

**LIAISON STUDENT CERTIFICATE OF INSURANCE  
INTERNATIONAL STUDENTS STUDYING IN THE U.S.  
U.S. STUDENTS STUDYING ABROAD  
EVIDENCE OF BENEFITS**

Administered By:  
Seven Corners, Inc.  
303 Congressional Blvd.  
Carmel, IN 46032 USA

Quick Contacts

**Hospital and Doctor Network in the U.S.** – To locate a network facility in the United States, search online at [www.sevencorners.com/findproviders](http://www.sevencorners.com/findproviders) or contact Seven Corners Assist at 800-690-6295. Advise Seven Corners Assist once you have established an appointment. Use of the network does not guarantee benefits. Please see Pre-Notification / Referral section for additional details and requirements.

**Claims** – It is important to submit your claims to Seven Corners quickly. To be considered, all claims should be submitted to the Seven Corners Claim Department within ninety (90) days after the date of service.

**Eligibility:**

- Class I:** International Students, visiting Faculty, Scholars, or other persons age twelve (12) or older who are temporarily residing outside their Home Country. The Insured must remain engaged in full-time educational or research activities outside their Home Country during the Period of Coverage.  
Full-time education or research activities shall mean the Insured: 1) is enrolled and participating in an educational, vocational, cultural exchange, or training programs; and 2) has a valid J-1, H-3, F, M, or Q Visa.
- Class II:** All United States Students, visiting Faculty, Scholars, or other persons age twelve (12) or older with a current passport who are temporarily residing outside the United States and are engaged in full-time educational or research activities.

Eligible individuals may also purchase coverage for their eligible dependents. An Eligible Spouse shall be defined as the Primary Insured's legal spouse. An Eligible Dependent Child(ren) shall mean the Primary Insured Person's unmarried child(ren) over thirty (30) days and under twenty-five (25) years of age if they are attending an accredited institution of higher learning on a regular full-time basis and/or are wholly dependent upon the Insured Person for maintenance and support.

**Period of**

- Coverage:** For each Insured Person benefits will begin at 12:01 AM North American Eastern Time on the latest of the following:
1. The Date the Company receives a completed application and premium for the Period of Coverage; or
  2. The Effective Date requested on the application; or
  3. The moment the Insured Person departs their Home Country airspace; or
  4. The Date the Company approves the application.

- For each Insured Person benefits will terminate at 12:01 AM North American Eastern Time on the earlier of the following:
1. The moment the Insured Person returns to their Home Country (with the exception of Home Country Coverage); or
  2. The expiration of twelve (12) months from the Effective Date of Coverage; or
  3. The date shown on the Certificate of Coverage issued by the Company; or
  4. The end of the period for which premium has been paid; or
  5. The Date the Insured Person fails to be considered an Eligible Person; or
  6. The moment the maximum benefit amount has been paid.

**Additional Period of Coverage:** Participants whose initial Period of Coverage is less than twelve (12) months may apply for a new Period of Coverage. Your original effective date will be used with regards to determining any Pre-existing Conditions. This option is available as long as you continue to meet the Eligibility Requirements. It is important to note that rates and benefits may change for each subsequent Period of Coverage. A \$5.00 Administrative Fee will be included on each notice. This option is not available if you allow coverage to expire prior to reapplying. If this happens, an entirely new program must be purchased (Pre-existing Conditions will begin again). An Additional Period of Coverage is available in periods as short as 5 days at a time when purchased using Seven Corners' online system.

