



# 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.

*No Insured Person (i) appears on the like of Specially Designated Nationals and Blocked Persons administered by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC"), or other denied party lists maintained by the U.S. Government, the European Union ("EU"), United Nations ("UN") or the United Kingdom ("UK"); (ii) is resident or physically present in a country or territory subject to sanctions, prohibitions or restrictions administered by OFAC, the EU, the UN or the UK; or (iii) is a person who is otherwise the target of U.S., EU, UN or UK sanctions, laws or regulations such that the Underwriters cannot deal or otherwise engage in business transactions with such person. Whenever the coverage provided hereunder would be in violation of any U.S., EU, UN or UK sanctions, prohibitions or restrictions, such coverage shall be immediately null and void. The Underwriters may be compelled by law to seize premiums, deny services, or withhold claims payments if an Insured Person becomes subject to U.S., EU, UN or UK sanctions while this Certificate is in effect.*

## Overseas Visitors Insurance<sup>SM</sup> 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, search online at [www.sevencorners.com/help/find-a-doctor](http://www.sevencorners.com/help/find-a-doctor), 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-Certification and Network section for details and requirements regarding Pre-Certification 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 Policy 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, Emergency Medical Reunion, Natural Disaster, Interruption of Trip, Local Cremation or Burial, Political Evacuation and Return of Minor Child(ren).

**Seven Corners Assist - In the United States, Canada, and the Caribbean (Toll-free): 1-800-690-6295 or Collect Calls: 1-317-818-2808**  
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:** Overseas Visitors Insurance<sup>SM</sup> plan provides coverage as outlined in this program summary for non-US residents, from fourteen (14) days of age and have not yet reached their eightieth\* (80) birthday while traveling outside of their Home Country. Home Country is defined as - The country where an Insured Person(s) has his/her true, fixed and permanent home and principal establishment. For United States Citizens, the Home Country is always the United States.

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 shall mean the Primary Insured Person's unmarried children over fourteen (14) days and under nineteen (19) years of age.

\*Individuals who have their 80th birthday during their Period of Coverage will continue to be covered through their current Period of Coverage but will not be allowed to renew once that Period of Coverage expires.

**It is the Insured Person's responsibility to maintain all records regarding travel history, age and provide any documents to the Administrator, which would verify Eligibility Requirements.**

**Period of Coverage:** The minimum Period of Coverage under Overseas Visitors Insurance<sup>SM</sup> plan is five (5) days, maximum Period of Coverage is three hundred and sixty-four (364) days. Coverage can be purchased in a combination of monthly and/or daily periods by paying the appropriate plan cost.

Effective Date of Coverage begins at 12:01 AM North American Eastern Time on the later of the following dates:

1. The day after the Company receives Your application and correct premium if application and payment is made online or by fax; or
2. The day after the postmark date of Your application and correct premium if application and payment is made by mail; or
3. The moment You depart your Home Country; or
4. The date You request on your application.

Expiration Date of Coverage terminates on the earlier of the following:

1. Your return to Your Home Country (except as provided under the 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 ID card; or
4. The end of the period for which plan cost has been paid; or
5. The date You fail to be considered an eligible person; or
6. The maximum benefit amount has been paid.

### Continuing Coverage (when applicable)

For those who are intending longer international trips, an option is available to you. Seven Corners will email you a renewal notice prior to your Policy Period expiration date. You may complete the renewal process at <https://renewal.sevencorners.com> on the worldwide web.

While a new Period of Coverage will be issued, your original effective date will be used with regards to determining any Pre-existing Conditions as well as calculating your Deductible and Coinsurance for up to a total of three hundred and sixty-four (364) days, then both will begin again.

The maximum period of time Seven Corners will offer this feature is two 364-day Policy Periods. 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 renewal notice. This option is not available if you allow coverage to expire. If this happens, an entirely new program must be purchased (*Pre-existing Condition(s) look back will begin again*).

**SCHEDULE OF BENEFITS:**

All coverages and plan costs listed in this document are in U.S. Dollar amounts.

