



Travel Medical Insurance
Policy Brochure

Cultural Vistas | Standard

Participant Group ID: ATR17-170430-04TM

Family Group ID: ATR17-170430-03TM

24-hour Assistance:
Toll-free: (877) 702-6767 or Direct Dial: + 1 (317) 582-2622
or via email at: assist@sevencorners.com

Using Your Insurance

If you need to seek medical treatment, please be sure to seek care appropriately for the condition/situation that you are experiencing. Choosing the correct medical provider will make your experience much better, and it will make the billing and payment process much smoother. Here are some guidelines for choosing appropriate medical care.

Non-Emergency Care

When you need to seek non-emergency care, please visit a local doctor, urgent care treatment center or walk-in medical clinic, as they will be best placed to assist you and the cost will be reasonable. Use of the hospital emergency room for non-emergency care is not appropriate in the USA. To locate a provider, use the online search tool described below or call Seven Corners for appropriate in-network providers in your area. Examples of non-emergency care include cold, flu, minor injuries and sickness.

Emergency Care

If you need to seek emergency care, please go to the nearest hospital emergency room or call the emergency services (911 in the USA) for immediate assistance. Provide them with your insurance information at the time of treatment. Examples of emergency care include serious accidents or sickness, and any condition that requires an ambulance.

As with anything, we ask you to use your judgment with a situation. If you feel you need immediate emergency attention, please do not delay and go straight to the Emergency Room. However if you are unsure, or your condition is not severe, then either call the emergency services for assistance or visit a local doctor, urgent care center or walk-in clinic in your area.

Please Note – an additional \$100 deductible will apply for use of the emergency room for an illness and not admitted. Use of the emergency room for an Injury will not be subject to the deductible.

ID Card

It is extremely important that you carry your insurance ID card with you at all times as this will identify to the provider treating you who your insurance is with. Your ID card will be given to you before you travel and should be kept with you at all times.

Providers

Whether inside or outside the USA you have the freedom of choice to visit any provider you wish, however you are strongly encouraged to visit medical providers who are part of the insurance plan network. This will allow direct billing and can remove the need for you to pay up front for medical expenses.

Inside the USA, you can search for a network providers online and either call for an appointment or for urgent care clinics, just walk up for treatment. Outside the USA, you can still search for providers online or find the nearest provider to you, seek treatment and pay for those expenses up front. You can then claim these back at a later time.

Providers can be located online by visiting:

<http://www.envisageglobalinsurance.com/seven-corners/uhc/>

Pre-Notification

Seven Corners Assist must be contacted prior to: (1) hospital admissions worldwide; (2) inpatient or outpatient surgeries worldwide; (3) emergency evacuation/ repatriation; (4) emergency medical reunion; (5) trip interruption; and (6) return of mortal remains. For Emergency admissions and situations, Seven Corners Assist must be contacted within 48 hours, or as soon as reasonably possible.

Healthcare Zone

To learn more about your insurance plan, locate providers, view the full policy conditions, download claim forms and much more, please visit the Healthcare zone online where you can obtain all this information:

<http://www.envisageglobalinsurance.com/student-zone/cultural-vistas/>

Claims

When seeking medical care please use the following guidelines to submit your claims to the insurance company:

Inside the USA - If you sought treatment from an in-network provider, and provided your insurance ID card at the time of treatment, they should be able to bill the Seven Corners claims team directly with no payment up front.

If you have received any medical bills after treatment or paid for any services up front to a provider, please complete a claim form and email these documents to the claims email for processing.

Outside the USA - When outside the USA, please seek treatment from a provider that is nearest to you, pay for the services upfront and then submit a claim for reimbursement.

Prescription Medications - Any medications that you have been prescribed will need to be paid for at the time of purchase and added to any claims you are submitting.

Claim Forms

You can download a copy of the claim form from the healthcare zone and submit it with your receipts to:

Seven Corners, Inc.
303 Congressional Blvd
Carmel, IN 46032
Fax 317-575-2659
claims@sevencorners.com

For faster processing, we recommend scanning and emailing claim forms and other claim documents.

Claims Update

MyPlan in your Healthcare zone will allow you to login and view all your claims activity and contact the claims team directly with any questions. You can also email the claims team directly at claims@sevencorners.com for an update on any claims that have been submitted.

