



# Lloyd's Certificate

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**This Insurance** is effected with certain Underwriters at Lloyd's, London.

**This Certificate** is issued in accordance with the limited authorization granted to the Correspondent by certain Underwriters at Lloyd's, London whose syndicate numbers and the proportions underwritten by them can be ascertained from the office of the said Correspondent (such Underwriters being hereinafter called "Underwriters") and in consideration of the premium specified herein, Underwriters hereby bind themselves severally and not jointly, each for his own part and not one for another, their Executors and Administrators.

**The Assured** is requested to read this Certificate, and if it is not correct, return it immediately to the Correspondent for appropriate alteration.

All inquiries regarding this Certificate should be addressed to the following Correspondent:



303 Congressional Boulevard  
Carmel, IN 46032  
1-800-335-0611  
317-575-2652  
317-575-2659 FAX  
[www.sevencorners.com](http://www.sevencorners.com)

**CERTIFICATE PROVISIONS**

- 1. Signature Required.** This Certificate shall not be valid unless signed by the Correspondent on the attached Declaration Page.
- 2. Correspondent Not Insurer.** The Correspondent is not an Insurer hereunder and neither is nor shall be liable for any loss or claim whatsoever. The Insurers hereunder are those Underwriters at Lloyd's, London whose syndicate numbers can be ascertained as hereinbefore set forth. As used in this Certificate "Underwriters" shall be deemed to include incorporated as well as unincorporated persons or entities that are Underwriters at Lloyd's, London.
- 3. Cancellation.** If this Certificate provides for cancellation and this Certificate is cancelled after the inception date, earned premium must be paid for the time the insurance has been in force.
- 4. Service of Suit.** It is agreed that in the event of the failure of Underwriters to pay any amount claimed to be due hereunder, Underwriters, at the request of the Assured, will submit to the jurisdiction of a Court of competent jurisdiction within the United States. Nothing in this Clause constitutes or should be understood to constitute a waiver of Underwriters' rights to commence an action in any Court of competent jurisdiction in the United States, to remove an action to a United States District Court, or to seek a transfer of a case to another Court as permitted by the laws of the United States or of any State in the United States. It is further agreed that service of process in such suit may be made upon Mendes and Mount; 750 Seventh Avenue; New York, NY 10019-6829 USA (For California residents, contact Eileen Ridley, FLWA Service Corp., c/o Foley & Lardner LLP, 555 California Street, Suite 1700, San Francisco, CA 94104-1520 USA.), and that in any suit instituted against any one of them upon this contract, Underwriters will abide by the final decision of such Court or of any Appellate Court in the event of an appeal.  
The above-named are authorized and directed to accept service of process on behalf of Underwriters in any such suit and/or upon request of the Assured to give a written undertaking to the Assured that they will enter a general appearance upon Underwriters' behalf in the event such a suit shall be instituted.  
Further, pursuant to any statute of any state, territory or district of the United States which makes provision therefor, Underwriters hereby designate the Superintendent, Commissioner or Director of Insurance or other officer specified for that purpose in the statute, or his successors in office, as their true and lawful attorney upon whom may be served any lawful process in any action, suit or proceeding instituted by or on behalf of the Assured or any beneficiary hereunder arising out of this contract of insurance, and hereby designate the above-mentioned as the person to whom the said officer is authorized to mail such process or a true copy thereof.
- 5. Assignment.** This Certificate shall not be assigned either in whole or in part without the written consent of the Correspondent endorsed hereon.
- 6. Attached Conditions Incorporated.** This Certificate is made and accepted subject to all the provisions, conditions and warranties set forth herein, attached or endorsed, all of which are to be considered as incorporated herein.
- 7. Short Rate Cancellation.** If the Named Insured requests cancellation, the table below will be used to calculate the short rate proportion of the premium when applicable under the terms of cancellation.

**Short Rate Cancellation Table for Term of Three Hundred And Sixty-four (364) Days.**

Days Insurance In Force	Percent of Coverage Period Premium	Days Insurance In Force	Percent of Coverage Period Premium	Days Insurance In Force	Percent of Coverage Period Premium	Days Insurance In Force	Percent of Coverage Period Premium
1.....	5 %	66 - 69.....	29 %	154 - 156.....	53%	256 - 260.....	77%
2.....	6	70 - 73.....	30	157 - 160.....	54	261 - 264.....	78
3 - 4.....	7	74 - 76.....	31	161 - 164.....	55	265 - 269.....	79
5 - 6.....	8	77 - 80.....	32	165 - 167.....	56	270-273.....	80
7 - 8.....	9	81 - 83.....	33	168 - 171.....	57	274 - 278.....	81
9 - 10.....	10	84 - 87.....	34	172 - 175.....	58	279 - 282.....	82
11-12.....	11	88- 91 (3 mos.).....	35	176 - 178.....	59	283 - 287.....	83
13-14.....	12	92 - 94.....	36	179 -182 (6 mos.).....	60	288 - 291.....	84
15-16.....	13	95 - 98.....	37	183 - 187.....	61	292 - 296.....	85
17-18.....	14	99 - 102.....	38	188 - 191.....	62	297 - 301.....	86
19-20.....	15	103 - 105.....	39	192 - 196.....	63	302-305 (10 mos.).....	87
21-22.....	16	106 - 109.....	40	197 - 200.....	64	306 - 310.....	88
23-25.....	17	110 - 113.....	41	201 - 205.....	65	311 - 314.....	89
26-29.....	18	114 - 116.....	42	206 - 209.....	66	315 - 319.....	90
30-32 (1 mo.).....	19	117 - 120.....	43	210 - 214.....	67	320 - 323.....	91
33-36.....	20	121-124 (4 mos.).....	44	215 - 218.....	68	324 - 328.....	92
37-40.....	21	125 - 127.....	45	219 - 223.....	69	329 - 332.....	93
41-43.....	22	128 - 131.....	46	224 - 228.....	70	333-337 (11 mos.).....	94
44-47.....	23	132 - 135.....	47	229 - 232.....	71	338 - 342.....	95
48-51.....	24	136 - 138.....	48	233 - 237.....	72	343 - 346.....	96
52-54.....	25	139 - 142.....	49	238 - 241.....	73	347 - 351.....	97
55-58.....	26	143 - 146.....	50	242-246 (8 mos.).....	74	352 - 355.....	98
59-62 (2 mos.).....	27	147 - 149.....	51	247 - 250.....	75	356 - 360.....	99
63-65.....	28	150-153 (5 mos.).....	52	251 - 255.....	76	361-364.....	100