**SCHEDULE OF BENEFITS:**

**Liaison Student Inbound/Outbound Plan 1 – 80% Coinsurance**

All Coverage and Benefits are in U.S. Dollar Amounts. Unless otherwise mentioned, deductibles, co-pays, coinsurance, and benefits are considered on a Per Injury/Sickness basis.	
Accident and Sickness Medical Maximums Lifetime	\$250,000 Primary Insured \$50,000 Spouse/Child
Deductible – Per Injury or Illness	<b>Non-U.S. Students:</b> \$100 if not first treated by the Student Health Center (or if there is no Student Health Center) \$50 if first treated by the Student Health Center <b>US Citizens:</b> Options: \$50 / \$0
Co Pay – Per Written Prescription of Medicine	<b>Non-U.S. Students:</b> \$10 for Generic and \$20 for Brand Name <b>US Citizens:</b> \$0 for Generic and \$0 for Brand Name
Coinsurance	80% to \$10,000, then 100% to plan maximum
Dental (Emergency)	\$250 per tooth to a maximum of \$500
Emergency Medical Evacuation	\$100,000
Repatriation of Mortal Remains	\$25,000
Emergency Reunion	\$5,000
Ambulance Service	\$350
Accidental Death & Dismemberment	\$10,000 per Insured \$5,000 per Spouse/Dependent Child
Home Country Coverage – Incidental trips to the Insured's Home Country	30 days of coverage up to a maximum of \$1,000, during your Period of Coverage
Home Country Extension of Benefits	Up to \$1,000, expenses must be incurred within 30 days of returning to your Home Country
Maternity	Covered as any other illness
Mental Illness	<b>Inpatient:</b> Payable at 50% up to \$10,000, to a max of 45 days <b>Outpatient:</b> Payable at 80% up to \$500
Alcohol and Drug Abuse	<b>Inpatient/Outpatient:</b> Payable at 50% up to \$1,000
Injuries from a Motor Vehicle Accident	<b>Non-U.S. Students:</b> \$10,000 <b>US Citizens:</b> Up to Policy Maximum
Sports-related Injuries	<b>Non-U.S. Students:</b> \$5,000 <b>US Citizens:</b> Up to Policy Maximum
Physiotherapy	\$500
Spinal Manipulation	\$500
Unexpected Recurrence of a Pre-Existing Condition	<b>Non-U.S. Students:</b> N/A <b>US Citizens:</b> Up to \$500
Assistance	24 hours – Worldwide
Benefit Period	Benefit Period corresponds with your Period of Coverage.

**Liaison Student Inbound/Outbound Plan 2 – 100% Coinsurance**

All Coverage and Benefits are in U.S. Dollar Amounts. Unless otherwise mentioned, deductibles, co-pays, coinsurance, and benefits are considered on a Per Injury/Sickness basis.	
Accident and Sickness Medical Maximums Lifetime	\$250,000 Primary Insured \$50,000 Spouse/Child
Deductible – Per Injury or Illness	<b>Non-U.S. Students:</b> \$100 if not first treated by the Student Health Center (or if there is no Student Health Center) \$50 if first treated by the Student Health Center <b>US Citizens:</b> Options: \$50 / \$0
Co Pay – Per Written Prescription of Medicine	<b>Non-U.S. Students:</b> \$10 for Generic and \$20 for Brand Name <b>US Citizens:</b> \$0 for Generic and \$0 for Brand Name
Coinsurance	100% to plan maximum
Dental (Emergency)	\$250 per tooth to a maximum of \$500
Emergency Medical Evacuation	\$100,000

Repatriation of Mortal Remains	\$25,000
Emergency Reunion	\$5,000
Ambulance Service	\$350
Accidental Death & Dismemberment	\$10,000 per Insured \$5,000 per Spouse/Dependent Child
Home Country Coverage – Incidental trips to the Insured's Home Country	30 days of coverage up to a maximum of \$1,000, during your Period of Coverage
Home Country Extension of Benefits	Up to \$1,000, expenses must be incurred within 30 days of returning to your Home Country
Maternity	Covered as any other illness
Mental Illness	<b>Inpatient:</b> Payable at 50% up to \$10,000, to a max of 45 days <b>Outpatient:</b> Payable at 80% up to \$500
Alcohol and Drug Abuse	<b>Inpatient/Outpatient:</b> Payable at 50% up to \$1,000
Injuries from a Motor Vehicle Accident	<b>Non-U.S. Students:</b> \$10,000 <b>US Citizens:</b> Up to Policy Maximum
Sports-related Injuries	<b>Non-U.S. Students:</b> \$5,000 <b>US Citizens:</b> Up to Policy Maximum
Physiotherapy	\$500
Spinal Manipulation	\$500
Unexpected Recurrence of a Pre-Existing Condition	<b>Non-U.S. Students:</b> N/A <b>US Citizens:</b> Up to \$500
Assistance	24 hours – Worldwide
Benefit Period	Benefit Period corresponds with your Period of Coverage.

## DESCRIPTION OF BENEFITS

### Medical Expenses:

This Plan shall pay Reasonable and Customary charges for Covered Expenses, excess of the Deductible and Coinsurance up to the Medical Maximum, incurred by you due to a covered Accidental Injury or Illness which occurred during your 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 the Period of Coverage, and which are not excluded, shall be considered Covered Expenses:**

- 1) Charges made by a hospital for semi-private 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, to a maximum of \$500, if recommended by a Physician for the Treatment of a specific Disablement following hospitalization and administered by a licensed physiotherapist.
- 9) Dressings, drugs, and Medicines that can only be obtained upon a written prescription from a Physician or Surgeon.
- 10) Emergency local transportation to or from the nearest hospital or to and from the nearest hospital with facilities for required Treatment. Such transportation shall be by licensed ground ambulance only to a limit of \$350, within the metropolitan area in which you are located at the time the service is used. If you are in a rural area, and ground ambulance is not available then licensed air ambulance transportation to the nearest metropolitan area shall be considered a Covered Expense.