Plan Details

The following table shows the plan benefits that are available under your international insurance plan. Please take some time to review the coverage benefits to make sure you understand what is covered. This is a consolidated summary of the benefits, for a full listing of the coverage benefits along with the plan exclusions please see the full policy conditions.

Plan Benefits	Standard
Medical Maximum	\$250,000 per person, per occurrence
Deductible	\$50 per person, per occurrence
Emergency Room Deductible	\$100 for illness and not admitted
Coinsurance	After You pay the Deductible, the plan pays 80% of the next \$5,000 of eligible expenses, then 100% to the selected Medical Maximum. There is an out of pocket maximum of \$1,000
Prescriptions	100% to medical maximum
Dental (Accident Coverage)	To a maximum of \$250 per occurrence
Dental (Sudden Relief of Pain)	To a maximum of \$750 per occurrence
Emergency Medical Evacuation/ Repatriation	\$50,000 (in addition to medical maximum)
Return of Mortal Remains	\$25,000
Emergency Medical Reunion	\$2,500
Return of Minor Child(ren)	One-way economy airfare with escort (if required) back to members home country
Interruption of Trip	\$2,500
Local Ambulance	Ground Ambulance maximum: \$1,000 Air Ambulance maximum: \$10,000
Accidental Death and Dismemberment	\$50,000 principal sum for insured, \$10,000 principal sum spouse, \$5,000 principal sum child, Aggregate limit of \$250,000 per family
Home Health Care	Covered following a hospitalization of at least 3 days
Physiotherapy	Outpatient - \$100 per visit, max 20 visits
Mental and Nervous	Inpatient - Payable 100% up to \$10,000 (max 45 days). Outpatient - Payable 75% up to 40 visits, 60% thereafter
Home Country Coverage	Incidental trips up to \$1,000
Motor Vehicle Accidents	\$50,000 maximum for injuries
Substance Abuse Treatment	Inpatient - up to 28 days, Outpatient - up to 30 visits
Pre-existing Conditions during first 12 months	Up to \$5,000
Political Evacuation	\$10,000 per occurrence
Natural Disaster Evacuation	Up to \$10,000
Annual Mammogram/Pap Smear	Annual mammogram and cervical cytologic screening (pap smear)
Preventative and Primary Care	Covered for minor dependents (family plan only)
Routine Newborn Care	Up to \$1,000 (family plan only)
Routine Prevention	Under age 12 - Unlimited, Ages 12-18 3 visits per year (family plan only)
Hospital Room and Board	100% of usual, reasonable and customary
Intensive Care	100% of usual, reasonable and customary
Outpatient Medical Expenses	100% of usual, reasonable and customary
Assistance Services	Included
Benefit Period	180 days

Medical Expenses

The plan 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 the same or related causes shall be considered one Disablement. If a Disablement is 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 one hundred eighty (180) days from the date of accident or onset of Illness and which are not excluded shall be considered Covered Expenses:

1. 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 semi-private room and board accommodations.
2. Charges made for Intensive Care or Coronary Care charges and nursing services.
3. Charges made for diagnosis, Treatment and Surgery by a Physician.
4. Charges made for an operating room.
5. 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.
6. Charges made for the cost and administration of anesthetics.
7. 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.
8. Charges for physiotherapy, if recommended by a Physician for the Treatment of a specific Disablement and administered by a licensed physiotherapist.
9. Dressings, drugs, and Medicines that can only be obtained upon a written prescription of a Physician or Surgeon.
10. 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 the amount stated in the Schedule of Benefits, 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.
11. Charges made for Home Health Care services and supplies furnished by a Home Health Care Agency Home Health Care must be recommended by a Physician(s) and must occur within three (3) days from discharge from a Hospital confinement. Only charges incurred in connection with Home Health Care services from the Illness(es) or Injury(ies) for which the Insured Person(s) is being treated will be eligible for benefits. These expenses include:
 - 11.1. nursing care by a Registered Nurse, a licensed practical nurse, a vocational nurse, or a public health nurse who is under the direct supervision of a Registered Nurse;
 - 11.2. physical therapy when rendered by a licensed therapist;
 - 11.3. medical supplies, including drugs and the use of medical appliances;
 - 11.4. services, supplies, and Treatment(s) deemed Medically Necessary and ordered by a licensed Physician(s);