Rules applicable to insurance with terms less than or more than three hundred and sixty-four (364) days:

- A. If insurance has been in force for three hundred and sixty-four (364) days or less, apply the short rate table for three hundred and sixty-four (364) days of insurance to the full Coverage Period premium determined as for insurance written for a term of three hundred and sixty-four (364) days.
- B. If insurance has been in force for more than three hundred and sixty-four (364) days:
  1. Determine full Coverage Period premium as for insurance written for a term of three hundred and sixty-four (364) days.
  2. Deduct such premium from the full insurance premium, and on the remainder calculate the pro rata earned premium on the basis of the ratio of the length of time beyond three hundred and sixty-four (364) days the insurance has been in force to the length of time beyond three hundred and sixty-four (364) days for which the policy was originally written.
  3. Add premium produced in accordance with items (1) and (2) to obtain earned premium during full period insurance has been in force.

**CERTIFICATE OF INSURANCE  
DECLARATIONS**

**Platinum Plans  
LON12-120717-04LS**

This Declaration is attached to and forms part of certificate provisions

**ITEM 1. NAMED INSURED AND MAILING ADDRESS**

Platinum Plans  
8000 Fort Hunt Road  
Alexandria, VA 22308

**PRODUCING AGENT NAME AND MAILING ADDRESS**

VISIT® International Health Insurance Program  
P.O. Box 201  
Mount Vernon, VA 22121

**ITEM 2. POLICY PERIOD** FROM: 07/11/2014 TO: 07/09/2015 **TERM:** 364 Days

12:01 A.M., Standard Time at your mailing address

Insurance is effective with **CERTAIN UNDERWRITERS AT LLOYD'S, LONDON.** The Binding Authority Reference Number is NA14SC01

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS CERTIFICATE, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS CERTIFICATE.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

International Travel Medical Coverage:

**\$100,000 Medical Maximum:**

*Student:*

Age Band	Monthly Premium	Surplus Lines Tax	Stamping Fee	Monthly Charge
12 to 18	\$89.27	2.0% (DC)	0.0% (DC)	\$91.06
19 to 23	\$114.61	2.0% (DC)	0.0% (DC)	\$116.90
24 to 30	\$237.66	2.0% (DC)	0.0% (DC)	\$242.41
31 to 40	\$369.15	2.0% (DC)	0.0% (DC)	\$376.53
41 to 49	\$470.49	2.0% (DC)	0.0% (DC)	\$479.90
50 to 64	\$661.09	2.0% (DC)	0.0% (DC)	\$674.31

*Spouse:*

Age Band	Monthly Premium	Surplus Lines Tax	Stamping Fee	Monthly Charge
12 to 18	\$249.72	2.0% (DC)	0.0% (DC)	\$254.71
19 to 23	\$443.94	2.0% (DC)	0.0% (DC)	\$452.82
24 to 30	\$629.73	2.0% (DC)	0.0% (DC)	\$642.32
31 to 40	\$766.05	2.0% (DC)	0.0% (DC)	\$781.37
41 to 64	\$947.00	2.0% (DC)	0.0% (DC)	\$965.94

*Child:*

Age Band	Monthly Premium	Surplus Lines Tax	Stamping Fee	Monthly Charge
0 to 18	\$248.51	2.0% (DC)	0.0% (DC)	\$253.48

**\$250,000 Medical Maximum:**

*Student:*

Age Band	Monthly Premium	Surplus Lines Tax	Stamping Fee	Monthly Charge
12 to 18	\$98.92	2.0% (DC)	0.0% (DC)	\$100.90
19 to 23	\$127.87	2.0% (DC)	0.0% (DC)	\$130.43
24 to 30	\$266.61	2.0% (DC)	0.0% (DC)	\$271.94
31 to 40	\$412.58	2.0% (DC)	0.0% (DC)	\$420.83
41 to 49	\$527.19	2.0% (DC)	0.0% (DC)	\$537.73

Spouse:

Age Band	Monthly Premium	Surplus Lines Tax	Stamping Fee	Monthly Charge
12 to 18	\$279.88	2.0% (DC)	0.0% (DC)	\$285.48
19 to 23	\$497.03	2.0% (DC)	0.0% (DC)	\$506.97
24 to 30	\$705.73	2.0% (DC)	0.0% (DC)	\$719.84
31 to 40	\$858.94	2.0% (DC)	0.0% (DC)	\$876.12
41 to 49	\$1,060.40	2.0% (DC)	0.0% (DC)	\$1,081.61

Child:

Age Band	Monthly Premium	Surplus Lines Tax	Stamping Fee	Monthly Charge
0 to 18	\$278.68	2.0% (DC)	0.0% (DC)	\$284.25

Premium shown above, payable: **Mode**  
**Per Trip**

Surplus Lines Agent: James J. Krampen, Jr.  
Surplus Lines Agent License #: 2845819 (DC)  
Surplus Lines Agent Address: 303 Congressional Blvd.  
Carmel, IN 46032

This certificate of Insurance is made and accepted subject to the foregoing stipulations and conditions together with such other provisions, agreement or conditions as may be endorsed or added here to.



Dated: 07/09/2014

By: \_\_\_\_\_  
(Correspondent – James J. Krampen, Jr.)

## Platinum Plans Program Summary

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

### Quick Contacts

**Hospital and Doctor Network:** To locate a network facility in the United States, search online at [www.sevencorners.com/networkproviders](http://www.sevencorners.com/networkproviders), contact Seven Corners Assist at the numbers shown below, or log onto WellAbroad.com.

To locate a facility outside of the United States, please contact Seven Corners Assist at the numbers shown below or log onto WellAbroad.com. Seven Corners Assist must be contacted prior to Hospital admission and/or any Inpatient/Outpatient surgeries.

**Please see the Pre-Notification and Network section for details and requirements regarding notification and use of the network.** Use of the network does not guarantee benefits.