**Co-Pay Per Written Prescription of Medicine:** The following copayments are applicable per each written prescription of medicine:

**Plan 1:** Non-U.S. Students: \$10 for generic prescriptions and \$20 for brand name prescriptions.

U.S. Citizens: \$0 for generic prescriptions and \$0 for brand name prescriptions.

**Plan 2:** Non-U.S. Students: \$10 for generic prescriptions and \$20 for brand name prescriptions.  
U.S. Citizens: \$0 for generic prescriptions and \$0 for brand name prescriptions.

**Coinsurance:**

**Plan 1:** When a covered Injury or Illness is incurred by the Insured Person, the Company will pay **80% of the first \$10,000** of Reasonable and Customary medical charges for Covered Expenses, then 100% of Reasonable and Customary medical charges for Covered Expenses up to the Medical Maximum as stated on the ID Card. 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 Person.

**Plan 2:** When a covered Injury or Illness is incurred by the Insured Person, the Company will **pay 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. 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 Person.

**Emergency Dental Treatment:**

Benefits are paid for Reasonable and Customary expenses in excess of the Deductible and Coinsurance of \$250 per tooth up to a maximum of \$500, for the Emergency repair or replacement to sound, natural teeth damaged as the result of a Covered Accident. Sound Natural Tooth (Teeth) shall mean a tooth that is whole or properly restored; is without impairment, periodontal or other conditions; is not more susceptible to injury than a virgin tooth, and is not in need of the treatment provided for any reason other than accidental injury. A tooth previously restored with a crown, inlay, onlay, or porcelain restoration, or treated by endodontics, is not a sound natural tooth.

**Emergency Medical Evacuation and Repatriation:**

Benefits are paid for Covered Expenses incurred up to \$100,000, for any covered Injury or Illness commencing during the Period of Coverage that result in a Medically Necessary Emergency Medical Evacuation or Repatriation. The decision for an Emergency Medical Evacuation or Repatriation must be pre-approved and arranged by Seven Corners Assist in consultation with your local attending Physician.

Emergency Medical Evacuation or Repatriation means: a) your medical condition warrants immediate transportation from the place where you are 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, your medical condition warrants transportation with a qualified medical attendant to your Home Country to obtain further medical Treatment or to recover; or c) both a) and b) above.

Covered Expenses are expenses for transportation, medical services and medical supplies necessarily incurred in connection with Emergency Medical Evacuation or Repatriation. All transportation arrangements must be the most direct and economical route. Expenses for special transportation and medical supplies and services must be: a) pre-approved and ordered by Seven Corners Assist and b) required by the standard regulations of the conveyance transportation. Transportation means any land, water or air conveyance required to transport you. Special transportation includes, but is not limited to, licensed ground and air ambulances, commercial airlines, and private motor vehicles.

**Return of Mortal Remains:**

Benefits will be paid for Reasonable and Customary Covered Expenses incurred up to \$25,000, to return your remains to your Home Country, if you should die. Covered Expenses include, but are not limited to, expenses for embalming or Cremation, a minimally necessary container appropriate for transportation, shipping costs, and the necessary government authorizations. All Covered Expenses in connection with a Return of Mortal Remains or Cremation must be pre-approved and arranged by Seven Corners Assist.

**Emergency Medical Reunion:**

When Seven Corners Assist and your attending Physician determine that it is necessary and prudent for you to have an Emergency Medical Evacuation or Repatriation, this Plan will arrange to bring an individual of your choice, from your Home Country, to be at your side while you are hospitalized and then accompany you during your return to your Home Country. Benefits will be paid up to \$5,000 for a round-trip economy airfare ticket as well as for reasonable travel and accommodation expenses up to a maximum of ten (10) days, as pre-approved and arranged by Seven Corners Assist.

**Home Country Coverage:**

**Incidental Trips to the Home Country** – During the period of coverage, the Insured may return to their Home Country for incidental visits of up to thirty (30) days or pro-rata thereof. If during an incidental trip home, the Insured suffers an Injury or Illness, this Plan shall pay up to \$1,000 of Covered Expenses for that Injury or Illness. Treatment for this injury or illness must occur within the Insured's Home Country while on the incidental visit.

**Home Country Extension of Benefits** – The Plans shall pay up to a maximum of \$1,000 for Covered Expenses incurred in your Home Country related to an Injury or Illness which occurred, was diagnosed and treated outside your Home Country during your period of coverage. Only those covered expenses incurred within thirty (30) days of your return to your Home Country shall be considered eligible.