Coinsurance

When a covered Injury or Illness is incurred by the Insured Person, the Company will pay 80% of the first \$5,000 and then 100% of Reasonable and Customary medical charges for Covered Expenses, excess of the Policy Period Deductible as stated on the ID Card, up to the Medical Maximum as stated on the ID Card. There is an out of pocket maximum of \$1,500 on the plan. In no event shall the Company's maximum liability exceed the Medical Maximum as stated on the ID Card. The Deductible and Coinsurance amount consists of Covered Expenses which would otherwise be payable under this Policy. These expenses must be borne by each Insured

Medical & Travel Assistance

The plan includes valuable travel and medical assistance services, which are available to you 24 hours a day, 7 days a week. Contact Seven Corners to access these services:

Travel Medical Assistance - support and coordination for medical evacuation/ repatriation, medical referral, case monitoring and more...

Trip Management Assistance - travel support that includes trip delay and missed connection coordination, hotel and flight rebooking, lost luggage assistance, lost travel document retrieval and assistance and information on local medical and travel advisories.

Travel Intelligence Services - through wellabroad.com participants can sign up for travel text message and email alerts from the world's latest travel advisories and more...

Provider Support - no matter your location in the world, assistance will help you locate a provider that is close to your current location.

You can contact and utilize the many travel assistance services by contacting Seven Corners Assist:

Toll-free: (877) 702-6767

Direct Dial: + 1 (317) 582-2622

or via email at:

assist@sevendcorners.com



Person.

Emergency Room Deductible

An additional \$100 Deductible will apply for use of the emergency room for an Illness and not admitted. Use of the emergency room for an injury will not be subject to the Deductible.

Dental (Accident Coverage)

This plan shall pay in excess of the chosen Deductible and Coinsurance up to the maximum stated in the Schedule of Benefits, 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 up to the maximum stated in the Schedule of Benefits, for emergency Treatment for the relief of pain to Sound Natural Teeth. *Only available to programs purchased for one (1) month or more.

Emergency Medical Evacuation/Repatriation

The plan will pay Covered Expenses incurred up to the maximum stated in the Schedule of Benefits if any covered Injury or Illness commences during the Period of Coverage and results in Your 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 Seven Corners Assist in consultation with the local attending Physician. Emergency Medical Evacuation or Repatriation means: a) the Insured Person's medical condition warrants immediate transportation from the place where the Insured Person is located (due to inadequate medical facilities) to the nearest adequate medical facility where medical Treatment can be obtained; or b) after being treated at a local medical facility as a result of a Medical Evacuation, the Insured Person's medical condition warrants transportation with a qualified medical attendant to his/her Home Country to obtain further medical Treatment or to recover; or c) both a) and b) above. All transportation arrangements must be by the most direct and economical route. The Emergency Medical Evacuation or Repatriation must be arranged by Seven Corners Assist in consultation with the Insured Person's local attending Physician. Failure to utilize Seven Corners Assist to arrange for these services will result in the denial of benefits. If ongoing medical care is needed, and your attending physician states you are fit to travel, the Assistance Company has the right to require evacuation back to your home country for that ongoing medical care. If this decision is made and you choose not to travel back to your home country, any further costs beyond that point cannot be claimed under this policy.

Return of Mortal Remains/Cremation

The plan will pay the reasonable Covered Expenses incurred up to the maximum stated in the Schedule of Benefits to return Your remains to Your Home Country if You should die. This benefit must be approved and arranged by Seven Corners Assist. Covered Expenses include, but are not limited to, expenses for embalming, a minimally necessary container appropriate for transportation, shipping costs, and the necessary government authorizations. Failure to utilize Seven Corners Assist to arrange for these services will result in the denial of benefits.

Emergency Medical Reunion (Transport to join a hospitalized member)

When Emergency Medical Evacuation or Repatriation is ordered, and the attending Physician recommends that a family member travel with You, the plan will arrange and pay up to the maximum stated in the Schedule of Benefits for roundtrip economy-class transportation for one individual of Your choice, from Your Home Country, to be at Your side while You are hospitalized. In the event You have been confined in a Hospital for more than 3 days due to a covered Injury or Sickness, where the attending Doctor believes it would be beneficial for You to have a Family Member at your side. The plan will pay the expenses incurred for travel and lodging for that Family Member, up to the Benefit Maximum shown. This benefit must be approved and arranged by Seven Corners Assist. The benefits payable will include: (1) The cost of a roundtrip economy airfare; (2) Reasonable travel and accommodation expenses (not to exceed \$200 per day) incurred in relation to the maximum stated in the Schedule of Benefits; (3) The period of Emergency Medical Reunion is not to exceed ten (10) days, including travel. Failure to utilize Seven Corners Assist to arrange for these services will result in the denial of benefits.

