

COVER AMERICASM – Gold

COMPREHENSIVE TRAVEL MEDICAL INSURANCE FOR VISITORS TO USA

Coverage for non-U.S. residents and non-U.S. citizens, while traveling to the United States and for trips to Canada, Mexico, Latin America, Bahamas, & South America.



For covered expenses, the plan pays 100% in the network after the applicable deductible.





Your Best Comprehensive Coverage Plan for Travel to the USA

Why choose **COVER AMERICA – Gold?**

At VisitorsCoverage, we understand which benefits and coverages are most suitable for visitors and families traveling to the United States.* Along with our partner, Seven Corners, we have designed a plan with a combination of benefits that will suit your needs.

Specifically created for non-U.S. residents and non-U.S. citizens, Cover America – Gold Insurance Plan is a necessity for any trip you take to the U.S., especially if you're also taking trips to Canada, Mexico, Latin America, Bahamas, & South America.

Cover America – Gold has comprehensive medical coverage, an extensive network of medical providers, and 24-hour travel assistance. Make sure you receive the same level of care abroad that you have at home, and let us take the worry out of your travel!

*Coverage shall apply worldwide including the United States.

Exceptional Features

- ✓ For covered expenses, **the plan pays 100%** in the network after the applicable deductible.
- ✓ **Urgent Care Visit** with only **\$20 or \$25** copay depending on the coverage.
- ✓ Covers **Acute Onset of Pre-existing Conditions**.
- ✓ **Border Entry Protection**.
- ✓ **Missed Connection** benefit during the International travel transit to USA.
- ✓ Coverage for Leisure Sports including **Theme Park Activities**.
- ✓ **Loss of Passport** or Travel Documents.
- ✓ Foreign Excursions and **Cruise Coverage** around North America.
- ✓ **Emergency Dental Treatment & Eye Exam**.
- ✓ **Emergency Medical Reunion**.
- ✓ **Return of Mortal Remains**.
- ✓ **Natural Disaster & Terrorism Coverage**.
- ✓ **Political Evacuation and Repatriation Coverage**.
- ✓ **Prescription Drug, Dental, and Vision Discount Card**.

See complete benefit details in the plan document.

WHY SHOULD YOU BUY?

You can feel confident with Cover America – Gold's coverage. The insurance portion of this plan is underwritten by Crum & Forster Cayman Segregated Portfolio Company (SPC) Captive. With a proud history going back to 1822, Crum & Forster provides specialty and standard commercial lines insurance products.

As your plan administrator, Seven Corners will handle all of your insurance needs from start to finish. We will process your purchase, provide all documents, and handle any claims. In addition, our own 24/7 in-house travel assistance team, Seven Corners Assist, will handle your emergency or travel needs. We have more than 25 years of experience with travel insurance, and we are here to help.

WHO CAN BUY COVER AMERICA – GOLD?

You may buy coverage for yourself, your legal spouse, domestic partner, or civil partner and your unmarried dependent children over 14 days old and under 19 years. All applicants must be traveling outside of their home country.

What's my home country? It's the country where you have your true, fixed and permanent home and principal establishment.

LENGTH OF COVERAGE

Your coverage length may vary from 5 to 364 days. Coverage can be purchased in daily periods by paying the appropriate plan cost. Coverage is only good outside of your home country.

RESTRICTIONS

We cannot accept an address in Cuba, Islamic Republic of Iran, Syrian Arab Republic, U.S. Virgin Islands, Gambia, Ghana, Nigeria, and Sierra Leone.

EXTENSION OR RENEWAL

If you purchase less than 364 days of coverage, you may purchase extended coverage, up to 364 days. Your initial effective date is used to calculate your deductible and coinsurance and to determine pre-existing conditions. A \$5.00 administrative fee will be included for each renewal.

COVERAGE START AND END DATE

Coverage begins at 12:01 a.m. North American Eastern Time on the later of the following dates: 1) the day after we receive your online application and correct premium if you apply online; or 2) the moment you depart your home country; or 3) the date request on your application.

Your coverage ends on the earlier of the following: 1) your return to your home country (except as provided under Home Country Coverage); or 2) the expiration of 364 days from the Effective Date of Coverage; or 3) 11:59 p.m. U.S. Eastern Time on the date shown on the ID card; or 4) 11:59 p.m. U.S. Eastern Time on the end of the period for which plan cost has been paid; or 5) the date you fail to be considered an eligible person; or 6) the maximum benefit amount has been paid.