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

**Travel Assistance** - To receive assistance worldwide, call Seven Corners Assist at the numbers below and provide them with Your ID Number. You are eligible to use any of the assistance services provided. We are open 24 hours/day, 365 days a year, staffed with multilingual personnel. Seven Corners Assist must be contacted for Emergency Medical Evacuation, Return of Mortal Remains, and Emergency Medical Reunion.

**Seven Corners Assist - In the United States, Canada, and the Caribbean (Toll-free): 1-800-690-6295 or Collect Calls : 0-317-818-2808**  
Email: [assist@sevencorners.com](mailto:assist@sevencorners.com)

The Underwriter hereby insures all persons whose Application has been accepted by the Administrator, Seven Corners, Inc., on behalf of the Underwriter and whose name is identified on the ID Card, subject to all of the exclusions, limitations and provisions as set forth herein and in the Master Policy of insurance issued by the Underwriter. Coverage is afforded only with respect to the person, coverage, amounts and limits specified herein and as identified on the ID Card for the insurance requested on such Application and for which their specified plan costs has been paid to the Administrator.

**Eligibility: Platinum Plans** plan provides coverage for International Students, visiting Faculty, Scholars, or other persons age twelve (12) up to and including sixty-four (64) 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. Coverage shall apply worldwide including the United States.

Eligible individuals may also purchase coverage for their Eligible Spouses and/or Eligible Dependents.

#### 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 three hundred and sixty-four (364) days 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.

## SCHEDULE OF BENEFITS:

All Coverages and Plan Costs listed in this Evidence of Benefits are in U.S. Dollar amounts.

<b>U.S. Coverage</b>	Included
<b>Medical Maximums Per Accident or Sickness</b>	\$100,000; \$250,000 per Student \$50,000 Spouse/Child (Age 50-64 maximum, limited to \$100,000 per Student and \$25,000 per Spouse)
<b>Deductible – Per Injury or Sickness</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>Co Pay - Prescription of Medicine</b>	\$10 for Generic and \$20 for Brand Name
<b>Coinsurance</b>	After the Deductible, the Plan will pay 80% to the next \$5,000, then 100% to the Medical Maximum
<b>Dental (Emergency)</b>	\$250 per tooth to a maximum of \$500
<b>Emergency Medical Evacuation</b>	\$300,000
<b>Return of Mortal Remains</b>	\$50,000
<b>Emergency Medical Reunion</b>	\$5,000
<b>Ambulance Service</b>	\$350
<b>Accidental Death &amp; Dismemberment</b>	\$10,000 per Primary Insured or Spouse \$5,000 per Dependent
<b>Home Country Coverage – Incidental trips to the Insured’s Home Country</b>	30 days of coverage up to a maximum of \$25,000 during your Period of Coverage
<b>Home Country Extension of Benefits</b>	Up to \$5,000, expenses must be incurred within 30 days of returning to your Home Country
<b>Maternity</b>	Covered as any other sickness
<b>Mental Illness</b>	Inpatient: Payable at 50% up to \$10,000, to a max of 40 days Outpatient: Payable at 80% up to \$500
<b>Alcohol and Drug Abuse</b>	Inpatient/Outpatient: Payable at 50% up to \$1,000
<b>Injuries from a Motor Vehicle Accident</b>	\$10,000
<b>Sports-related Injuries (non-interscholastic sports)</b>	\$10,000
<b>Hazardous Sports Coverage</b>	\$10,000
<b>Physiotherapy</b>	\$500
<b>Assistance</b>	24 hours – Worldwide
<b>Benefit Period</b>	Covered Expenses incurred during the Period of Coverage

Except as specifically indicated otherwise, all benefits are subject to Deductible and Coinsurance and are per Period of Coverage.

## DESCRIPTION OF BENEFITS

**Medical Expenses: Platinum Plans** 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 are incurred within the Period of Coverage, and which are not excluded, shall be considered Covered Expenses:

- 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 accommodation.
- Charges made for Intensive Care or Coronary Care charges and nursing services.
- Charges made for diagnosis, Treatment and Surgery by a Physician.
- Charges made for an operating room.
- Charges made for Outpatient Treatment, same as any other Treatment covered on an Inpatient basis. This includes ambulatory Surgical centers, Physicians' Outpatient visits/examinations, clinic care, and Surgical opinion consultations.
- Charges made for the cost and administration of anesthetics.
- Charges for Medication, X-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood, transfusions, iron lungs, and medical Treatment.

8. Charges for physiotherapy, to the maximum stated in the Schedule of Benefits, 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. Local transportation to or from the nearest hospital or to and from the nearest hospital with facilities for required Treatment. Such transportation shall be by licensed ground ambulance only to the maximum stated in the Schedule of Benefits, within the metropolitan area in which you are located at that time the service is used. If you are in a rural area, then licensed air ambulance transportation to the nearest metropolitan area shall be considered a Covered Expense.

**Maternity:** When covered maternity expenses are incurred by Your 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, as to Covered Expenses 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 in 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

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.

**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.

**Emergency Dental Treatment:** Benefits are paid for Reasonable and Customary expenses in excess of the Deductible and Coinsurance to the maximum stated in the Schedule of Benefits, for the emergency repair or replacement to sound, natural teeth damaged as the result of a Covered Accident.

**Emergency Medical Evacuation and Repatriation:** Benefits are paid for Covered Expenses incurred up to the maximum stated in the Schedule of Benefits, for any covered Injury or Illness commencing during the Period of Coverage that results 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 the Assistance Company in consultation with your local attending Physician.

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 the Assistance Company 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 the maximum stated in the Schedule of Benefits, 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 the Assistance Company.

**Emergency Medical Reunion:** When the Assistance Company 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 current Home Country, to be at your side while you are hospitalized and then accompany you during your return to your current Home Country. Benefits will be paid up to the maximum stated in the Schedule of Benefits 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 the Assistance Company.

**Accidental Death & Dismemberment:** Benefits shall be paid to you if you sustain an accidental Injury. The Injury must occur during the Period of Coverage and death or dismemberment as a result of that accident must occur within 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.

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%

**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-rate thereof). If during an incidental trip home, the Insured suffers an Injury or Illness, this Plan shall pay up to the maximum stated in the Schedule of Benefits 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 stated in the Schedule of Benefits 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.