Return of Minor Child(ren)

If You are traveling alone with a Minor Child(ren) and are hospitalized because of a covered Illness or Injury, and the Minor Child(ren), under age nineteen (19), is left unattended, the plan will arrange and pay up to the maximum stated in the Schedule of Benefits for a one-way economy fare to their Home Country (including the cost of an attendant/escort, if necessary to insure the safety and welfare of a Minor Child(ren)). This benefit must be approved and arranged by Seven Corners Assist. Failure to utilize Seven Corners Assist to arrange for these services will result in the denial of benefits.

Interruption of Trip (Return Air)

In the event of death, or life-threatening Accident or illness of a parent, spouse, child, sibling, or legal guardian, requiring the Insured to return home after arriving at their placement, the Company will arrange, and pay for their returning airfare (economy class) from the host country to their home country point of departure. This benefit is limited to \$2,500. This benefit must be approved by Seven Corners Assist. Failure to utilize Seven Corners Assist to arrange for these services will result in the denial of benefits.

Accidental Death & Dismemberment

Benefits shall be paid to You if You sustain an Accidental Injury. The Injury must occur during the Period of Coverage and death or dismemberment as a result of that Accident must occur within three hundred and sixty-five (365) days from the date of Accident. Benefits

payable for any such loss shall be in accordance with the following table: If You incur more than one Loss stated in the following Table as the result of one Accident, only the largest amount shall be payable.

Life - 100% Principal Sum
Both Hands or Both Feet or Sight of Both Eyes - 100% Principal Sum
One Hand and One Foot - 100% Principal Sum
Either Hand or Foot and Sight of One Eye - 100% Principal Sum
Either Hand or Foot - 50% Principal Sum
Common Carrier Accidental Death - 200% Principal Sum

Mental and Nervous

For the purpose of this section, only such expenses, incurred as the 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:

1. Inpatient Care:
 - a) Charges made by a Hospital or mental institution 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 or mental institution's average charge for semi-private room and board accommodation.
 - b) Charges made for diagnosis and Treatment by a Physician.
 - c) Charges made for the cost and administration of anesthetics.
 - d) Charges for Medication, X-ray services, laboratory tests and services, oxygen, and medical Treatment.
 - e) Drugs and Medicines that can only be obtained upon a written prescription from a Physician.
2. Outpatient care:
 - a) Charges made for diagnosis and Treatment by a Physician.
 - b) Charges made for the cost and administration of anesthetics.
 - c) Charges for Medication, X-ray services, laboratory tests and services, oxygen, and medical Treatment.
 - d) Drugs and Medicines that can only be obtained upon a written prescription from a Physician.

Only those expenses specifically described above which are incurred within the following Limits from the onset of the Mental Illness and which are not excluded are considered Covered Expenses. Mental Illness must first manifest itself during the Period of Coverage.

Home Country Coverage

Incidental Trips to the Home Country – This plan covers You for Eligible Benefits related to a new covered Injury or Illness that begins while You are on an incidental trip to Your Home Country. For this benefit, You receive a maximum of thirty (30) days per one hundred and eighty (180) days of purchased coverage or pro rata thereof – example: approximately five (5) days per month of purchased coverage. This benefit is not available for purchases of less than thirty (30) days. You must first depart Your Home Country in order to utilize this benefit, and it does not apply to the final trip home. In the event of a claim, You may be required to provide proof of Your travel intentions. Earned Home Country Coverage days for the current Policy Period do not extend or carry over after Your Expiration Date. For this benefit, the Medical Maximum is as stated in the Schedule of Benefits, minus Your Deductible and Coinsurance. The incidental trip to Your Home Country must not be for the purpose of obtaining Treatment of an Illness or Injury that began while traveling abroad. This benefit does not provide coverage for Pre-existing Conditions because the Exclusions for Medical Benefits apply.

Substance Abuse Treatment

Expenses incurred for treatment of substance abuse are limited to 28 days for Inpatient or residential care in a Hospital or non-Hospital residential facility, and up to 30 outpatient visits. The process whereby a person who is intoxicated by or dependent on drugs or alcohol or both is assisted through the period of time necessary to eliminate the intoxicating agent from the body shall be covered for up to 12 days.