**Maternity:**

When covered maternity expenses are incurred by You or Your eligible dependents, the Company will pay Reasonable Charges for medical expenses in excess of the Deductible and Coinsurance. In no event shall the Company's maximum liability exceed the maximum stated in the Schedule of Benefits, during any one period of individual coverage.

You or Your representative must notify the Company of a Pregnancy within the first trimester.

As stated in the Schedule of Benefits, benefits will be payable for covered expenses You incur before, during, and after delivery of a child, including physician, hospital, laboratory, and ultrasound services. Coverage for the Inpatient postpartum stay for You and Your newborn child in a hospital, will, at

a minimum, be for the length of stay recommended by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists per their guidelines for perinatal care.

Coverage for a length of stay shorter than the minimum period mentioned above may be permitted if Your attending physician determines further Inpatient postpartum care is not necessary for You or Your newborn child provided the following are met:

1. In the opinion of Your attending physician, the newborn child meets the criteria for medical stability in the guidelines for perinatal care prepared by the Academy of Pediatrics and the American College of Obstetricians and Gynecologists that determine the appropriate length of stay based upon the evaluation of:
  - a. The antepartum, intrapartum, postpartum course of the mother and infant;
  - b. The gestational stage, birth weight, and clinical condition of the infant;
  - c. The demonstrated ability of the mother to care for the infant after discharge; and
  - d. The availability of post discharge follow up to verify the condition of the infant after discharge; and
2. One (1) at-home post delivery care visit is provided to You at Your residence by a physician or nurse performed no later than forty-eight (48) hours following discharge for You and Your newborn child from the hospital. Coverage for this visit includes, but is not limited to:
  - a. Parent education;
  - b. Assistance and training in breast or bottle feeding; and
  - c. Performance of any maternal or neonatal tests routinely performed during the usual course of Inpatient care for You or Your newborn child, including the collection of an adequate sample for the hereditary and metabolic newborn screening. (At Your discretion, this visit may occur at the physician's office.)

#### **Mental Illness:**

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.

Inpatient Care – Shall be payable at 50% to \$10,000, subject to a maximum of forty-five (45) days of Inpatient care.

Outpatient – Shall be payable at 80% up to \$500.

#### **Alcohol and Drug Abuse:**

Benefits are paid for Treatment or medication for Alcohol and Drug Abuse, which are not excluded and covered under this policy, shall be considered a Covered Expense. Benefits shall be payable at 50% up to \$1,000.

**Injuries from a Motor Vehicle Accident:** Non-U.S. students receive coverage up to \$10,000. U.S. Citizens receive coverage to the Policy Maximum.

**Sports-related Injuries:** Non-U.S. students receive cover to \$5,000. U.S. Citizens receive coverage to the Policy Maximum.

**Physiotherapy:** Benefits shall be paid for Physiotherapy which is prescribed by a physician and administered by a licensed physiotherapist. Benefits are payable up to \$500.

#### **Spinal Manipulation:**

Benefits shall be paid for Spinal Manipulation which is prescribed, performed, or ordered by a licensed chiropractor for the relief of pain. Benefits are payable up to \$500.

**Unexpected Recurrence of a Pre-Existing Condition – (This benefit is only available to U.S. citizens traveling outside the United States and Canada)** This Plan shall pay, up to \$500 subject to the chosen Deductible and Coinsurance, for Covered Expenses resulting from a sudden, unexpected recurrence of a Pre-Existing Condition while traveling outside the United States. This benefit does not include coverage for known, scheduled, required, or expected medical care, drugs or treatments existent or necessary prior to the Effective Date of coverage.

#### **Accidental Death & Dismemberment:**

Benefits shall be paid to you if you sustain an Accidental Injury or Loss. The Injury must occur during the Period of Coverage and death or dismemberment as a result of that Accident must occur within 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.

SPECIMEN

Description of Loss	Percent of Principal Sum
Life	100%
Both Hands or Both Feet or Sight of Both Eyes	100%
One Hand and One Foot	100%
Either Hand or Foot and Sight of One Eye	100%
Either Hand or Foot	50%

## PLAN DEFINITIONS

**Accident or Accidental** shall mean an event, independent of Illness or self-inflicted means, which is the direct cause of bodily injury to an Insured Person.

**Alcohol or Drug Abuse** means any pattern of pathological use of alcohol or drug that causes impairment in social or occupational functioning, or that produces physiological dependency evidenced by physical tolerance or by physical symptoms when it is withdrawn.