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

	<b>PLAN A</b>	<b>PLAN B</b>	<b>PLAN C</b>
<b>U.S. Coverage</b>	Included	Included	Included
<b>Medical Maximums</b>	\$25,000; \$50,000; \$100,000; \$250,000;	\$25,000; \$50,000; \$100,000; \$250,000	\$50,000; \$100,000; \$500,000
<b>Deductible</b>	\$100; \$250; \$500; \$1,000; \$2,500; Ages 70-79 with a Medical Maximum of \$100,000 requires a minimum deductible of \$1,000	\$100; \$250; \$500; \$1,000; \$2,500; Ages 70-79 with a Medical Maximum of \$100,000 requires a minimum deductible of \$1,000	\$100; \$250; \$500; \$1,000; \$2,500; Ages 70-79 with a Medical Maximum of \$100,000 requires a minimum deductible of \$1,000
<b>Physician Visits/Urgent Care</b>	\$30 co-pay for office visit <i>Deductible is not applied</i>	\$30 co-pay for office visit <i>Deductible is not applied</i>	\$30 co-pay for office visit <i>Deductible is not applied</i>
<b>Pre-Certification</b>	50% reduction of eligible medical expenses if pre-certification provisions are not met.	50% reduction of eligible medical expenses if pre-certification provisions are not met.	50% reduction of eligible medical expenses if pre-certification provisions are not met.
<b>Misuse of Emergency Room Deductible</b>	\$250 for each emergency room visit for treatment of an illness which does not result in a direct Hospital admission.	\$250 for each emergency room visit for treatment of an illness which does not result in a direct Hospital admission.	\$250 for each emergency room visit for treatment of an illness which does not result in a direct Hospital admission.
<b>Coinsurance</b>	<p><b>Traveling Inside the United States:</b>  <b>For Treatment received within the PPO network:</b>                      After You pay the \$30 Physician Visits/Urgent Care copay OR Deductible (which ever applies), the plan pays 90% of the next \$5,000 of eligible expenses, then 100% to the selected Medical Maximum.</p> <p><b>For Treatment received outside the PPO network:</b>                      After You pay the \$30 Physician Visits/Urgent Care copay OR Deductible (which ever applies), the plan pays 80% of the next \$5,000 of eligible expenses, then 100% to the selected Medical Maximum.</p> <p><b>Traveling Outside the United States:</b>                      After You pay the \$30 Physician Visits/Urgent Care copay OR Deductible (which ever applies), the plan pays 100% to the selected Medical Maximum.</p>	<p><b>Traveling Inside the United States:</b>  <b>For Treatment received within the PPO network:</b>                      After You pay the \$30 Physician Visits/Urgent Care copay OR Deductible (which ever applies), the plan pays 100% of eligible expenses up to the policy maximum.</p> <p><b>For Treatment received outside the PPO network:</b>                      After You pay the \$30 Physician Visits/Urgent Care copay OR Deductible (which ever applies), the plan pays 80% of the next \$5,000 of eligible expenses, then 100% to the selected Medical Maximum.</p> <p><b>Traveling Outside the United States:</b>                      After You pay the \$30 Physician Visits/Urgent Care copay OR Deductible (which ever applies), the plan pays 100% to the selected Medical Maximum.</p>	<p><b>Traveling Inside the United States:</b>  <b>For Treatment received within the PPO network:</b>                      After You pay the \$30 Physician Visits/Urgent Care copay OR Deductible (which ever applies), the plan pays 90% of the next \$5,000 of eligible expenses, then 100% to the selected Medical Maximum.</p> <p><b>For Treatment received outside the PPO network:</b>                      After You pay the \$30 Physician Visits/Urgent Care copay OR Deductible (which ever applies), the plan pays 80% of the next \$5,000 of eligible expenses, then 100% to the selected Medical Maximum.</p> <p><b>Traveling Outside the United States:</b>                      After You pay the \$30 Physician Visits/Urgent Care copay OR Deductible (which ever applies), the plan pays 100% to the selected Medical Maximum.</p>