**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.

**Administrator** shall mean Seven Corners, Inc.

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

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

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

**Eligible Benefit(s)** shall mean benefits payable by the Company to reimburse 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 program and which do not exceed the maximum benefit.

**Eligible Dependent Child** shall mean Your unmarried children over fourteen (14) days and under nineteen (19) years of age.

**Eligible Spouse** shall mean Your legal spouse.

**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.

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

**Hospital** shall mean a place that 1) Is legally operated for the purpose of providing medical care and Treatment(s) to Sick or Injured persons for which a charge is made that the Insured Person(s) is legally obligated to pay in the absence of insurance 2) Provides such care and Treatment(s) in medical, diagnostic, or surgical facilities on its premises, or those prearranged for its use; 3) Provides 24-hour nursing service under the supervision of a Registered Nurse at all times; and 4) Operates under the supervision of a staff of one or more Physician(s). Hospital also means a place that is accredited as a Hospital by the Joint Commission on Accreditation of Hospitals, American Osteopathic Association, or the Joint Commission on Accreditation of Health Care Organizations (JCAHO). Hospital does not mean:

- A Convalescent, nursing, or rest home or facility, or a home for the aged;
- A place mainly providing Custodial, Educational, or Rehabilitative Care; or
- A facility mainly used for the Treatment(s) of drug addicts or alcoholics.

**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 benefits under the Policy who has applied for coverage and is named on the application and for whom the Company has accepted premium.

**Intensive Care** 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.

**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 and Mental and Nervous Disorder** shall mean any mental, nervous, or emotional Illness which generally denotes an Illness of the brain with predominant behavioral symptoms; or an Illness of the mind or personality, evidenced by abnormal behavior; or an Illness or disorder of conduct evidenced by socially deviant behavior. Mental or Nervous Disorders include without limitation: psychosis; depression; schizophrenia; bipolar affective disorder; any disease or condition, regardless of whether the cause is organic, that is classified as a Mental Disorder in the current edition of the International Classification of Diseases as published by the U.S. Department of Health and Human Services; and those psychiatric and other Mental Illnesses listed in the current edition of the Diagnostic and Statistical Manual for Mental Disorders published by the American Psychiatric Association. Mental Illness and Mental and Nervous Disorder does not mean or include learning disabilities, attitudinal disorders or disciplinary problems. For purposes of this insurance, Mental Illness and Mental and Nervous Disorder do not include Substance Abuse.

**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.

**Pre-Existing Condition** shall mean any medical condition, sickness, Injury, Illness, disease, Mental Illness or Mental Nervous Disorder, regardless of the cause including any congenital, chronic, subsequent, or recurring complications or consequences related thereto or resulting therefrom that with reasonable medical certainty existed at the time of application or any time during the six (6) months prior to the effective date of coverage under this policy, whether or not previously manifested, symptomatic, known, diagnosed, treated or disclosed. This specifically includes but is not limited to any medical condition, sickness, Injury, Illness, disease, Mental Illness or Mental Nervous Disorder, for which medical advice, diagnosis, care or treatment was recommended or received or for which a reasonably prudent person would have sought treatment during the six (6) month period immediately preceding the effective date of coverage under this policy.

**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.

**Substance Abuse** shall mean a condition brought about when an individual uses alcohol, chemicals or any other drug(s) in such a manner that his/her health and/or judgment is impaired and/or ability to control actions is lost.

**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.

**Underwriter** shall mean Certain Underwriters at Lloyds, London.

**You or Your** shall mean the Primary Insured Person and the Primary Insured's Spouse or Dependent.

## EXCLUSIONS AND LIMITATIONS

No benefit, treatment, medication, charges or the consequences thereof 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, related to, or in connection with:

1. Any Pre-existing Condition as defined hereunder. This exclusion does not apply to Emergency Medical Evacuation/ Repatriation or Return of Mortal Remains.
2. Charges for Treatment(s) of the following Illness(es) or Surgery(ies), which Manifest(ed) themselves or are recommended, or symptoms occur during the first 180 days of Coverage hereunder beginning on the initial Effective Date: any condition of the breast, any condition of the prostate, disorders of the reproductive system, hysterectomy, gall stones or kidney stones, any acne diagnosis or acne related condition, asthma, allergies, tonsillectomy, back conditions, adenoidectomy, hemorrhoids, hemorrhoidectomy, hernia, or any Surgery(ies) that is(are) not Emergency in nature, as Emergency is defined hereunder.
3. Injury or Illness which is not presented to the Company for payment within 180 days of receiving Treatment;
4. Charges for Treatment which is not Medically Necessary;
5. Charges provided at no cost to you;
6. Charges for Treatment which exceeds Reasonable and Customary charges;
7. Charges incurred for Surgery or Treatments which are, Experimental/Investigational, or for research purposes;
8. 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;
9. Suicide or any attempts thereof, while sane or self destruction or any attempt thereof, while insane;
10. 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) acting on behalf of or in connection with any organization with activities directed towards the overthrow by force of the Government de jure or de facto or to the influencing of it by terrorism or violence.
- d) martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege (hereinafter for the purposes of this Exclusion called the "Occurrences").

Any consequence happening or arising during the existence of abnormal conditions (whether physical or otherwise), whether directly or indirectly, proximately or remotely occasioned by, or contributed to by, traceable to, arising in connection with, any of the said Occurrences shall be deemed to be consequences for which the Plan shall not be liable for, except to the extent that you prove that such consequence happened independently of the existence of such abnormal conditions.