**Benefit Period** shall mean the allowable time period you have to receive Treatment for a Covered Injury or Illness

**Coinsurance** shall mean the percentage amount of Covered Expenses, after the Deductible, which is your responsibility to pay.

**Company** shall mean United States Fire Insurance Company

**Covered Expense(s)** shall mean expenses which are for Medically Necessary services, supplies, care, or treatment; due to Illness or Injury; prescribed, performed or ordered by a Physician; Reasonable and Customary charges; incurred while insured under this Policy; and are not listed in Limitations and Exclusions, and which do not exceed the maximum limits.

**Deductible** shall mean the amount of Covered Expenses which is your responsibility to pay before benefits under the Plan are payable.

**Disablement** as used with respect to medical expenses shall mean an Illness or an Accidental bodily Injury necessitating medical treatment by a Physician as defined in this Policy.

**Eligible Spouse** shall mean the Primary Insured's legal spouse.

**Eligible Child(ren)** shall mean the Primary Insured Person's unmarried child(ren) over thirty (30) days and under nineteen (19) years of age or under twenty-five (25) years of age if they are attending an accredited institution of higher learning on a regular full-time basis and/or are wholly dependent upon the Insured Person for maintenance and support.

**Emergency** shall mean a medical condition manifesting itself by acute signs or symptoms which could reasonably result in placing the Insured Person's life or limb in danger if medical attention is not provided within 24 hours.

**Experimental/Investigational** means all services or supplies associated with: 1) treatment or diagnostic evaluation which is not generally and widely accepted in the practice of medicine in the United States of America or which does not have evidence of effectiveness documented in peer reviewed articles in medical journals published in the United States. For the treatment or diagnostic evaluation to be considered effective such articles should indicate that it is more effective than others available; or if less effective than other available treatments or diagnostic evaluations, is safer or less costly; 2) A drug which does not have FDA marketing approval; 3) A medical device which does not have FDA marketing approval; or has FDA approval under 21 CFR 807.81, but does not have evidence of effectiveness for the proposed use documented in peer reviewed articles in medical journals published in the United States. For the device to be considered effective, such articles should indicate that it is more effective than other available devices for the proposed use; or if less effective than other available devices, or is safer or less costly. The company will make the final determination as to whether a service or supply is Experimental/Investigational.

**Home Country** shall mean the country where you have your true, fixed and permanent home and principal establishment.

**Hospital** as used in this Policy shall mean except as may otherwise be provided, a Hospital (other than an institution for the aged, chronically ill or convalescent, resting or nursing homes) operated pursuant to law for the care and treatment of sick or Injured persons with organized facilities for diagnosis and Surgery and having 24-hour nursing service and medical supervision.

**Host Country** shall mean any country other than the country where an Insured Person has his or her true, fixed, and permanent home and principal establishment.

**Illness** shall mean sickness or disease of any kind.

**Injury** shall mean bodily Injury caused solely and directly by violent, Accidental, external, and visible means occurring while this Policy is in force and resulting directly and independently of all other causes in Disablement covered by this Policy.

**Inpatient** shall mean if you are confined in an institution and are charged for room and board.

**Insured or Insured Person** shall mean a person eligible for coverage under the Policy who has applied for coverage and is named on the application and for whom the company has accepted premium.

**Intensive Care Unit** shall mean a cardiac care unit or other unit or area of a Hospital which meets the required standards of the Joint Commission on Accreditation of Hospitals for Special Care Units.

**Loss** shall mean quadriplegia, paraplegia, hemiplegia, and uniplegia, means the complete and irreversible paralysis of such limbs and with regard to hands and feet, actual severance through and above the wrist or ankle joints, and with regard to eyes, entire irrecoverable Loss of sight and with regard to thumb and index finger, actual severance through or above the joint that meets the finger at the palm. Loss in reference to other coverages means injury or damage sustained by the Insured in consequence of happening of one or more of the accidents against which the Company has undertaken to indemnify the Insured person.

**Medically Necessary** shall mean services and supplies received while Insured that are determined by the Company to be: (1) appropriate and necessary for the symptoms, diagnosis, or direct care and treatment of the Insured Person's medical conditions; (2) within the standards the organized

medical community deems good medical practice for the Insured Person's condition; (3) not primarily for the convenience of the Insured Person, the Insured Person's Physician or another Service Provider or person; (4) not Experimental/Investigational or unproven, as recognized by the organized medical community, or which are used for any type of research program or protocol; and (5) not excessive in scope, duration, or intensity to provide safe and adequate, and appropriate treatment. For Hospital stays, this means that acute care as an Inpatient is necessary due to the kinds of services the Insured Person is receiving or the severity of the Insured Person's condition, in that safe and adequate care cannot be received as an Outpatient or in a less intensified medical setting. The fact that any particular Physician may prescribe, order, recommend, or approve a service, supply, or level of care does not, of itself, make such treatment Medically Necessary or make the charge of a Covered Expense under this Policy.