	<b>PLAN A</b>	<b>PLAN B</b>	<b>PLAN C</b>
<b>Prescription Drugs</b>	After You pay your Deductible, the plan pays 80% of eligible expenses up to \$5,000 then 100% to the selected Medical Maximum, independent of Coinsurance for all other expenses.	After You pay your Deductible, the plan pays 80% of eligible expenses up to \$5,000 then 100% to the selected Medical Maximum, independent of Coinsurance for all other expenses.	After You pay your Deductible, the plan pays 80% of eligible expenses up to \$5,000 then 100% to the selected Medical Maximum, independent of Coinsurance for all other expenses.
<b>Dental (Accident Coverage)</b>	Reasonable and Customary for necessary Treatment due to an Accident.	Reasonable and Customary for necessary Treatment due to an Accident.	Reasonable and Customary for necessary Treatment due to an Accident.
<b>Dental (Sudden Relief of Pain)</b>	Up to \$100 for the necessary Treatment of sudden, unexpected pain to a Sound Natural Tooth	Up to \$100 for the necessary Treatment of sudden, unexpected pain to a Sound Natural Tooth	Up to \$100 for the necessary Treatment of sudden, unexpected pain to a Sound Natural Tooth
<b>Emergency Medical Evacuation/Repatriation</b>	\$100,000 (in addition to the Medical Maximum)	\$100,000 (in addition to the Medical Maximum)	\$500,000 (in addition to the Medical Maximum)
<b>Return of Mortal Remains</b>	\$20,000	\$20,000	\$50,000
<b>Local Cremation or Burial</b>	\$5,000	\$5,000	\$5,000
<b>Return of Minor Child(ren)</b>	\$5,000. Must be approved in advance and coordinated by the Administrator.	\$5,000. Must be approved in advance and coordinated by the Administrator.	\$50,000. Must be approved in advance and coordinated by the Administrator.
<b>Emergency Medical Reunion</b>	\$15,000 Must be approved in advance and coordinated by the Administrator.	\$15,000 Must be approved in advance and coordinated by the Administrator.	\$50,000. Must be approved in advance and coordinated by the Administrator.
<b>Local Ambulance Benefit</b>	Reasonable and Customary up to the Medical Maximum	Reasonable and Customary up to the Medical Maximum	Reasonable and Customary up to the Medical Maximum
<b>Accidental Death &amp; Dismemberment (AD&amp;D)</b>	\$25,000 Principal Sum for Insured, \$12,500 for Accidental loss of another Member Aggregate limit of \$250,000 per family	\$25,000 Principal Sum for Insured, \$12,500 for Accidental loss of another Member Aggregate limit of \$250,000 per family	\$25,000 Principal Sum for Insured, \$12,500 for Accidental loss of another Member Aggregate limit of \$250,000 per family
<b>Common Carrier Accidental Death</b>	\$50,000 per Insured Person, maximum of \$250,000 per family involved in the same Accident	\$50,000 per Insured Person, maximum of \$250,000 per family involved in the same Accident	\$50,000 per Insured Person, maximum of \$250,000 per family involved in the same Accident

	<b>PLAN A</b>	<b>PLAN B</b>	<b>PLAN C</b>
<b>Loss of Checked Baggage</b>	Up to \$50 per item of luggage, \$250 max per Insured Person. Not subject to Deductible or Coinsurance.	Up to \$50 per item of luggage, \$250 max per Insured Person. Not subject to Deductible or Coinsurance.	Up to \$50 per item of luggage, \$250 max per Insured Person. Not subject to Deductible or Coinsurance.
<b>Durable Medical Equipment</b>	Reasonable and Customary. Must be pre-certified for medical necessity by the Administrator.	Reasonable and Customary. Must be pre-certified for medical necessity by the Administrator.	Reasonable and Customary. Must be pre-certified for medical necessity by the Administrator.
<b>Interruption of Trip</b>	Up to \$5,000 per Insured Person.	Up to \$5,000 per Insured Person.	Up to \$5,000 per Insured Person.
<b>Home Country Coverage</b>	<i>Incidental Trips to The Home Country:</i> Up to \$50,000; The Home Country Coverage maximum, will never surpass the selected Medical Maximum. <i>Home Country Extension of Benefits:</i> Up to \$5,000	<i>Incidental Trips to The Home Country:</i> Up to \$50,000; The Home Country Coverage maximum, will never surpass the selected Medical Maximum. <i>Home Country Extension of Benefits:</i> Up to \$5,000	<i>Incidental Trips to The Home Country:</i> Up to \$50,000; The Home Country Coverage maximum, will never surpass the selected Medical Maximum. <i>Home Country Extension of Benefits:</i> Up to \$5,000
<b>Acute Onset of Pre-existing Condition</b>	Ages up to 69: Medical Maximum up to \$100,000 Ages 70-79: Medical Maximum up to \$35,000 Must be Coordinated by Seven Corners Medical Management. Services and Treatment(s) in the United States must be received at an approved PPO Service Provider facility, if one exists within a 50-mile radius of where the Insured Person(s) is located. \$25,000 maximum per Emergency Medical Evacuation related to an Acute Onset of a Pre-existing Condition	Ages up to 69: Medical Maximum up to \$100,000 Ages 70-79: Medical Maximum up to \$35,000 Must be Coordinated by Seven Corners Medical Management. Services and Treatment(s) in the United States must be received at an approved PPO Service Provider facility, if one exists within a 50-mile radius of where the Insured Person(s) is located. \$25,000 maximum per Emergency Medical Evacuation related to an Acute Onset of a Pre-existing Condition	Ages up to 69, Up to the Medical Maximum Limit per Period of Coverage.  Must be Coordinated by Seven Corners Medical Management. Services and Treatment(s) in the United States must be received at an approved PPO Service Provider facility, if one exists within a 50-mile radius of where the Insured Person(s) is located. \$25,000 maximum per Emergency Medical Evacuation related to an Acute Onset of a Pre-existing Condition
<b>Identity Theft</b>	N/A	N/A	\$500
<b>Hospital Indemnity</b>	N/A	N/A	\$100 per overnight and maximum limit of 10 overnights.