REFUND OF PREMIUM/CANCELLATION

We realize there is uncertainty in international travel. Refund of your total plan cost will be considered if written request is received by Seven Corners prior to your Effective Date of Coverage. If your request is received after your Effective Date of Coverage, the unused portion of the plan cost may be refunded minus a cancellation fee, if you have not submitted any claims to Seven Corners.



HOW IT WORKS

Traveling Inside the United States

After you pay the deductible, the plan pays 100% to the selected medical maximum.

Traveling Outside the United States

After you pay the deductible, the plan pays 100% to the selected medical maximum.

PROVIDER NETWORK & FINDING A DOCTOR

Inside the United States

This plan uses a Preferred Provider Organization (PPO). A PPO is a network of physicians, hospitals and clinics that accept discounted fees for their services. Use of the PPO network is suggested, but not required. Providers not in the PPO network may require you to pay when you receive treatment. To locate a PPO Provider, please visit sevencorners.com/help/find-a-doctor.

Outside the United States

You may see a provider of your choice. However, there are potential savings if you use the Seven Corners International Network, and we have direct pay agreements with some providers. Contact Seven Corners Assist or visit wellabroad.com to locate a provider.

Our Promise

YOU CAN CANCEL YOUR COVERAGE IF YOU ARE NOT COMPLETELY SATISFIED.

We realize there is uncertainty in international travel. Refund of your total plan cost will be considered if written request is received by Seven Corners prior to your Effective Date of Coverage. If your request is received after your Effective Date of Coverage, the unused portion of the plan cost may be refunded minus a cancellation fee, if you have not submitted any claims to Seven Corners.

Coverage Details

PRE-CERTIFICATION

The following expenses must always be pre-certified:

- Inpatient Treatment and/or supplies of any kind
- Surgery or Surgical procedure
- Treatment in an Extended Care Facility
- Home Nursing Care
- Durable Medical Equipment
- Artificial limbs
- Computerized Axial Tomography (CAT Scan)
- Magnetic Resonance Imaging (MRI)

To comply with the pre-certification requirements, you must do the following:

1. Contact Seven Corners Assist at the telephone number on your ID card as soon as possible before the expense is incurred;
2. Comply with Seven Corners Assist's instructions and submit any information or documents they require;
3. Notify all physicians, hospitals, and other providers that this insurance contains pre-certification requirements and ask them to fully cooperate with Seven Corners Assist.

If you comply with the above requirements and the expenses are pre-certified, we will review the medical expenses to determine if they are covered according to the terms of the plan document.

If you do not comply with the pre-certification requirements or if the expenses are not pre-certified, we will review the medical expenses to determine if they are covered according to the terms of the plan document. If covered:

1. The eligible medical expenses will be reduced by 50%; and
2. The deductible will be subtracted from the remaining amount; and
3. The coinsurance will be applied.

Emergency Pre-certification – In the event of an emergency hospital admission, pre-certification must be made within 48 hours, or as soon as reasonably possible.

Pre-certification Does Not Guarantee Benefits – The fact that expenses are pre-certified does not guarantee coverage for, or payment of the service or procedure reviewed. Eligibility for and payment of benefits are subject to all the terms, conditions, provisions and exclusions in the plan document.

Concurrent Review – For inpatient stays of any kind, Seven Corners will pre-certify a limited number of days of confinement. Additional days of inpatient confinement may later be pre-certified if an insured receives prior approval.

IMPORTANT INFORMATION ABOUT YOUR COVERAGE

Please be aware this is not a general health insurance plan, but an interim, limited benefit period, travel medical program intended for use while away from your home country.

This brochure is intended as a brief summary of benefits and services. It is not your plan document. If there is any difference between this brochure and your plan document, the provisions of the plan document will prevail. Benefits and premiums are subject to change.

It is your responsibility to maintain all records regarding travel history, age, and provide necessary documents to Seven Corners to verify your eligibility for coverage.