- 11. Injury sustained while participating in professional athletics;
- 12. Injury sustained while participating in Amateur or Interscholastic Athletics; this exclusion does not apply to non-competitive, recreational or intramural activities;
- 13. 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;
- 14. Treatment of the Temporomandibular joint;
- 15. Vocational, speech, recreational or music therapy;
- 16. Services or supplies performed or provided by a Relative of yours, or anyone who lives with you;
- 17. 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;
- 18. 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;
- 19. Treatment and the provision of false teeth or dentures, normal ear tests and the provision of hearing aids;
- 20. 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;
- 21. Treatment in connection with alcoholism and drug addiction, or use of any drug or narcotic agent, unless otherwise covered under this policy;
- 22. Injury sustained while under the influence of 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 for a condition which is covered hereunder, but not for the Treatment of drug addiction;
- 23. Any Mental and Nervous disorders or rest cures, unless otherwise covered under this policy;
- 24. Congenital abnormalities and conditions arising out of or resulting there from;
- 25. Expenses which are non-medical in nature;
- 26. Expenses as a result of, or in connection with, intentionally self-inflicted Injury or Illness;
- 27. Expenses as a result of, or in connection with, the commission of a felony offense;
- 28. Injury sustained while taking part in mountaineering, hang gliding, parachuting, bungee jumping, racing by any animal or motor vehicle or motorcycle, snowmobiling, motorcycle motor scooter riding, scuba diving involving underwater breathing apparatus (unless PADI or NAUI certified), water skiing, 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 insured to abnormal or extreme risk of injury. *Hazardous Sport 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, bungee jumping, water skiing, snow skiing, snowmobiling, snowboarding, and spelunking;*
- 29. 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;
- 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, unless otherwise covered under this Plan;
- 33. Drug, Treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, Treatment for infertility or impotency, sterilization or reversal thereof;
- 34. Treatment for human organ tissue transplants and their related Treatment;
- 35. Expenses incurred while in your Home Country, except as provided under the Home Country Coverage and Home Country Extension of Benefits Coverage;
- 36. Expenses incurred during a hospital emergency visit which is not of an emergency nature;
- 37. 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;
- 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. Sex change operations, or for Treatment of sexual dysfunction or sexual inadequacy;
- 41. Weight reduction programs or the surgical Treatment of obesity;
- 42. Expenses for any Pregnancy that incepted prior to the Effective Date of the Insured;

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

1. Suicide, or attempt thereof, while sane; or self destruction, or any attempt thereof, while insane;
2. Disease of any kind; Bacterial infections, except pyogenic infection, which shall occur through an accidental cut or wound;
3. Hernia of any kind;
4. Injury sustained while you are riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting from, any type of aircraft;
5. Injury sustained while you are riding as a passenger in any aircraft (a) not having a current and valid Airworthy Certificate and (b) not piloted by a person who holds a valid and current certificate of competency for piloting such aircraft;
6. Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with:
  - a) war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war.
  - b) mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power.
  - c) acting on behalf of or in connection with any organization with activities directed towards the overthrow by force of the Government de jure or de facto or to the influencing of it by terrorism or violence.
  - d) martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege (hereinafter for the purposes of this Exclusion called the "Occurrences").Any consequence happening or arising during the existence of abnormal conditions (whether physical or otherwise), whether directly or indirectly, proximately or remotely occasioned by, or contributed to by, traceable to, or arising in connection with, any of the said Occurrences shall be deemed to be consequences for which the Plan shall not be liable, except to the extent that you can prove that such consequence happened independently of the existence of such abnormal conditions.
7. Service in the military, naval or air service of any country;
8. Flying in any aircraft being used for, or in connection with, acrobatic or stunt flying, racing or endurance tests;
9. Flying in any rocket-propelled aircraft;
10. Flying in any aircraft being used for, or in connection with, crop dusting or seeding or spraying, 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 your 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 or any other cause or event contributing concurrently or in any other sequence thereto.

**Pre-Notification:** For each scheduled hospital admission, emergency hospital confinement, or Outpatient Treatment, you or someone on your behalf must contact the Assistance Company for pre-notification as soon as possible, but no later than forty-eight (48) hours prior to the admission to a the hospital, hospital confinement or Outpatient Treatment. For Emergency hospital Confinement, you or someone on your behalf must notify the Assistance Company as soon as possible, but not later than forty-eight (48) hours after the date of admission. If you fail to pre-notify with the Assistance Company, Covered Expenses will be reduced to and payable at 50% after the Deductible. Pre-Notification does not guarantee or confirm benefits or the payment of said benefits.

#### **PART V - POLICY PROVISIONS**

1. Notice of Claim: Written notice of claim must be given to the Underwriter within ninety (90) days after the occurrence or commencement of any Disablement covered by the Policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the claimant to the Administrative Offices of the Underwriter, or to any authorized agent of the Underwriter, with information sufficient to identify the Insured Person shall be deemed notice to the Underwriter.
2. Claim Forms: The Underwriter, upon receipt of a notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing Proofs of Loss. If such forms are not furnished within fifteen (15) days after the giving of such notice the claimant shall be deemed to have complied with the requirements of the Policy as to Proof of Loss upon submitting, within the time fixed in the Policy for filing Proofs of Loss, written proof covering the occurrence, the character and the extent of the Disablement for which claim is made.
3. Proof of Loss: Written Proof of Loss must be furnished to the Underwriter at its said office in case of claim for loss for which this Policy provides any periodic payment contingent upon continuing loss within 90 (ninety) days after the termination of the period for which the Underwriter is liable and in case of claim for any other loss within ninety (90) days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible. The Company at its option may pend resolution and adjudication of submitted claims and/or deny coverage for Proof of Loss submitted thereafter, or for incomplete Proof of Loss and/or failure to submit Proof of Loss.
4. 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 immediately upon receipt of due written proof of such loss. 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 Underwriter is liable, and any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof.