Political Evacuation (Security Evacuation)

If due to political or military events in a Host Country, a formal recommendation from the appropriate authorities is issued for the Insured to leave the Host Country or the Insured is expelled or declared persona non-grata by the Host Country, all reasonable expenses incurred for transportation to the nearest place of safety or for repatriation to the Insured's Home Country or country of residence are covered up to the maximum stated in the schedule of benefits. Evacuation must occur within ten (10) days of any such event. Coverage will apply to the most appropriate and economical means consistent under the circumstances with Your health & safety. Evacuation costs will be paid once per Insured per occurrence. In the event this benefit is needed, arrangements must be made by Seven Corners Assist. The Political Evacuation Benefit will not pay, should the Insured not heed Travel Warnings or Travel Alerts issued by the State Department or the appropriate authorities recommending that travelers avoid a certain country.

Natural Disaster Evacuation (outbound from the US only)

If You require emergency evacuation due to a Natural Disaster, which makes Your Host Country location Uninhabitable, as deemed by Seven Corners security personnel and as described in this document under "Natural Disaster Evacuation Triggers," Seven Corners will arrange and pay for evacuation from a safe departure point to the nearest safe location. Seven Corners shall arrange and pay up to a maximum of three (3) days for reasonable accommodations related to lodging if You are delayed at the safe location. Seven Corners shall also arrange and pay for one-way economy airfare to return You to Your Home Country following a Natural Disaster Evacuation.

You must contact Seven Corners as soon as possible after Your Host Country issues the official disaster declaration, as delays may make safe transportation impossible. The method of transportation will be as deemed most appropriate to ensure Your safety. If evacuation becomes impractical due to hostile or dangerous conditions, Seven Corners will maintain contact with and advise You until evacuation becomes viable or the natural disaster situation has been resolved.

Should commercial transportation be available, but transportation to the commercial transportation departure point will place You in imminent bodily harm, Seven Corners shall arrange and pay for Your secure transport to the departure point. Fees for commercial transportation and/or change fees are Your once You reach the departure point where normal commercial transportation is available.

Natural Disaster Evacuation Triggers:

If You are away from Your permanent residence when a Natural Disaster takes place, Seven Corners shall make arrangements for Your Natural Disaster Evacuation/Repatriation. The transportation will take place as determined by Seven Corners security personnel, in accordance with local and U.S. authorities, if You cannot obtain commercial transportation to the nearest safe location within a time period:

1. Enabling You to leave the Host Country in time to avert Imminent Bodily Harm; OR
2. Complying with the time allowed to leave the Host Country pursuant to the orders of the recognized government of that Host Country.

AND the below must occur:

3. Officials of the Host Country or the U.S. Embassy, have issued, for reasons due to the Natural Disaster situation, a recommendation that the categories of persons which include You should leave the Host Country.

OR

4. Your location in the Host Country is deemed Uninhabitable by Seven Corners Security Personnel

Annual mammogram and pap smear

Female preventive examinations.

1. Mammogram:
 - a) A baseline mammogram for women.
 - b) An annual screening for mammogram for women.
2. Cervical Cytological:
 - a) An annual cervical cytological screening for women.

Routine newborn care

A newborn child of an Eligible Participant will automatically be a Covered Person for 31 days from the moment of birth, if the birth occurs while the coverage is in force, and subject to the particular coverages and amounts of insurance as specified in the Policy for eligible dependents. In order to continue the coverage of a newborn child beyond the 31st day following the date of birth, (1) written notice of the birth of the child must be provided within 31 days from the date of birth, **and** (2) the required premium (if any) must be received by Us. If (1) and (2) above are not satisfied, coverage of a newborn child will terminate 31 days after the date of birth.

Routine Prevention

This benefit applies to Dependent Child(ren), In no event shall the Company's maximum liability exceed the maximum stated in the Schedule of Benefits, as to Eligible Benefits during any one Period of Coverage. This benefit includes: Coverage for preventive and primary care services, including physical examinations, measurements, sensory screening, neuropsychiatry evaluation, and development screening. Preventive and primary care services shall also include, as recommended by the Physician(s) hereditary and metabolic screening at birth, immunizations, urinalysis, tuberculin tests, and hematocrit, hemoglobin, and other appropriate blood tests, including tests to screen for sickle hemoglobinopathy.