**Mental Illness** shall mean any condition or disease listed in the most recent edition of the International Classification of Diseases as a mental disorder, with clinically significant behavioral or psychological disorder marked by a pronounced deviation from a normal healthy state and associated with a present painful symptom or impairment in one or more important areas of functioning. This disease must not be merely an expectable response to a particular stimulus. Mental Illness does not mean learning disabilities, attitudinal disorders or disciplinary problems.

**Mountaineering** shall mean the sport, hobby or profession of walking, hiking, and climbing up mountains either: 1) utilizing harnesses, ropes, crampons or ice axes; or 2) ascending 4,500 meters or above.

**Outpatient** shall mean if you receive care in a hospital or another institution, including: ambulatory surgical center; convalescent/skilled nursing facility; or Physician's office, for an Illness or Injury, but who is confined and is not charged for room and board.

**Parachuting** shall mean an activity involving the breaking of a free fall from an airplane using a parachute.

**Physician** shall mean a doctor of medicine or a doctor of osteopathy licensed to render medical services or perform Surgery in accordance with the laws of the jurisdiction where such professional services are performed, however, such definition will exclude chiropractors and physiotherapists.

**Policy Period or Period of Coverage** shall mean the period of coverage issued by the Company to the Insured Person, typically beginning with the Effective Date and ending with the Termination Date or the date coverage is renewed by the Company.

**Pre-existing Condition** shall mean any Injury or Illness which meets the following criteria:

1) a condition that would have caused a person to seek medical advice, diagnosis, care or treatment during the twenty-four (24) months prior to the Effective Date of coverage under this Policy; 2) a condition for which manifestation, medical advice, diagnosis, care or treatment was recommended, received, or noticed during the twenty-four (24) months prior to the Effective Date of coverage under this Policy. If the Insured Person is covered under the Policy for 24 consecutive months, the Pre-existing Condition exclusion will no longer apply and any eligible expenses incurred thereafter will be considered for reimbursement.

**Reasonable and Customary** shall mean the maximum amount that the Plan determines is Reasonable and Customary for Covered Expenses you receive, up to but not to exceed charges actually billed. The determination considers: 1) amounts charged by other Service Providers for the same or similar service in the locality where received, considering the nature and severity of the bodily Injury or Illness in connection with which such services and supplies are received; 2) any usual medical circumstances requiring additional time, skill or experience; and 3) other factors included but not limited to, a resource based relative value scale.

**Relative** shall mean spouse, parent, sibling, child, grandparent, grandchild, step-parent, step-child, step-sibling, in-laws (parent, son, daughter, brother and sister), aunt, uncle, niece, nephew, legal guardian, ward, or cousin of the Insured Person.

**Service Provider** shall mean a Hospital, convalescent/skilled nursing facility, ambulatory surgical center, psychiatric Hospital, community mental health center, residential treatment facility, psychiatric treatment facility, alcohol or drug dependency treatment center, birthing center, Physician, Dentist, chiropractor, licensed medical practitioner, nurse, medical laboratory, assistance service company, air/ground ambulance firm, or any other such facility that the Company approves.

**Spinal Manipulation** shall mean outpatient treatment in connection with the detection or correction by manual or mechanical means of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference as a result of or related to distortion, misalignment or subluxation of or in the vertebral column.

**Treatment** means a specific in-office or hospital physical examination of or care rendered to you, consultation, diagnostic procedures and services, Surgery, medical services and supplies including medication prescribed or provided by a Service Provider.

## EXCLUSIONS AND LIMITATIONS

No Benefit shall be payable for **Accident Medical, Sickness Medical, Mental Illness, Alcohol and Drug Abuse, Dental, Emergency Medical Evacuation/Repatriation, Return of Mortal Remains, and Emergency Medical Reunion**, as the result of:

1. Any Pre-existing Condition as defined hereunder. **This exclusion does not apply to Emergency Medical Evacuation/ Repatriation or Return of Mortal Remains.**
2. Injury or Illness which is not presented to the Company 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, self destruction or attempt thereof while sane or insane (may vary by state of residence);
9. 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
- 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

