

# COVERAMERICA<sup>SM</sup>

## 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 incidental trips to Canada, Mexico, Latin America, Bahamas & South America.



Plan pays 95% in the network after the applicable deductible.  
For the covered benefit as per the policy.



## Your Best Comprehensive Coverage Plan for Travel to the USA

### Why choose COVERAMERICA ?

At VisitorsCoverage, we understand which benefits and coverage 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, CoverAmerica Insurance Plan is a necessity for any trip you take to the U.S. especially if you're also taking incidental trips to Canada, Mexico, Latin America, Bahamas & South America. CoverAmerica has comprehensive medical coverage, an extensive network of 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!

*\*Your home country is the country where an Insured person(s) has his/her true, fixed and permanent home and principal establishment. Coverage shall apply worldwide including the United States.*

### Exceptional Features

- ✓ **Plan pays 100%** in the network after the applicable deductible. For the covered benefit as per the policy.
- ✓ **Covers Acute On Set 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**
- ✓ **Emergency Eye Exam**
- ✓ **Emergency Medical Reunion**
- ✓ **Return of Mortal Remains**
- ✓ **Natural Disaster Coverage**
- ✓ **Terrorism Coverage**
- ✓ **Political Evacuation and Repatriation Coverage**
- ✓ **Prescription Drug Discount Card**

See complete benefit details in policy document.

### WHY SHOULD YOU BUY?

You can feel confident with CoverAmerica's strong financial backing through Certain Underwriters at Lloyd's, London, an established organization with an AM Best rating of A (Excellent). Your coverage will be there when you need it.

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 20 years of experience with travel insurance, and we are here to help.

### WHO CAN BUY COVERAMERICA

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.

### 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 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 AM North American Eastern Time on the later of the following dates: 1) the day after we receive your application and correct premium if you apply online or by fax; or 2) the day after the postmark date of your application and correct premium if you apply by mail; or 3) the moment you depart your home country; or 4) the date request on your application.

Your coverage ends on the earlier of the follow 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) the date shown on the ID card; or 4) 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 coverage start date. If your request is received after your coverage start date, 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

For treatment received within the PPO network: after you pay the deductible, the plan pays 100% to the selected medical maximum.

For Treatment received outside the PPO network: after you pay the deductible, the plan pays 80% of the next \$5,000 of eligible expenses, then 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 [sevendcorners.com/help](https://sevendcorners.com/help).

#### 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](https://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 coverage start date. If your request is received after your coverage start date, 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 FOR TREATMENT IN THE USA

**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.

### ACUTE ONSET OF A PRE-EXISTING CONDITION

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

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 advance warning either in the form of physician recommendations or symptoms and requires urgent care. 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 coverage start date. Any reoccurrence within the same period of coverage will not be considered an acute onset of a pre-existing condition and is eligible for additional coverage.

### DISCOUNT CARDS

**Prescription Drug Discount Card:** Offers discounted prescription drugs at select network providers.

To locate a pharmacy, or for customer care questions visit:  
[www.sevencorners.com/discountcard](http://www.sevencorners.com/discountcard) or call 1.800.335.0477

### 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.

### CONDITIONS OF COVERAGE

1. Coverage and benefits are subject to your deductible, limits, and all terms, conditions, and exclusions of the CoverAmerica plan as stated in the plan document.
2. Coverage with CoverAmerica 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 and coinsurance and any non-eligible expenses. To find appropriate claims forms online please visit <https://www.sevencorners.com/claims>



## 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	<b>Ages up to age 69:</b> \$50,000; \$100,000; \$250,000; \$500,000; \$1,000,000 <b>Ages 70-79:</b> \$50,000; \$100,000
<b>Acute Onset of Pre-existing Conditions</b> This feature becomes effective 48 hours after the Start Date of Coverage.	<b>Ages up to age 69</b> Up to policy max not to exceed \$125,000 Cardiac and Stroke not to exceed \$36,000  <b>Ages 70-79</b> Up to \$30,000  For anything other than cardiac and stroke, 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, equipment.
Deductible	\$100; \$250; \$500; \$1,000; \$2,500; \$5,000; Ages 70-79 with a medical maximum of \$100,000 requires a minimum deductible of \$1,000
Emergency Room Illness with no direct Hospital Admission	\$250 additional deductible  Only applies when receiving care in an emergency room for an illness that does not result in a hospital admittance.
Urgent Care Consultation (plan deductible is waived)	\$30 co-pay per visit
Benefit Period	180 Days
<b>Coinsurance</b> Subject to additional terms and conditions as set forth herein.	<b>Traveling Inside the United States: For Treatment received within the PPO network:</b> After you pay the deductible, the plan pays 100% of eligible expenses up to the policy maximum.  <b>For Treatment received outside the PPO network:</b> After you pay the deductible, the plan pays 80% of eligible expenses up to the \$5,000 then 100% up to policy maximum.  <b>Traveling Outside the United States:</b> After you pay the deductible, the plan pays 100% to the selected medical maximum.
INPATIENT, OUTPATIENT & MEDICAL SERVICES	
Hospital Room & Board	Average semi-private room rate up to the selected medical maximum
Intensive Care	Reasonable and customary up to the selected medical maximum
Surgery	Reasonable and customary up to the selected medical maximum
Outpatient Medical Expenses	Reasonable and customary up to the selected medical maximum
Diagnostic Procedures	Reasonable and customary up to the selected medical maximum
Durable Medical Equipment	Must be pre-certified as medically necessary by Seven Corners Medical Management
Local Ambulance Benefit	Reasonable and customary up to the selected medical maximum
Emergency Room Injury/Accident or Illness with direct Hospital Admission	Reasonable and customary up to the selected medical maximum
Home Nursing Care	Reasonable and customary up to the selected medical maximum in lieu of medically necessary inpatient hospitalization