	<b>PLAN A</b>	<b>PLAN B</b>	<b>PLAN C</b>
<b>Political Evacuation</b>	N/A	N/A	\$10,000. Must be approved in advance and coordinated by the Administrator.
<b>Terrorism</b>	N/A	N/A	\$50,000; not subject to the Deductible.
<b>Natural Disaster</b>	N/A	N/A	\$100 per day and maximum limit of 5 days for accommodations
<b>Natural Disaster Evacuation/Repatriation</b>	N/A	N/A	\$10,000 <b>(only available for travel outside the United States)</b>
<b>Hospital Room &amp; Board</b>	Average semi-private room rate up to the Medical Maximum	Average semi-private room rate up to the Medical Maximum	Average semi-private room rate up to the Medical Maximum
<b>Physiotherapy/ Physical Medicine/ Chiropractic</b>	Physical Therapy prescribed & necessary	Physical Therapy prescribed & necessary	Physical Therapy prescribed & necessary
<b>Intensive Care</b>	Reasonable and Customary up to the Medical Maximum	Reasonable and Customary up to the Medical Maximum	Reasonable and Customary up to the Medical Maximum
<b>Surgery</b>	Reasonable and Customary up to the Medical Maximum	Reasonable and Customary up to the Medical Maximum	Reasonable and Customary up to the Medical Maximum
<b>Outpatient Medical Expenses</b>	Reasonable and Customary to the selected Medical Maximum	Reasonable and Customary to the selected Medical Maximum	Reasonable and Customary to the selected Medical Maximum
<b>Diagnostic Procedures</b>	Reasonable and Customary up to the Medical Maximum	Reasonable and Customary up to the Medical Maximum	Reasonable and Customary up to the Medical Maximum.
<b>Home Nursing Care</b>	Reasonable and Customary up to the Medical Maximum	Reasonable and Customary up to the Medical Maximum	Reasonable and Customary up to the Medical Maximum
<b>Assistance Services</b>	Included	Included	Included
<b>Benefit Period</b>	180 Days	180 Days	180 Days

## DESCRIPTION OF BENEFITS

**Medical Expenses:** International Travel Medical Insurance shall pay Reasonable and Customary charges for Covered Expenses, excess of the chosen Deductible and Coinsurance up to the selected Medical Maximum, incurred by You due to an Accidental Injury or Illness which occurred during the Period of Coverage outside Your Home Country (except as provided under the Home Country Coverage). All bodily disorders existing simultaneously which are due to the same or related causes shall be considered one Disablement. If a Disablement is due to causes which are the same or related to the cause of a prior Disablement, the Disablement shall be considered a continuation of the prior Disablement and not a separate Disablement. The initial treatment of an Injury or Illness must occur within thirty (30) days of the date of Injury or onset of Illness.