10. Injury sustained while participating in professional athletics;
11. 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;
12. Treatment of the temporomandibular joint;
13. Vocational, speech, recreational or music therapy;
14. Services or supplies performed or provided by a Relative of the insured person, or anyone who lives with the Insured Person;
15. 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;
16. Elective Surgery which can be postponed until the Insured Person returns to their Home Country, where the objective of the trip is to seek medical advice, Treatment or Surgery;
17. Treatment and the provision of false teeth or dentures, normal ear tests and the provision of hearing aids;
18. 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 insured hereunder;
19. Treatment in connection with alcoholism and drug addiction, or use of any drug or narcotic agent, unless otherwise covered under this policy;
20. Injury sustained or Disablement due wholly or partly to the effects of intoxicating liquor or drugs other than drugs taken in accordance with Treatment prescribed and directed by a Physician;
21. Any Mental and Nervous disorders or rest cures, unless otherwise covered under this policy;
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 where ropes or guides are normally used; hang gliding, parachuting, bungee jumping, racing by horse, motor vehicle or motorcycle, snowmobiling, motorcycle/motor scooter riding (*whether as a passenger or a driver*), scuba diving involving underwater breathing apparatus, unless PADI or NAUI certified, snorkeling, water skiing, snow skiing, spelunking, parasailing and snow boarding;
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 program or facility set up for Treatment without any cost to you;
28. Dental care, except as the result of Injury to Sound Natural Teeth caused by Accident, unless otherwise covered under this Plan;
29. Routine Dental Treatment;
30. For Pregnancy or Illness resulting from Pregnancy, childbirth, or miscarriage, unless otherwise covered under this Plan;
31. 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;
32. Treatment for human organ tissue transplants and their related Treatment;
33. Expenses incurred while in your Home Country, except as provided under the Home Country Coverage and Home Country Extension of Benefits Coverage;
34. Expenses incurred during a hospital emergency visit which is not of an emergency nature;
35. Injury sustained as the result of the Insured Person operating a motor vehicle while not properly licensed to do so in the jurisdiction in which the motor vehicle accident takes place;
36. Covered Expenses incurred for which the Trip to the Host Country was undertaken to seek medical Treatment for a condition;
37. Covered Expenses incurred during a Trip after your Physician has limited or restricted travel;
38. This Policy 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 regardless of any other cause or event contributing concurrently or in any other sequence thereto;
39. Sex change operations, or for Treatment of sexual dysfunction or sexual inadequacy;
40. Weight reduction programs or the surgical Treatment of obesity.

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

1. Suicide or any attempt thereof, self destruction or attempt thereof while sane or insane (may vary by state of residence);
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
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, fire fighting, 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 the Insured Person being engaged in an illegal occupation;
  15. While riding or driving in any kind of competition;
  16. This plan does not insure against loss or damage (including death or Injury) and any associated cost or expense resulting directly or indirectly 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, regardless of any other cause or event contributing concurrently or in any other sequence thereto.

## POLICY PROVISIONS

**Entire Contract; Changes:** The Policy, including the endorsements and attachments, if any, and the applications of the Insured Persons, Policyholder and the Participating Organization constitute the entire contract of Insurance. All statements made by an Insured Person, the Policyholder or the Participating Organization will, in absence of fraud, be deemed representations and not warranties. No such statements will be used in defense to a claim under the policy, unless it is contained in a written application.

No change in the Policy will be valid until approved by an executive officer of the Company and unless such approval is endorsed hereon. No agent has authority to change this Policy or to waive any of its provisions;

**Refund of Premium:** United States Fire Insurance Company realizes that there is uncertainty in international travel. Refund of total plan cost will only be considered if written request is received by the Administrator prior to the Effective Date of Coverage. If written request is received after the Effective Date of Coverage, the unused portion of the Plan cost may be refunded minus a cancellation fee, provided no claim has been submitted to the Administrator for reimbursement.

**Claim Submission:** Filing a claim is easy. You will receive a Liaison<sup>®</sup> Student Plan, Identification card once You are approved for insurance. When You receive Treatment, send the original, itemized bills, and signed claim form to the Administrator within ninety (90) days. Eligible bills are automatically converted from local currencies to U.S. dollars. For payments of eligible medical expenses, notify the Administrator of pending treatments and we can refer You to approved health care providers worldwide. You are only responsible for Your Deductible, Coinsurance amounts and non-eligible expenses. For more details, consult the Plan Summary that is provided with Your insurance kit, or contact the Administrator. Claim forms can be found online at <http://www.sevencorners.com/travelers/claims>

**Time of Payment of Claims:** Indemnities payable under the Policy for any loss other than loss for which the Policy provides any periodic payment will be paid within thirty (30) days upon receipt of due written proof of such loss. Benefits paid more than thirty (30) days following the Company's receipt of due written proof of loss will include interest that will accrue at the rate of 9% per annum from the 30th day after receipt of such proof to the date the benefit is paid. Subject to due written Proof of Loss, all accrued indemnities for loss for which the Policy provides periodic payment will be paid at the expiration of each four (4) weeks during the continuance of the period for which the Company is liable, and any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof.