5. **Payment of Claims:** Indemnity for loss of life will be payable in accordance with the beneficiary designation and the provisions respecting such payment which may be prescribed herein and effective at the time of payment. If no such designation or provision is then effective, such indemnity shall be payable to the estate of the Insured Person. Any other accrued indemnities unpaid at the Insured Person's death may, at the option of the Underwriter, be paid either to such beneficiary or to such estate. All other indemnities will be payable to the Insured Person. If any indemnity of the Policy shall be payable to the estate of an Insured Person, or to an Insured Person who is a minor or otherwise not competent to give a valid release, the Underwriter may pay such indemnity, up to an amount not exceeding \$1,000, to any Relative by blood or connection by marriage of the Insured Person who is deemed by the Underwriter to be equitably entitled thereto. Any payment made by the Underwriter in good faith pursuant to this provision shall fully discharge the Underwriter to the extent of such payment. Subject to any written direction of the Insured Person all or a portion of any indemnities provided by this Policy on account of Hospital, nursing, medical or Surgical service may, at the Underwriter's option and unless the Insured Person requests otherwise in writing not later than the time for filing proof of such loss, be paid directly to the Hospital or person rendering such services, but it is not required that the service be rendered by a particular Hospital or person.
6. **Physical Examination and Autopsy:** The Underwriter at its own expenses shall have the right and opportunity to examine the person of any individual whose Injury or Illness is the basis of claim when and as often as it may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death, where it is not forbidden by law.
7. **Legal Actions:** No actions at law or in equity shall be brought to recover on the Policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with requirements of this Policy. No such action shall be brought after expiration of three (3) years after that time written Proof of Loss is required to be furnished.
8. **Patient Protection and Affordable Care Act:** This insurance is not subject to, and does not provide certain insurance benefits required by the United States Patient Protection and Affordable Care Act ("PPACA"). The insurance benefits provided by this policy are stated in Your policy documents and do not include any additional benefits required by the PPACA. The PPACA requires certain U.S. residents and citizens to obtain PPACA compliant insurance coverage. In certain circumstances penalties may be imposed on U.S. residents and citizens who do not maintain PPACA compliant insurance coverage. You should consult Your attorney, insurance agent, or tax professional to determine if the PPACA's requirements are applicable to You.
9. **Coordination of Benefits:** The Company coordinates benefits with other payers when an Insured Person(s) is covered by two (2) or more health plans. Coordination of Benefits is the industry standard practice used to share the cost of care between two (2) or more carriers when an Insured Person(s) is covered by more than one (1) health benefit plan. Our Coordination of Benefits and Services provision is attached hereto as APPENDIX A.
10. Any initial inquiry or complaint should be addressed to the Administrator, as defined herein. If the Insured Person is not satisfied with the manner in which an inquiry or complaint has been managed by the Administrator, the Insured Person may request in writing to the Complaints & Advisory Department at Lloyd's to review the case without prejudice to Your rights in law.

Complaints and Advisory Department of Lloyd's  
 1 Lime Street  
 London EC3M 7HA  
 United Kingdom

#### **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.

#### **Renewability**

Coverage under this plan is renewable. Any one policy period may not exceed three hundred and sixty-four (364) days. This plan may be renewed up to a maximum total of thirty-six (36) months continuous months. A new Deductible and Coinsurance will apply at each succeeding or subsequent Period of Coverage. Any covered condition occurring and treated in previous Periods of Coverage will continue to be covered, subject to the terms and conditions of this plan, provided you remain continuously insured hereunder. If there is a lapse in coverage for any reason, coverage may not be renewed. Coverage must be separately rewritten under a new certificate.

#### **Refund of Premium**

Certain Underwriters at Lloyds, London realizes that there is uncertainty in international travel. Premium refunds will be considered only for school withdrawal or entry into the armed forces. 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.

### **Subrogation**

To the extent the Underwriter pays for a loss suffered by an Insured, the Underwriter will take over the rights and remedies the Insured had relating to the loss. This is known as subrogation. The Insured must help the Underwriter to preserve its rights against those responsible for the loss. This may involve signing any papers and taking any other steps the Underwriter may require. If the Underwriter takes over an Insured's rights, the Insured must sign an appropriate subrogation form supplied by the Underwriter.

### **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. The Platinum Plans plan cannot guarantee payment to an individual or a facility for medical expenses until it has been determined that it is an eligible expense and a signed agreement has been received from the appropriate medical facility.

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 Mortal Remains, and Emergency Medical Reunion.

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® seeks to prepare individuals and groups with the advanced tools for successful travel. WellAbroad® 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.

### **How to Obtain Travel Assistance**

To receive assistance worldwide, call Seven Corners Assist at the numbers below and provide them with Your ID Number.

For Emergency Medical Evacuation, Return of Mortal Remains, Emergency Medical Reunion, Assistance Services, call:  
if in the United States or Canada: 1-800-690-6295, or if outside the United States or Canada: 0-317-818-2808 (collect)

### **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

800-335-0477 or 317-575-2256 FAX 317-575-2659 email: [info@sevencorners.com](mailto:info@sevencorners.com) www.Seven Corners.com

### **Insurance Underwriter**

This Insurance, under Policy **LON12-120717-04LS**, is underwritten by Certain Underwriters at Lloyds, London, rated "A" (Excellent) by AM Best.

### **Purpose of This Provision**

An Insured Person(s) may be covered for health benefits or services by more than one plan. If he/she is, this provision allows the Company to coordinate what the Company pays or provides with what another Plan pays or provides. This provision sets forth the rules for determining which is the primary plan and which is the secondary plan. Coordination of benefits is intended to avoid duplication of benefits while at the same time preserving certain rights to coverage under all Plans under which the Insured Person(s) is covered.

### **DEFINITIONS**

The words shown below have special meanings when used in this provision. Please read these definitions carefully.

**Allowable Expense:** The charge for any health care service, supply, or other item of expense for which the Insured Person(s) is liable when the health care service, supply, or other item of expense is covered at least in part under any of the Plans involved, except where a statute requires another definition, or as otherwise stated below.

When this Certificate is coordinating benefits with a Plan that provides benefits only for dental care, vision care, prescription drugs or hearing aids, Allowable Expense is limited to like items of expense.

The Company will not consider the difference between the cost of a private hospital room and that of a semi-private hospital room as an Allowable Expense unless the stay in a private room is Medically Necessary and Appropriate.

When this Certificate is coordinating benefits with a Plan that restricts coordination of benefits to a specific coverage, the Company will only consider corresponding services, supplies or items of expense to which coordination of benefits applies as an Allowable Expense.

**Claim Determination Period:** A Calendar Year, or portion of a Calendar Year, during which an Insured Person(s) is covered by this Certificate and at least one other Plan and incurs one or more Allowable Expense(s) under such plans.

**Plan:** Coverage with which coordination of benefits is allowed. Plan includes:

- a) Group insurance and group subscriber contracts, including insurance continued pursuant to a Federal or State continuation law;
- b) Self-funded arrangements of group or group-type coverage, including insurance continued pursuant to a Federal or State continuation law;
- c) Group or group-type coverage through a health maintenance organization (HMO) or other prepayment, group practice and individual practice plans, including insurance continued pursuant to a Federal or State continuation law;
- d) Group hospital indemnity benefit amounts that exceed \$150 per day;
- e) Medicare or other governmental benefits, except when, pursuant to law, the benefits must be treated as in excess of those of any private insurance plan or non-governmental plan.