Only such expenses which are specifically enumerated in the following list of charges and are not excluded shall be considered Covered Expenses (Subject to Benefit Period):

1. Charges made by a Hospital for room and board, floor nursing and other services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital's average charge for semi-private room and board accommodations.
2. Charges made for Intensive Care or coronary care charges and nursing services.
3. Charges made for diagnosis, Treatment and Surgery by a Physician.
4. Charges made for an operating room.
5. Charges made for Outpatient Treatment, same as any other Treatment covered on an Inpatient basis. This includes ambulatory surgical centers, Physicians' Outpatient visits/examinations, clinic care, and surgical opinion consultations.
6. Charges made for the cost and administration of anesthetics.
7. Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood, transfusions, iron lungs, and medical Treatment.
8. Charges for physiotherapy, if recommended by a Physician for the Treatment of a specific Disablement and administered by a licensed physiotherapist.
9. Dressings, drugs, and Medicines that can only be obtained upon a written prescription of a Physician or Surgeon.
10. Local transportation to or from the nearest Hospital or to and from the nearest Hospital with facilities for required Treatment. Such transportation shall be by licensed ground ambulance only to the amount stated in the SCHEDULE OF BENEFITS, within the metropolitan area in which You are located at that time the service is used. If You are in a rural area, then licensed air ambulance transportation to the nearest metropolitan area shall be considered a Covered Expense.

### Coinsurance-

#### Traveling Inside the United States:

##### For Treatment received within the PPO network:

**(Plans A & C)** After You pay the \$30 Physician Visits/Urgent Care copay OR Deductible (which ever applies), the plan pays 90% of the next \$5,000 of eligible expenses, then 100% to the selected Medical Maximum.

**(Plan B)** After You pay the \$30 Physician Visits/Urgent Care copay OR Deductible (which ever applies), the plan pays 100% to the selected Medical Maximum.

##### For Treatment received outside the PPO network:

After You pay the \$30 Physician Visits/Urgent Care copay OR Deductible (which ever applies), the plan pays 80% of the next \$5,000 of eligible expenses, then 100% to the selected Medical Maximum.

#### Traveling Outside the United States:

After You pay the \$30 Physician Visits/Urgent Care copay OR Deductible (which ever applies), the plan pays 100% to the selected Medical Maximum.

**Misuse of Emergency Room Deductible** – \$250 for each emergency room visit for Treatment of an Illness which does not result in a direct Hospital admission

**Dental Emergency Treatment (Accident Coverage)** – This plan shall pay in excess of the chosen Deductible and Coinsurance up to the maximum stated in the SCHEDULE OF BENEFITS, for Emergency Treatment to repair or replace Sound Natural Teeth damaged as the result of a covered Accident. Only those injuries caused by external contact with a foreign object are covered. You are not covered if you break a tooth while eating or biting into a foreign object. *\*Only available to programs purchased for 30 days or more.*

**Dental Emergency Treatment (Sudden Relief of Pain)** – This plan shall pay in excess of the chosen Deductible and Coinsurance up to the maximum stated in the SCHEDULE OF BENEFITS, for Emergency Treatment for the relief of pain to Sound Natural Teeth. *\*Only available to programs purchased for 30 days or more.*



**Emergency Medical Evacuation/Repatriation:** The Company shall pay benefits for Covered Expenses incurred up to the maximum stated in the SCHEDULE OF BENEFITS, if any covered Injury or Illness commencing during the Period of Coverage results in the Medically Necessary Emergency Medical Evacuation or Repatriation of the Insured Person. The Emergency Medical Evacuation or Repatriation must be ordered by Seven Corners Assist in consultation with the Insured Person's local attending Physician.

Emergency Medical Evacuation or Repatriation means: (a) the Insured Person's medical condition warrants immediate transportation from the medical facility where the Insured Person is located to the nearest adequate medical facility where Medical Treatment can be obtained; or (b) after being treated at a local medical facility as a result of a covered Emergency Medical Evacuation, the Insured Person's medical condition warrants transportation with a qualified medical attendant to his/her Home Country to obtain further Medical Treatment or to recover; or (c) both (a) and (b) above. All transportation arrangements must be by the most direct and economical route.