**Excess Benefits:** All coverages, except Accidental Death and Dismemberment, shall be in excess of all other valid and collectible Insurance Indemnity and shall apply only when such benefits are exhausted. Other valid and collectible Insurance Indemnity for which benefits may be payable are Insurance programs provided by:

- (a) Individual, group or blanket Insurance or coverage;
- (b) Other prepayment coverage provided on a group or individual basis;
- (c) Any coverage under labor management trusted plans, union welfare plans, employer organizational plans, employee benefit organization plans, or other arrangement of benefits for individuals of a group;
- (d) Any coverage required or provided by any statute, socialized Insurance program;
- (e) Any no-fault automobile Insurance;
- (f) Any third party liability Insurance.

**Monetary Limits:** The monetary limits stated in this Plan and the premium shall be in U.S. dollars. For service outside of the territorial limits of the United States, the exchange rate date used to determine the amount of U.S. dollars to be paid is the exchange rate effective for the date the claims expense was incurred.

**About the Administrator:** United States Fire Insurance Company has selected Seven Corners, Inc. as the Administrator of the Liaison<sup>®</sup> Student Plan. Since 1993, Seven Corners has provided medical insurance to corporations, international travelers, expatriates, students, overseas visitors, immigrants and global citizens. With expertise and efficiency they have served clients in more than a hundred countries.

#### Coverage Intent

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.

#### Pre-Notification and Network Procedures

1. *Pre-Notification* - You or someone on Your behalf are required to contact Seven Corners Assist in the following situations:

- a) Within 48 hours of an emergency hospital admission anywhere in the world.
- b) Before a scheduled, non-emergency hospital admission anywhere in the world.
- c) Before receiving any medical treatment inside the United States.
- d) Before inpatient or outpatient surgery worldwide.

*Pre-Notification does not guarantee that benefits will be paid.*

2. *Network*

- a) Inside of the United States: Seven Corners' provider network is not required. By utilizing the network, You may receive potential discounts and out-of-pocket savings for any incurred eligible expenses.
- b) Outside of the United States: Seven Corners has an extensive network of international providers, many of which have direct pay agreements. We recommend You contact Seven Corners Assist for a provider referral, however, You may seek treatment at any facility.

*Utilizing the network does not guarantee benefits or that the treating facility will bill Seven Corners direct.*

Contact information for Seven Corners Assist is provided below and on the back of Your virtual ID Card. Our multilingual representatives are available 24/7 to help you.

Contact us immediately for Emergency Medical Evacuation, Return of Remains, Emergency Reunion, and Return of Minor Child(ren).

A listing of network providers can be found at [www.sevencorners.com/networkproviders](http://www.sevencorners.com/networkproviders) or by contacting Seven Corners Assist.

In addition, WellAbroad.com provides a complete listing of providers as well as other important and varied up-to-date travel information.

Seven Corners Assist

Inside the United States: 1-800-690-6295

Outside the United States: 0-317-818-2808 (Collect)

Fax: 1-317-815-5984

E-mail: [assist@sevencorners.com](mailto:assist@sevencorners.com)

#### Wellabroad.com

In our ever changing world, Seven Corners' WellAbroad<sup>®</sup> seeks to prepare individuals and groups with the advanced tools for successful travel.

WellAbroad<sup>®</sup> offers medical, political and cultural information and includes many benefits and educational resources, such as:

- Text messaging alerts - Registered users receive updates regarding weather emergencies, security issues, custom alerts, and health care or pandemic warnings.
- Provider network directory - Clients and travelers can create customized country profiles which allow instant access to providers in the specified regions to which they are traveling.
- Online forums - Fellow travelers and Seven Corners' staff post experiences and travel tips which can be accessed at any time.

#### Claims Services

**Important Note:** Claim forms and receipts for medical expenses must be sent to Seven Corners quickly. Claim submissions must be made within ninety (90) after the Date of Service. Should they be received after ninety (90) days, they may be considered ineligible.

To report claims or verify eligibility, send the original bills and claim forms to Seven Corners, Inc., or call or fax to the numbers below.

Be certain to include Your ID# shown on the ID Card with all correspondences:

Seven Corners, Inc.

303 Congressional Blvd; Carmel, IN 46032

Insurance Company

This Insurance, under Policy FSG12-120101-01TM, is underwritten by United States Fire Insurance Company, rated A "Excellent" by AM Best. Best.

SPECIMEN