ACUTE ONSET OF A PRE-EXISTING CONDITION

We cover an acute onset of a pre-existing condition through age 79, as stated in the Summary of Benefits and Benefits Highlights section of this brochure. If you are age 70-79, you may choose to buy the optional rider shown.

Please read those sections to learn more.

CONDITIONS OF COVERAGE

1. Coverage and benefits are subject to your deductible, limits, and all terms, conditions, and exclusions of the Cover America Gold plan as stated in the plan document.
2. Coverage with Cover America Gold is secondary to any other available coverage and benefits.
3. Claims must be presented to Seven Corners within 90 days of the date of service.
4. The initial treatment of an injury or illness must occur within 30 days of the date of injury or onset of illness.

CLAIMS

Submit your itemized bill to Seven Corners within 90 days of service, along with a completed claim form. Payments can be converted to a currency of your choosing. You are responsible for your deductible, copays when applicable, and any non-eligible expenses. Visit [sevencorners.com/claims](https://www.sevencorners.com/claims) to find appropriate claims forms online.



Summary of Benefits

All coverages and plan costs are shown in U.S. Dollar amounts and are per person and per period of coverage unless otherwise noted. Coverage period length is a maximum of 364 days.

COVERAGE

Medical Maximums	Ages 14 days to 69 years: \$50,000; \$100,000; \$250,000; \$500,000; \$1,000,000 Ages 70-79 years: \$50,000; \$100,000
Acute Onset of Pre-existing Conditions This feature becomes effective 168 hours (7 days) after the Effective Date of Coverage.	Ages up to age 69 years Up to medical maximum not to exceed \$125,000. Cardiac and Stroke not to exceed \$36,000. Ages 70-79 Up to \$30,000. For anything other than cardiac and stroke, an additional \$20,000 can be purchased at the time of enrollment. Must be coordinated by Seven Corners medical management through the PPO network. If a network provider is not located within 50 miles of you at the time of the acute onset of pre-existing condition, the requirement to use the PPO network is waived.
Pre-Certification	50% reduction of eligible medical expenses if pre-certification provisions are not met for required treatments, procedures, or equipment.
Deductible	\$100; \$250; \$500; \$1,000; \$2,500; \$5,000 Ages 70-79 years with a medical maximum of \$100,000 require a minimum deductible of \$1,000.
Emergency Room Illness with no Direct Hospital Admission	\$250 additional copay Only applies when receiving care in an emergency room for an illness that does not result in a hospital admittance.
Urgent Care Copay (plan deductible is waived)	\$25 copay per visit for benefit maximum of \$50,000. \$20 copay per visit for benefit maximum of \$100,000 or higher.
Benefit Period	180 Days
Coinsurance Subject to additional terms and conditions as set forth herein.	Traveling Inside the United States: After you pay the deductible, the plan pays 100% of eligible expenses up to the medical maximum. Traveling Outside the United States: After you pay the deductible, the plan pays 100% of eligible expenses up to the medical maximum.

INPATIENT, OUTPATIENT & MEDICAL SERVICES

Hospital Room & Board	Average semi-private room rate up to the selected medical maximum.
Intensive Care	URC up to the medical maximum.
Surgery	URC up to the medical maximum.
Outpatient Medical Expenses	URC up to the medical maximum.
Diagnostic Procedures	URC up to the medical maximum.
Durable Medical Equipment	URC up to the medical maximum. Must be pre-certified as medically necessary by Seven Corners Medical Management.
Local Ambulance Benefit	URC up to the medical maximum.
Emergency Room Injury/Accident or Illness with direct Hospital Admission	URC up to the medical maximum.
Home Nursing Care	URC up to the medical maximum. In lieu of medically necessary inpatient hospitalization.
Prescription Drugs	URC up to the medical maximum.

(continued)

Summary of Benefits

Physiotherapy/ Physical Medicine/ Chiropractic	URC up to the medical maximum as prescribed and necessary.
Dental Emergency Treatment (Accident Coverage) Available after 30 days of coverage.	URC up to the medical maximum.
Dental Emergency Treatment (Sudden Relief of Pain) Benefit becomes available after 30 days of coverage.	Up to \$250. Covers treatment, consultation, tooth extraction and other means necessary to treat the acute pain and provide relief. No preventative care. \$50 deductible per occurrence (plan deductible is waived).
Emergency Eye Exam for a Covered Loss Benefit becomes available after 30 days of coverage.	Up to \$100. \$50 deductible per occurrence (plan deductible is waived). When your prescription corrective lenses are lost or damaged due to a covered loss and an emergency eye exam is required to obtain a lens prescription for medically necessary corrective lenses. This benefit is for the Emergency Eye Exam only and does not provide reimbursement for the replacement cost of prescription corrective lenses or contact lenses.