Plan does not include:

- a) Individual or family insurance contracts or subscriber contracts;
- b) Individual or family coverage through a health maintenance organization or under any other repayment, group practice and individual practice plans;
- c) Group or group-type coverage where the cost of coverage is paid solely by the Insured Person(s) except when coverage is being continued pursuant to a Federal or State continuation law;
- d) Group hospital indemnity benefit amounts of \$150 per day or less;
- e) School accident type coverage;
- f) A State plan under Medicaid.

**Primary Plan:** A Plan whose benefits for an Insured Person(s)'s health care coverage must be determined without taking into consideration the existence of any other Plan. There may be more than one Primary Plan. A Plan will be the Primary Plan if either "a" or "b" below exists:

- a) The Plan has no order of benefit determination rules or it has rules that differ from those contained in this Coordination of Benefits and Services provision; or
- b) All Plans which cover the Insured Person(s) use order of benefit determination rules consistent with those contained in the Coordination of Benefits and Services provision and under those rules, the plan determines its benefits first.

**Reasonable and Customary:** An amount that is not more than the usual or customary charge for the service or supply as determined by the Company, based on a standard which is most often charged for a given service by a Provider within the same geographic area.

**Secondary Plan:** A Plan which is not a Primary Plan. If an Insured Person(s) is covered by more than one Secondary Plan, the order of benefit determination rules of this Coordination of Benefits and Services provision shall be used to determine the order in which the benefits payable under the multiple secondary plans are paid in relation to each other. The benefits of each Secondary plan may take into consideration the benefits of the Primary Plan or Plans and the benefits of any other Plan which, under this Coordination of Benefits and Services provision, has its benefits determined before those of that Secondary Plan.

### **PRIMARY AND SECONDARY PLAN**

The Company considers each plan separately when coordinating payments.

The primary plan pays or provides services or supplies first, without taking into consideration the existence of a Secondary Plan. If a Plan has no coordination of benefits provision, or if the order of benefit determination rules differ from those set forth in these provisions, it is the primary plan.

A secondary plan takes into consideration the benefits provided by a primary plan when, according to the rules set forth below, the plan is the secondary plan. If there is more than one secondary plan, the order of benefit determination rules determine the order among the secondary plans. The secondary plan(s) will pay up to the remaining unpaid allowable expenses, but no secondary plan will pay more than it would have paid if it had been the primary plan. The method the secondary plan uses to determine the amount to pay is set forth below in the **Procedures to be Followed by the Secondary Plan to Calculate Benefits** section of this provision.

The secondary plan shall not reduce Allowable Expense for medically necessary and appropriate services and supplies on the basis that precertification, preapproval, notification or second surgical opinion procedures were not followed.

#### **RULES FOR THE ORDER OF BENEFIT DETERMINATION**

The benefits of the Plan that covers the Insured Person(s) as an employee, member, subscriber or retiree shall be determined before those of the Plan that covers the Insured Person(s) as a Dependent. The coverage as an employee, member, subscriber or retiree is the primary plan.

The benefits of the Plan that covers the Insured Person(s) as an employee who is neither laid off nor retired, or as a dependent of such person, shall be determined before those for the Plan that covers the Insured Person(s) as a laid off or retired employee, or as such a person's Dependent. If the other Plan does not contain this rule, and as a result the Plans do not agree on the order of benefit determination, this portion of this provision shall be ignored.

The benefits of the Plan that covers the Insured Person(s) as an employee, member, subscriber or retiree, or Dependent of such person, shall be determined before those of the Plan that covers the Insured Person(s) under a right of continuation pursuant to Federal or State law. If the other Plan does not contain this rule, and as a result the Plans do not agree on the order of benefit determination, this portion of this provision shall be ignored.

If a child is covered as a Dependent under Plans through both parents, and the parents are neither separated nor divorced, the following rules apply:

- a) The benefits of the Plan of the parent whose birthday falls earlier in the Calendar Year shall be determined before those of the parent whose birthday falls later in the Calendar Year.
- b) If both parents have the same birthday, the benefits of the Plan which covered the parent for a longer period of time shall be determined before those of the parent for a shorter period of time.
- c) Birthday, as used above, refers only to month and day in a calendar year, not the year in which the parents was born.
- d) If the other plan contains a provision that determines the order of benefits based on the gender of the parent, the birthday rule in this provision shall be ignored.

If a child is covered as a Dependent under Plans through both parents, and the parents are separated or divorced, the following rules apply:

- a) The benefits of the Plan of the parent with custody of the child shall be determined first.
- b) The benefits of the Plan of the spouse of the parent with custody shall be determined second.
- c) The benefits of the Plan of the parent without custody shall be determined last.
- d) If the terms of a court decree state that one of the parents is responsible for the health care expenses for the child, and if the entity providing coverage under that Plan has knowledge of the terms of the court decree, then the benefits of that plan shall be determined first. The benefits of the plan of the other parent shall be considered as secondary. Until the entity providing coverage under the plan has knowledge of the terms of the court decree regarding health care expenses, this portion of this provision shall be ignored.

If the above order of benefits does not establish which plan is the primary plan, the benefits of the Plan that covers the employee, member or subscriber for a longer period of time shall be determined before the benefits of the Plan(s) that covered the person for a shorter period of time.

#### **Procedures to be Followed by the Secondary Plan to Calculate Benefits**

In order to determine which procedure to follow it is necessary to consider:

- a) The basis on which the primary plan and the secondary plan pay benefits; and
- b) Whether the provider who provides or arranges the services and supplies is in the network of either the primary plan or the secondary plan.

Benefits may be based on the Usual and Customary Charge (U&C), or some similar term. This means that the provider bills a charge and the Insured person(s) may be held liable for the full amount of the billed charge. In this section, a Plan that bases benefits on a Usual and Customary Charge is called a "U&C Plan."

Benefits may be based on a contractual fee schedule, sometimes called a negotiated fee schedule or some similar term. This means that although a provider, called a network provider, bills a charge, the Insured person(s) may be held liable only for an amount up to the negotiated fee. In this section, a Plan that bases benefits on a negotiated fee schedule is called a "Fee Schedule Plan." If the Insured person(s) uses the services of a non-network provider, the plan will be treated as a U&C Plan even though the plan under which he or she is covered allows for a fee schedule.