**The Emergency Medical Evacuation or Repatriation must be arranged by Seven Corners Assist in consultation with the Insured Person's local attending Physician. Failure to utilize Seven Corners Assist to arrange for these services will result in the denial of benefits.**

**Return of Mortal Remains:** The Company will pay the reasonable eligible expenses incurred up to the maximum stated in the SCHEDULE OF BENEFITS to return the Your remains to Your Home Country if You die, regardless of whether the death is related to a Pre-existing Condition. eligible expenses include, but are not limited to, expenses for embalming, a minimally necessary container appropriate for transportation, shipping costs, and the necessary government authorizations. If the Return of Mortal Remains is chosen, the Local Cremation or Burial benefit will not apply. Any and all arrangements must be made by Seven Corners Assist. **Failure to utilize Seven Corners Assist to arrange for these services will result in the denial of benefits.**

**Local Cremation or Burial:** The Company will pay the reasonable eligible expenses incurred up to the maximum stated in the SCHEDULE OF BENEFITS for preparation, local burial or cremation of Your mortal remains at the country of death in accordance with the commonly accepted cultural and religious beliefs practiced by You. Coverage is not provided for burial and cremation costs incurred for religious practitioner, flowers, music, food or beverages. If the Local Cremation or Burial is chosen, the Return of Mortal Remains benefit will not apply.

**Failure to utilize Seven Corners Assist to arrange for these services will result in the denial of benefits.**

**Return of Minor Child(ren):** Should the Insured Person be traveling alone with a Minor Child(ren) and is hospitalized because of a covered Illness or Injury and the minor child(ren), under age 19, is left unattended, the Company will arrange and pay, up to the maximum stated in the SCHEDULE OF BENEFITS, for one way economy fares to their Home Country. These arrangements will be made at no cost to the Insured Person. Meals and lodging are the responsibility of the Insured Person. If an attendant/escort is necessary to insure the safety and welfare of Minor Child(ren), the Company will arrange and pay for these services to the limit stated in the SCHEDULE OF BENEFITS. **Failure to utilize Seven Corners Assist to arrange for these services will result in the denial of benefits.**

**Emergency Medical Reunion:** When Emergency Medical Evacuation or Repatriation occurs, the Company will arrange and pay, up to the maximum stated in the SCHEDULE OF BENEFITS, for round trip economy-class transportation for one individual selected by the Insured Person, from the Insured Person's Home Country to the location where the Insured Person is hospitalized and return to the Home Country. Emergency Medical Reunion must be recommended by the attending Physician. The benefits payable will include: (1) The cost of a round trip economy air fare; (2) Reasonable travel and accommodation expenses (not to exceed \$200 per day) incurred in relation up to the maximum stated in the SCHEDULE OF BENEFITS. (3) The period of Emergency Medical Reunion is not to exceed fifteen (15), including travel. **Failure to utilize Seven Corners Assist to arrange for these services will result in the denial of benefits.**

**Accidental Death & Dismemberment (AD&D):** The Company shall pay an indemnity determined from the Table if an Insured Person sustains a Loss stated therein resulting from Injury and subject to the limitations contained in EXCLUSIONS AND LIMITATIONS, provided that: (a) such Loss occurs within 365 days after the date of Accident causing such Loss; and (b) the indemnity payable for any such Loss shall be the Principal Sum stated on the ID Card, as applicable to such Insured Person and this Insurance; and (c) if more than one Loss stated in said Table of Losses is sustained as the result of one Accident, only one of the amounts, the largest, shall be payable.

<u>For Loss of:</u>	<u>Insured or Spouse</u>	<u>Each Child</u>	
Loss of Life	Principal Sum	<b>\$5,000</b>	
Loss of two Members	Principal Sum	<b>\$5,000</b>	
Loss of one Member	50% of Principal Sum	<b>\$2,500</b>	
Quadriplegia	Principal Sum	<b>\$5,000</b>	(total paralysis of both upper and lower limbs)
Paraplegia	75% of the Principal Sum	<b>\$3,750</b>	(total paralysis of both lower limbs)
Hemiplegia	50% the Principal Sum	<b>\$2,500</b>	(total paralysis of both upper & lower limbs of one side of the body)
Uniplegia	25% of the Principal Sum	<b>\$1,250</b>	(total paralysis of one limb)

The term "Principal Sum" as used herein shall mean the amount stated on the ID Card. "Member" means hand, foot or eye. Only one amount, the largest to which you are entitled is payable for all losses resulting from one Accident. In the event of a Common Carrier Accidental Death benefits will be paid once at the higher amount as specified in the SCHEDULE OF BENEFITS for Common Carrier Accidental Death.

**Common Carrier Accidental Death:** Benefits will be paid to you as per the SCHEDULE OF BENEFITS if you sustain an Accidental Death. Death must occur during the Period of Coverage while the Insured Person is riding as a passenger (but not a pilot, operator or member of the crew) in or on a Common Carrier.