EMERGENCY SERVICES AND ASSISTANCE

Emergency Medical Evacuation/ Repatriation	Up to \$1,000,000 when coordinated through Seven Corners Assist. (separate from the medical maximum)
Emergency Medical Reunion	Up to \$100,000 when coordinated through Seven Corners Assist.
Return of Minor Child(ren)	Up to \$100,000 when coordinated through Seven Corners Assist.
Return of Mortal Remains	Up to \$25,000 per insured when coordinated through Seven Corners Assist Includes death due to a pre-existing condition.
Local Burial or Cremation	Up to \$5,000 per person for preparation, local burial, or cremation of the Insured Person's mortal remains at the time of death. Must be approved in advance and coordinated by Seven Corners Assist. Includes death due to a pre-existing condition.
Political Evacuation and Repatriation	Up to \$100,000. Relocation to the nearest place of safety or repatriation to your home country when you are compelled to leave by host country or evacuation is ordered by your home country.
Natural Disaster	Up to \$250 per day for 5 days. If you are displaced from your planned paid accommodations due to a forecasted natural disaster, we will pay for replacement accommodations.
Terrorism	URC up to the medical maximum.
Loss of Passport or Travel Documents	Up to \$200 per policy for administrative expenses. Requires proof of loss for theft from hotel, carrier or police report.
Border Entry Protection	Provides \$550 for a common carrier economy class change fee when visitor to the U.S. is traveling on a valid B2 visa for tourism, visiting family and friends, or on holiday and are denied entrance at the border.
Personal Liability	Up to \$50,000.
Reimbursement of Legal Fees	Up to \$250 per Insured.

ADDITIONAL COVERAGES

Foreign Excursions and Cruise Coverage Around North America	This plan follows you on excursions and cruises in the U.S., Canada, Mexico, and the Bahamas. This plan will also cover you while on a cruise or excursion during your travel to your primary destination in the United States, including any transit and while returning to your home country.
Leisure Sports including Theme Park Activities	Coverage for noncompetitive, recreational or intramural activities including amusement park rides and activities, if you do not have medical restrictions.
Interruption of Trip	Up to \$10,000.
Return Flight to Home Country	Up to \$7,500 per insured person per Period of Coverage when coordinated through Seven Corners Assist.

(continued)

Summary of Benefits

Missed Connection (International Transit Only)	Covers missed connection on international route to and from U.S. (only at international connections, outside of home country). Cost of lodging, boarding, and airline airfare difference. Maximum combined up to \$400 per covered person.
Loss of Checked Baggage	Up to \$250 per person per incident.
Accidental Death & Dismemberment (AD&D)	\$25,000 principal sum for insured or insured spouse. \$5,000 principal sum for dependent child(ren). Aggregate limit of \$250,000 per family.
Common Carrier Accidental Death	\$50,000 principal sum for insured or insured spouse. \$5,000 principal sum for dependent child(ren). Aggregate limit of \$250,000 per family.
Felonious Assault	\$10,000 Additional benefit provided in instances of accidental death and dismemberment due to a felonious assault.
24/7 Travel Assistance	Included
Prescription Drug, Dental, and Vision Discount Card	This card offers discounted prescription drugs and lowers your cost for dental and vision services. <i>This card is not insurance and does not replace our existing networks.</i> To locate a pharmacy, or for customer care questions visit: sevencorners.com/well-card

OPTIONAL RIDERS

Acute Onset of a Pre-Existing Condition Rider for ages 70 -79	Purchase an additional \$20,000 of coverage. Does not increase limit for Cardiac or Stroke. Additional premium will be charged if this option is selected.
Hazardous Sports Coverage	Coverage for: motorcycle/motor scooter riding (passenger or driver), hang gliding, parachuting, zip lining, parasailing, bungee jumping, water skiing, wakeboard riding, jet skiing, windsurfing, snowmobiling, and spelunking. There will be an additional premium increase with the addition of this optional rider.



