaineering, hang gliding, parachuting, bungee jumping, racing by any animal or motor vehicle or motorcycle, snowmobiling, motorcycle/motor scooter riding, scuba diving involving underwater breathing apparatus (unless PADI or NAUI certified), snow skiing and snowboarding (except for recreational downhill and cross country), luge, and any other sport or athletic activity which is undertaken for thrill seeking and exposes the insured to abnormal or extreme risk of injury and/or is in violation of applicable laws, rules, or regulations. Parachuting shall mean an activity involving the breaking of a free fall using a parachute.

28. Treatment paid for or furnished under any other individual or group policy or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government plan or facility set up for treatment without any cost to You;
29. Treatment of venereal disease;
30. Dental care, except as the result of Injury to natural teeth caused by Accident, unless otherwise covered under this Plan;
31. Routine Dental Treatment;
32. For Pregnancy or Illness resulting from Pregnancy, childbirth, or miscarriage;
33. For miscarriage resulting from Accident;
34. Drug, Treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, Treatment for infertility or impotency, sterilization or reversal thereof;
35. Treatment for human organ tissue transplants and their related Treatment;
36. Expenses incurred while in your Home Country.
37. Covered Expenses incurred for which the Trip to the Host Country was undertaken to seek medical treatment for a condition;
38. Covered Expenses incurred during a Trip after your Physician has limited or restricted travel;
39. This plan does not insure against loss or damage (including death or injury) and any associated cost or expense resulting directly from the discharge, explosion or use of any device, weapon or material employing or involving nuclear fission, nuclear fusion or radioactive force, or chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act.
40. Sex change operations, or for Treatment of sexual dysfunction or sexual inadequacy;
41. Weight reduction programs or the surgical Treatment of obesity.
42. Expenses resulting from Acquired Immune Deficiency Syndrome (AIDS), Aids-Related Complex (ARC) or the Human Immunodeficiency Virus (HIV).



## **HEALTH INSURANCE SUMMARY**

### **PLAN SERVICES**

#### **24 HOUR ASSISTANT SERVICES - Seven Corners Assist**

If in the United States or Canada: 1-800-690-6295

[assist@sevencorners.com](mailto:assist@sevencorners.com)

#### **Claim Services - Seven Corners, Inc.**

303 Congressional Blvd, Carmel, Indiana 46032

Phone: 800-335-0477 or 317-575-2256 / Fax 317-575-2659

[claims@sevencorners.com](mailto:claims@sevencorners.com)

When treatment is received, a claim form must be completed and sent with the original itemized bills to the claim administrator within 90 days.

#### **Customer Service - Seven Corners, Inc.**

303 Congressional Blvd

Carmel, Indiana 46032

Phone: 800-690-6295 / Fax 317-575-2659

[info@sevencorners.com](mailto:info@sevencorners.com)

#### **Provider Search:**

<https://www.sevencorners.com/help/find-a-doctor>

**Please keep this brochure as a general summary of the insurance. Insurance Company:** This Insurance is underwritten Certain Underwriters at Lloyds, London, rated A "Excellent" by AM Best. *A copy of the Policy is available for inspection at the Plan Administrator's office (Seven Corners, Inc.).* **The Master Policy shall control in the event of any conflict between this brochure and the Policy.**