Medical & Travel Assistance

Upon enrollment, You are eligible to use any of the assistance services provided by the Assistance Services Provider. Additional information is contained in the plan summary.

- Open 24 hours/day, 365 days a year
- Multi-lingual personnel
- Physicians / Nurses on staff
- Locate local facilities
- Help with emergency situations

Please be aware that this is not a general health insurance policy, but an interim travel medical program intended for use while away from your Home Country or Country of Residence. The Plan does not guarantee payment to a facility or individual for medical expenses until the Company determines that it is an eligible expense. It is the Insured Person's responsibility to maintain all records regarding travel history and provide any documents to the Administrator which would verify the Eligibility Requirements.

Plan Exclusions

No Benefit shall be payable for Accident Medical, Sickness Medical, Dental, Emergency Medical Evacuation/Repatriation, Return of Mortal Remains, Return of Minor Child, Emergency Medical Reunion, as the result of:

1. Pre-existing Condition Limitation: the Policy does not pay benefits for loss due to a pre-existing condition during the first 12 months of coverage, except as provided below: The Policy will pay for Covered Medical Expenses incurred in connection with a Covered Person's preexisting condition during the first 12 months of coverage, subject to a maximum benefit of \$5,000. After the Covered Person has been covered under the Policy for 12 months, pre-existing conditions will be covered the same as any other Injury or Sickness. This exclusion does not apply to Emergency Evacuation/Repatriation or Return of Mortal Remains.
2. Injury or Illness which is not presented to the Underwriter for payment within ninety (90) days of receiving Treatment.
3. Charges for Treatment which is not Medically Necessary;
4. Charges provided at no cost to You;
5. Charges for Treatment which exceeds Reasonable and Customary charges;
6. Charges incurred for Surgery or treatments which are, Experimental/Investigational, or for research purposes;
7. 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;
8. Suicide, or any attempt thereof, while sane or self-destruction or any attempt thereof, while sane;
9. 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, Revolution, 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 an 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 section 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 governments(s).
 - ii. Utilization of Nuclear weapons of mass destruction means the use of any explosive 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 chemically 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, or 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 other 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. 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 on the advice of a Physician;

21. Any Mental and Nervous disorders or rest cures;
22. Congenital abnormalities and conditions arising out of or resulting there from;
23. Expenses which are non-medical in nature;
24. Expenses as a result of or in connection with intentionally self-inflicted Injury or Illness;
25. Expenses as a result of or in connection with the commission of a felony offense;
26. Injury sustained while taking part in mountaineering, hang gliding, parachuting, bungee jumping, zip lining, racing by any animal or motor vehicle or motorcycle, snowmobiling, motorcycle/motor scooter riding (whether as passenger or driver), scuba diving involving underwater breathing apparatus (unless PADI or NAUI certified), water skiing, snow skiing and snowboarding, luge, motocross, Moto X, and any 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. Hazardous Sport Coverage: the following are covered if the required premium has been paid: motorcycle/motor scooter riding (whether as a driver or passenger), hang gliding, parachuting, bungee jumping, waterskiing, snow skiing, snowmobiling, snowboarding and spelunking.
27. 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;
28. Treatment of venereal disease, including all sexually transmitted diseases and conditions, and any and all consequences thereof;
29. Dental care, except as the result of Injury to natural teeth caused by Accident, unless otherwise covered under this plan;
30. Routine Dental Treatment;
31. For Pregnancy or Illness resulting from Pregnancy, childbirth, or miscarriage when conception occurs prior to your Effective Date;
32. For miscarriage resulting from Accident or complications of Pregnancy;
33. 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;
34. Treatment for human organ tissue transplants and their related treatment;
35. Expenses incurred while in Your Home Country, except as provided under the Home Country Coverage;
36. Expenses incurred during a Hospital emergency visit which is not of an emergency nature;
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).
43. Treatment for learning disabilities, altitudinal disorders, or disciplinary problems;
44. Expenses for Durable medical equipment;

No Benefit shall be payable for Accidental Death and Dismemberment as the result of:

1. Suicide or attempt thereof while sane or self-destruction or any attempt thereof while insane;
2. Disease of any kind; Bacterial infections except pyogenic infection which shall occur through an accidental cut or wound;
3. Hernia of any kind;
4. Injury sustained while You are riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting from, any type of aircraft;
5. Injury sustained while You are riding as a passenger in any aircraft (a) not having a current and valid Airworthy Certificate and (b) not piloted by a person who holds a valid and current certificate of competency for piloting such aircraft;
6. Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with:(a) war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war; (b) mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power. (c) any act of any person acting on behalf of or in connection with any organization with activities directed towards the overthrow by force of the Government de jure or de facto or to the influencing of it by terrorism or violence; (d) martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege (hereinafter for the purposes of this Exclusion called the "Occurrences"). Any consequence happening or arising during the existence of abnormal conditions (whether physical or otherwise), whether directly or indirectly, proximately or remotely occasioned by, or contributed to by, traceable to, or arising in connection with, any of the said Occurrences shall be deemed to be consequences for which the Underwriter shall not be liable under this Policy except to the extent that the Insured Person shall prove that such consequence happened independently of the existence of such abnormal conditions;
7. Service in the military, naval or air service of any country;
8. Flying in any aircraft being used for or in connection with acrobatic or stunt flying, racing or endurance tests;
9. Flying in any rocket-propelled aircraft;
10. Flying in any aircraft being used for or in connection with crop dusting or seeding or spraying, firefighting, exploration, pipe or power line inspection, any form of hunting or herding, aerial photography, banner towing or any experimental purpose;
11. Flying in any aircraft which is engaged in any flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even though granted;
12. Sickness of any kind;
13. Being under the influence of alcohol or having taken drugs or narcotics unless prescribed by a legally qualified Physician or surgeon;
14. Injury occasioned or occurring while You are committing or attempting to commit a felony or to which a contributing cause was You being engaged in an illegal occupation;
15. While riding or driving in any kind of competition;

16. Pregnancy, childbirth, miscarriage or abortion;

17. 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.

For Interruption of Trip: This insurance does not cover: (1) war or any act of war, whether declared or not; participation in a felony, riot or insurrection; participation in contests of speed; a Pre-existing Condition existing prior to the Insured's departure from their Home Country that has the likelihood of causing death; the Insured Person or Traveling Companion or Traveling Companion's family making changes to personal plans; having business or contractual obligations; being unable to obtain necessary travel documents (passports, visas, etc.); being detained or having property confiscated by customs authorities; carrier caused delays (including bad weather); prohibition or regulatory by any government; default of yacht charter companies; default of the organization from which the Insured Person purchased their trip arrangements.

For Political Evacuation: This insurance does not cover: 1) Losses recoverable under any other insurance or through an employer; 2) Losses arising from or attributable to a) dishonest or criminal acts committed or attempted by the Insured, b) alleged violation of the laws of the Host Country, unless the Underwriter determines such allegations to be fraudulent, or c) failure to maintain required documents or visas; 3) Losses attributable to a) debt, insolvency, commercial failure, or the repossession of any property, b) Insured's non-compliance with a contract or license or c) implementation of legally contributed exchange rates; 4) Losses due to liability assumed by the Insured under any contract.

Exclusions Related to Natural Disaster Evacuation/Repatriation Benefits

1. The Natural Disaster Evacuation/Repatriation of You while in the United States;
2. Any medical expenses incurred by You;
3. The Kidnap and/or ransom of You;
4. Any expenses not related to Natural Disaster Evacuation/Repatriation, including expenses for transportation from the Host Country by normal commercial means;
5. Natural Disaster Evacuation/Repatriation when the Natural Disaster situation directly giving rise to it precedes Your arrival;
6. The evacuation of You from a Host Country when the evacuation notice issued by the United States or Host Country Government has been posted for a period of more than sixty (60) days.
7. You elect not to depart in a timely manner with evacuation arrangements coordinated by Seven Corners. In this circumstance, coverage for Natural Disaster Evacuation/Repatriation is immediately terminated;
8. Services rendered without the coordination and approval of Seven Corners.
9. Any country subject to the administration and enforcement of U.S. economic embargoes and trade sanctions by the OFFICE OF FOREIGN ASSETS CONTROL (OFAC)
10. Any services other than those indicated and described within this document will not be provided
11. While traveling within 50 miles of Your primary place of residence

Please note: this brochure is a consolidated summary of the plan benefits and exclusions, the official policy certificate is available in your healthcare zone and will be the overriding document for claims adjudication. Any discrepancies between this brochure and the policy certificate, the policy certificate will override this brochure.