Benefit Highlights

Medical Coverage – We cover injuries and illnesses which occur during your period of coverage. Benefits are paid in excess of your deductible and applicable copays, up to your medical maximum.

Emergency Dental Treatment – Accident coverage to the medical maximum and sudden relief of pain to \$250.

Emergency Eye Exam – This covers an eye exam to obtain prescription corrective lenses if they are lost or damaged.

Acute Onset of Pre-existing Conditions – This benefit is effective 168 hours (7 days) after your coverage begins. Coverage amounts vary by age as shown in the Summary of Benefits section of this brochure, and there is an optional increase in coverage available if you are age 70-79.

An acute onset of a pre-existing condition is a sudden and unexpected outbreak or recurrence of a pre-existing condition which occurs spontaneously and without warning either in the form of physician recommendations or symptoms and requires urgent care. The acute onset must occur after the Effective Date of Coverage.

Coverage is available for eligible medical expenses incurred in the United States until the condition is no longer acute or you are discharged from the hospital.

Treatment must be obtained within 24 hours of the sudden and unexpected recurrence. A pre-existing condition that is a congenital condition or that gradually becomes worse over time will not be considered an acute onset. A pre-existing condition will not be considered an acute onset if during the 30 days prior to the acute event you had a change in prescription or treatment for a diagnosis related to the acute event. This benefit does not include coverage for known, scheduled, required, or expected medical care, drugs or treatments existent or necessary prior to arrival in the United States and prior to the Effective Date of Coverage; coverage for treatment for which you have traveled or coverage for conditions for which travel was undertaken after your physician limited or restricted travel. This benefit covers one acute episode per pre-existing condition. Any reoccurrence within the same period of coverage will not be considered an acute onset of a pre-existing condition and is not eligible for additional coverage.

Benefit Period – You have 180 days from the date of your injury/illness to receive treatment. If your plan ends during your benefit period, you can still receive treatment if you are outside your home country.

Emergency Medical Evacuation/Repatriation – If medically necessary, we will:

1. Transport you to adequate medical facilities.
2. Transport you home after receiving medical treatment related to a medical evacuation.

Emergency Medical Reunion – If you require an emergency medical evacuation, we will send one person of your choice to your side while you are hospitalized.

Return of Minor Children – If you are traveling alone with minor children (under age 19) and are hospitalized because of a covered illness/injury, we will transport the children home with an escort.

Return of Mortal Remains or Local Burial or Cremation – If you die while traveling, even if due to a pre-existing condition, we will return your remains to your home country or pay for local burial or cremation in the country of death. Only one of these options can be chosen.

Political Evacuation – If a formal recommendation is made for you to leave your host country, we will transport you home country or to a safe place. This benefit is not available if you did not heed Travel Warnings issued by the State Department or appropriate authorities recommending you avoid the host country.

Felonious Assault – Pays benefits for injuries due to a felonious assault.

Natural Disaster – We will pay for replacement accommodations needed because of a natural disaster. You must provide proof of payment for the accommodations from which you were displaced.

Return Flight to Home Country – If you have a covered illness or injury and are hospitalized, we will arrange and pay for a one-way first class or business class airline ticket to your home country via the most economical direct route within 48 hours of you being medically fit to fly. Our payment will be less any refunds paid or payable for your original unused return air ticket.

Terrorism – If you are injured as a result of terrorist activity, we will provide benefits if the following conditions are met:

1. You have no direct or indirect involvement.
2. The terrorist activity is not in a country or location where the United States government has issued a travel warning within 6 months prior to your date of arrival.
3. You have not unreasonably failed or refused to depart a country or location following the date a warning is issued by the United States government.

Loss/Theft of Passport and Travel Documents – We will reimburse you for lost passport or travel documents and help you obtain a new passport, if you have taken reasonable measures to protect, save, and/or recover your property.

Border Entry Protection – If you are traveling to the U.S. on a valid B2 visa and are denied entrance at the border, we will reimburse you for an economy class ticket or carrier change fees to the maximum stated.