*Continued*

## Summary of Benefits

Physiotherapy/ Physical Medicine/ Chiropractic	Reasonable and customary up to the selected medical maximum as prescribed and necessary
Dental Emergency Treatment (Accident Coverage) Only available to programs purchased for 30 days or more.	Reasonable and customary up to the selected 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 (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 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 paid accommodations due to a natural disaster, we will pay for replacement accommodations up to the limit shown in the schedule of benefits.
Terrorism	Reasonable and Customary up to the selected medical maximum per person per period of coverage
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 \$400 for change fees if you are traveling to the U.S. on a valid B2 visa 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, Caribbean, Bahamas, and other locations as long as the excursion or cruise departs from and returns to the U.S.
Leisure Sports including Theme Park Activities	Coverage for recreational or intramural activities including amusement park rides and activities, if you do not have medical restrictions.
Interruption of Trip	Up to \$10,000

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## Summary of Benefits

<b>Missed Connection (International Transit Only)</b>	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.
<b>Loss of Checked Baggage</b>	Up to \$250
<b>Accidental Death &amp; Dismemberment (AD&amp;D)</b>	\$25,000 principal sum for insured or insured spouse \$5,000 principal sum for dependent child(ren) Aggregate limit of \$250,000 per family
<b>Common Carrier Accidental Death</b>	\$50,000 principal sum for insured or insured spouse \$5,000 principal sum for dependent child(ren) Aggregate limit of \$250,000 per family
<b>Felonious Assault</b>	\$10,000  Additional benefit provided in instances of accidental death and dismemberment due to a felonious assault
<b>24/7 Travel Assistance</b>	Included
<b>Prescription Drug Discount Card</b>	This card offers discounted drugs at select network providers. This is not an insurance benefit. Use this card to pay less for your drugs.  To locate a pharmacy, or for customer care questions visit: <a href="http://www.sevencorners.com/discountcard">www.sevencorners.com/discountcard</a> or call 1.800.335.0477

### OPTIONAL RIDERS

<b>Acute Onset of a Pre-Existing Condition Rider ages 70 -79</b>	Purchase an additional \$20,000 of coverage.  Does not increase limit for Cardiac or Stroke.  There will be an additional premium increase with the addition of this optional rider.
<b>Hazardous Sports Coverage</b>	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 your deductible and coinsurance 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 48 hours 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.

Coverage is available until the condition is no longer acute or you are discharged from the hospital. This benefit covers one acute episode per pre-existing condition. 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 coverage start date. Any reoccurrence within the same period of coverage will not be considered an acute onset of a pre-existing condition and is 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.

**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.

**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, Caribbean, Bahamas, and other locations if the excursion or cruise departs from and returns to the U.S.

**Leisure Sports** – Coverage for 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 (motorized land, sea, or air conveyance operating to transport passengers for hire).

**Felonious Assault** – Pays benefits if you are injured as the result of a felonious assault while traveling.

**Prescription Discount Card** – This card offers potential discounts for prescription medications.



## Daily Rates

Age	\$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	\$4.07	\$5.13	\$6.29	\$6.77	\$7.25
60-64	\$4.99	\$6.54	\$8.61	\$8.91	\$9.51
65-69	\$5.92	\$7.58	\$10.07	\$10.38	\$11.08
70-79	\$8.40	\$11.41	N/A	N/A	N/A

Rates per person based on a \$250 Deductible  
Effective from November 21, 2017

## 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 cost by 30%.

### 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%.



## 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@sevencorners.com](mailto:assist@sevencorners.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; CoverAmerica 15 ATR17-171021-01TM
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

## PRODUCT INQUIRES



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