Payment to the provider may be based on a capitation. This means that the health maintenance organization (HMO) pays the provider a fixed amount per Insured Person(s). The Insured Person(s) is liable only for the applicable deductible, coinsurance, or copayment. If the Insured person(s) uses the services of a non-network provider, the HMO will only pay benefits in the event of emergency care or urgent care. In this section, a Plan that pays providers based upon capitation is called a "Capitation Plan."

In the rules below, "provider" refers to the provider who provides or arranges the services or supplies, and "HMO" refers to a health maintenance organization plan.

Primary Plan is U&C Plan and Secondary Plan is U&C Plan

The secondary plan shall pay the lesser of:

- a) The difference between the amount of the billed charges and the amount paid by the primary plan; or
- b) The amount the secondary plan would have paid if it had been the primary plan.

When the benefits of the secondary plan are reduced as a result of this calculation, each benefit shall be reduced in proportion, and the amount paid shall be charged against any applicable benefit limit of the plan.

Primary Plan is Fee Schedule Plan and Secondary Plan is Fee Schedule Plan

If the provider is a network provider in both the primary plan and the secondary plan, the Allowable Expense shall be the fee schedule of the primary plan. The secondary plan shall pay the lesser of:

- a) The amount of any deductible, coinsurance or copayment required by the primary plan; or
- b) The amount the secondary plan would have paid if it had been the primary plan.

The total amount the provider receives from the primary plan, the secondary plan and the Insured Person(s) shall not exceed the fee schedule of the primary plan. In no event shall the Insured Person(s) be responsible for any payment in excess of the copayment, coinsurance or deductible of the secondary plan.

Primary Plan is U&C Plan and Secondary Plan is Fee Schedule Plan

If the provider is a network provider in the secondary plan, the secondary plan shall pay the lesser of:

- a) The difference between the amount of the billed charges for the Allowable Charges and the amount paid by the primary plan; or
- b) The amount the secondary plan would have paid if it had been the primary plan.

The Insured Person(s) shall only be liable for the copayment, deductible, or coinsurance under the secondary plan if the Insured Person(s) has no liability for copayment, deductible or coinsurance under the primary plan and the total payments by both the primary and secondary plans are less than the provider's billed charges. In no event shall the Insured Person(s) be responsible for any payment in excess of the copayment, coinsurance or deductible of the secondary plan.

Primary Plan is Fee Schedule Plan and Secondary Plan is U&C Plan

If the provider is a network provider in the primary plan, the Allowable Expense considered by the secondary plan shall be the fee schedule of the primary plan. The secondary plan shall pay the lesser of:

- a) The amount of any deductible, coinsurance or copayment required by the primary plan; or
- b) The amount the secondary plan would have paid if it had been the primary plan.

Primary Plan is Fee Schedule Plan and Secondary Plan is U&C Plan or Fee Schedule Plan

If the primary plan is an HMO plan that does not allow for the use of non-network providers except in the event of urgent care or emergency care and the service or supply the Insured Person(s) receives from a non-network provider is not considered as urgent care or emergency care, the secondary plan shall pay benefits as if it were the primary plan.

Primary Plan is Capitation Plan and Secondary Plan is Fee Schedule Plan or U&C Plan

If the Insured Person(s) receives services or supplies from a provider who is in the network of both the primary plan and the secondary plan, the secondary plan shall pay the lesser of:

- a) The amount of any deductible, coinsurance or copayment required by the primary plan; or
- b) The amount the secondary plan would have paid if it had been the primary plan.

Primary Plan is Capitation Plan or Fee Schedule Plan or U&C Plan and Secondary Plan is Capitation Plan

If the Insured Person(s) receives services or supplies from a provider who is in the network of the secondary plan, the secondary plan shall be liable to pay the capitation to the provider and shall not be liable to pay the deductible, coinsurance or copayment imposed by the primary plan. The Insured Person(s) shall not be liable to pay any deductible, coinsurance or copayments of either the primary plan or the secondary plan.

Primary Plan is an HMO and Secondary Plan is an HMO

If the primary plan is an HMO plan that does not allow for the use of non-network providers except in the event of urgent care or emergency care and the service or supply the Insured Person(s) receives from a non-network provider is not considered as urgent care or emergency care, but the provider is in the network of the secondary plan, the secondary plan shall pay benefits as if it were the primary plan.



### **SEVERABILITY OF INTEREST CLAUSE**

This Policy shall operate in all respects as if a separate Policy had been issued to each party insured hereunder, except that in no event shall the total liability of the Insurers in respect of all parties insured hereunder exceed the Limit of Indemnity stated in this Policy. - **LSW1001**

### **LLOYD'S PRIVACY POLICY STATEMENT**

#### **UNDERWRITERS AT LLOYD'S, LONDON**

The Certain Underwriters at Lloyd's, London want You to know how we protect the confidentiality of Your non-public personal information. We want You to know how and why we use and disclose the information that we have about You. The following describes our policies and practices for securing the privacy of our current and former customers.

#### **INFORMATION WE COLLECT**

The non-public personal information that we collect about You includes, but is not limited to:

Information contained in applications or other forms that You submit to us, such as name, address, and social security number

Information about Your transactions with our affiliates or other third-parties, such as balances and payment history

c) Information we receive from a consumer-reporting agency, such as credit-worthiness or credit history

#### **INFORMATION WE DISCLOSE**

We disclose the information that we have when it is necessary to provide our products and services. We may also disclose information when the law requires or permits us to do so,

#### **CONFIDENTIALITY AND SECURITY**

Only our employees and others who need the information to service Your account have access to Your personal information. We have measures in place to secure our paper files and computer systems.

#### **RIGHT TO ACCESS OR CORRECT YOUR PERSONAL INFORMATION**

You have a right to request access to or correction of Your personal information that is in our possession.

#### **CONTACTING US**

If You have any questions about this privacy notice or would like to learn more about how we protect Your privacy, please contact the agent or broker who handled this insurance. We can provide a more detailed statement of our privacy practices upon request. - **LSW1135b**

# LLOYD'S

One Lime Street London EC3M 7HA