Personal Liability – We will pay for eligible court-entered judgments or settlements (settlements must be approved by us) that are related to the personal liability you incur for acts, omissions, and other occurrences for losses or damages caused by your negligent acts or omissions that result in: 1) injury to a third person; 2) damage or loss to a third person's personal property; 3) damage or loss to a related third person's personal property.

Reimbursement of Legal Fees – Reimburses you for legal representation on a trip unless you are found guilty of criminal activity.

Foreign Excursions and Cruise Coverage for North America – This plan follows you on excursions and cruises in the U.S., Canada, Mexico, and the Bahamas. It will also cover you on a cruise or excursion during you travel to your primary destination in the United States, including any transit and while returning to your Home Country.

Leisure Sports – Covers noncompetitive, recreational or intramural activities, including amusement park rides and activities, if you do not have medical restrictions.

Interruption of Trip – If you cannot continue your trip due to an immediate family member's death or because of damage to your residence (fire, flood, tornado, or similar natural disaster), we will reimburse you for the cost of economy travel to your home.

Missed Connection (international transit only) – If you are delayed by your common carrier on your international outbound departure more than 3 hours due to adverse weather, overbooking, or common carrier's mechanical breakdown and miss your connecting flight, we will reimburse you for covered expenses.

Accidental Death and Dismemberment (AD&D) – Pays benefits for death, loss of limbs, or loss of sight due to an accident occurring while on your trip.

Common Carrier Accident Death – Pays benefits for death occurring while riding as a passenger on a common carrier.

Daily Rates

Age in years	\$50,000 DAILY	\$100,000 DAILY	\$250,000 DAILY	\$500,000 DAILY	\$1,000,000 DAILY
Dependent Child	\$1.29	\$1.64	\$1.81	\$2.17	\$2.39
Individual Child	\$1.29	\$1.64	\$1.81	\$2.17	\$2.39
19 - 29	\$1.29	\$1.64	\$1.81	\$2.17	\$2.39
30 - 39	\$1.76	\$2.43	\$2.80	\$2.85	\$3.06
40 - 49	\$2.59	\$3.25	\$3.62	\$4.08	\$4.54
50 - 59	\$4.15	\$5.23	\$6.42	\$6.91	\$7.40
60 - 64	\$5.92	\$7.58	\$10.07	\$10.38	\$11.08
65 - 69	\$5.92	\$7.58	\$10.07	\$10.38	\$11.08
70 - 74	\$8.57	\$11.64	NA	NA	NA
75 - 79	\$13.44	\$18.26	NA	NA	NA

Rates per person based on a \$250 Deductible.
Effective from September 3, 2019.

Optional Rider Information

Acute Onset of a Pre-Existing Condition Rider (Ages 70 -79)

- Purchase an additional \$20,000 of coverage.
- Does not increase limit for cardiac or stroke.
- This rider will increase your plan cost.

Hazardous Sports Coverage

Coverage for: motorcycle/motor scooter riding (passenger or driver), hang gliding, parachuting, zip lining, parasailing, bungee jumping, water skiing, wakeboard riding, jet skiing, windsurfing, snowmobiling, and spelunking.

This rider will increase your cost by 15%.

WellCard™ Discounts & Services

Lower your cost for these products and services and receive cash rewards:

- Prescription drugs - save up to 50%
- Dental services - save up to 45%
- Vision services - save up to 50%
- Hearing aids
- Diabetic care & supplies
- Mail order vitamins
- Daily living products - discounted rates for medical supplies and equipment

Share your free card with friends and family and use it even after your coverage ends. Visit sevendcorners.com/well-card to learn more, locate participating providers and determine the available discounts. Information about WellCard will be included with your purchase documents.

This card is not insurance and does not replace our existing networks.



SEVEN CORNERS ASSIST

What happens if you become ill in a remote area without appropriate medical care?

We will make sure you receive the care you need! If necessary, we will arrange and pay to evacuate you to the nearest appropriate medical facility.

24/7 Travel Assistance – We can provide local weather details, currency rates, embassy contact information, interpreter referrals, help with lost passport recovery, and pre-trip information including inoculation and visa requirements.

24/7 Medical Assistance – We can help you locate appropriate medical care, arrange second opinions, arrange emergency medical evacuations, medical transportation home after treatment, escorts and transportation for unaccompanied children, and medical record transfers.

1-800-690-6295

assist@sevendcorners.com

Medical Benefit Exclusions

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

1. Pre-existing Conditions which are excluded under this Certificate. This means that any claims for Pre-existing Conditions will not be covered for the duration of this Certificate.
This exclusion is waived for Eligible Benefits incurred as defined below:
Acute Onset of Pre-existing Condition as defined in this Certificate up to the maximum stated in the Schedule of Benefits and as stated on the Insured Person's ID Card, must be coordinated by Seven Corners Medical Management. Any reoccurrence within the same Period of Coverage will no longer be considered Acute Onset of a Pre-existing Condition and will not be eligible for additional coverage. A Pre-existing Condition which is a congenital condition or that gradually becomes worse over time and/or known, scheduled, required, or expected medical care, drugs or treatments existing or necessary prior to the Effective Date are not considered to be an Acute Onset. Acute Onset of a Pre-existing Condition Coverage expires upon medical advice that the condition and Onset is no longer acute or You are discharged from a medical facility.
This exclusion does not apply to Emergency Medical Evacuation/Repatriation.
2. Injury or Illness which is not presented to the Underwriter for payment within 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. For the purpose of this Exclusion:
 - i. 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.
 - ii. 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.
 - iii. 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. 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 on the advice of 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, paragliding, Parachuting, zip lining, parasailing, bungee jumping, racing by any animal or motor vehicle or motorcycle, snowmobiling, motorcycle/motor scooter riding (whether as a passenger or driver), scuba diving involving underwater breathing apparatus (unless SSI, PADI or NAUI certified), water skiing, wakeboard riding, jet skiing, windsurfing, snow skiing, and snowboarding (except for recreational downhill and/or cross country snow skiing or snowboarding. No cover provided while skiing/boarding in any violation of applicable laws, rules or regulations, away from prepared and market in-bound territories; and/or against the advice of the local ski school or local authoritative body); and any sport or athletic activity which is undertaken for thrill seeking and exposes the Plan Participant to abnormal or extreme risk of injury; Hazardous Sports Coverage: the following are covered if the required premium has been paid: motorcycle/motor scooter riding (whether as a passenger or a driver), hang gliding, Parachuting, zip lining, parasailing, bungee jumping, water skiing, wakeboard riding, jet skiing, windsurfing, snowmobiling, and spelunking.
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, including all sexually transmitted diseases and conditions, and any and all consequences thereof;
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 or complications of Pregnancy;
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. Expenses incurred during a Hospital emergency visit which is not of an emergency nature;
38. Covered Expenses incurred for which the Trip to the Host Country was undertaken to seek medical treatment for a condition;
39. Covered Expenses incurred during a Trip after Your Physician has limited or restricted travel;
40. 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.
41. Sex change operations, or for treatment of sexual dysfunction or sexual inadequacy;
42. Weight reduction programs or the surgical treatment of obesity;
43. Expenses resulting from Acquired Immune Deficiency Syndrome (AIDS), Aids-Related Complex (ARC), or the Human Immunodeficiency Virus (HIV).
44. Treatment for learning disabilities, altitudinal disorders, or disciplinary problems.

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Note: This insurance is not subject to, and does not provide certain insurance benefits required by the United States' Patient Protection and Affordable Care Act ("PPACA"). PPACA requires certain US citizens or US residents to obtain PPACA compliant health insurance, or "minimum essential coverage." PPACA also requires certain employers to offer PPACA compliant insurance coverage to their employees. Tax penalties may be imposed on U.S. residents or citizens who do not maintain minimum essential coverage, and on certain employers who do not offer PPACA compliant insurance coverage to their employees. In some cases, certain individuals may be deemed to have minimum essential coverage under PPACA even if their insurance coverage does not provide all of the benefits required by PPACA. You should consult your attorney or tax professional to determine whether this policy meets any obligations you may have under PPACA. This plan is not designed to cover US residents and citizens. This policy is not subject to guaranteed issuance or renewal.

This brochure is intended as a brief summary of insurance benefits and non-insurance services. It is not a contract of insurance. For a detailed description of the terms, conditions, exclusions, and limitations please review the plan document. If there is a difference between this brochure and your contract of insurance, the provisions of the insurance contract will prevail. Benefits and premiums are subject to change.