**Loss of Checked Baggage:** This plan will reimburse You for lost baggage and personal effects checked with a Common Carrier provided You have taken all reasonable measures to protect, save and/or recover Your property at all times. The baggage and personal effects must be owned by and accompany You at all times. Benefits will be paid to the maximum stated in the SCHEDULE OF BENEFITS. The plan will pay the lesser of the following:

1. The actual cash value (cost less proper deduction for depreciation at the time of loss);
2. The cost to repair or replace the article with material of a like kind and quality; or
3. \$50 per article.

This coverage is secondary to any coverage provided by a Common Carrier. You must furnish proof to the Underwriter that full reimbursement has been obtained from the airline

**Interruption of Trip:** If the Insured is unable to continue the Trip due to the death of a parent, spouse, sibling or child; or due to serious damage to the Insured's principal residence from fire, flood or similar Natural Disaster (tornado, earthquake, hurricane, etc.), the program will reimburse (up to the maximum stated in the SCHEDULE OF BENEFITS) the Insured for the cost of economy travel, less the value of applied credit from an unused return travel ticket, to return home to their area of principal residence. **Failure to utilize Seven Corners Assist to arrange for these services will result in the denial of benefits.**

**Home Country Coverage:** *Incidental Trips to Your Home Country:* This benefit covers you for incidental trips to your Home Country (Maximum 60 days per of three hundred and sixty-four (364) days of purchased coverage or pro rata thereof - example: approximately 5 days per month of purchased coverage, not available for purchases less than 0 days). You must first depart your Home Country in order to utilize this benefit and it does not apply to the final trip home. In the event of a claim, you may be required to provide proof of your travel intentions. Earned Home Country Coverage days for the current Period of Coverage do not extend or carry over after a completed of three hundred and sixty-four (364) day Period of Coverage. If you choose to renew beyond a three hundred and sixty-four (364) day Period of Coverage, the earning of incidental days will start over again, i.e. 5 days for every month that you purchase, allowing up to a maximum amount of 60 days per three hundred and sixty-four (364) days Period of Coverage. Maximum benefit is reduced to the maximum stated in the SCHEDULE OF BENEFITS for any Illness or Injury occurring while on an incidental Trip to your Home Country.

*Extension of Benefits:* This Certificate shall pay for Covered Expenses incurred in your Home Country up to the maximum stated in the SCHEDULE OF BENEFITS, minus Your Deductible and Coinsurance, for one hundred and eighty days (180) from the onset of a new covered Injury or Illness \*that is first diagnosed and treated outside Your Home Country.

If Seven Corners Assist evacuates/repatriates you to your Home Country for a Covered Injury or Illness, the maximum stated in the SCHEDULE OF BENEFITS for Extension of Benefits does not apply to the Medical Benefits. This benefit does not provide coverage for Pre-existing Conditions because the Exclusions for Medical Benefits apply.

**Acute Onset of a Pre-existing Condition(s):** You are covered for an Acute Onset of a Pre-existing Condition(s) as defined in PLAN DEFINITIONS. To be considered a Covered Expense under this benefit, the expenses for an Acute Onset must be a result of an Acute Onset which occurs in the United States. Must be Coordinated by Seven Corners Medical Management. Services and Treatment(s) in the United States must be received at an approved PPO Service Provider facility, if one exists within a 50-mile radius of where the Insured Person(s) is located. Coverage is provided until the earliest of:

- a. The condition is no longer acute; or
- b. You are discharged from the Hospital.

Coverage is available up to the maximum stated in the SCHEDULE OF BENEFITS for eligible medical expenses.

**(Plan C only) Identity Theft:** In the event the Insured Person's identity is stolen, the Company will reimburse the Insured Person the Reasonable and Customary and necessary costs incurred by the Insured Person up to the amount shown in the SCHEDULE OF BENEFITS/LIMITS for: re-filing loan or other credit applications that are rejected solely as a result of the Insured Person's stolen identity; notarization of legal documents, long distance telephone calls, and postage incurred solely as a result of reporting, amending and/or rectifying records as a result of the Insured Person's stolen identity; up to three credit reports obtained within one year of the Insured Person's knowledge of the stolen identity event; stop payment orders placed on missing or unauthorized checks as a result of the stolen identity event.

**(Plan C only) Hospital Indemnity:** Should the Insured Person be hospitalized while traveling outside the United States, and the hospitalization is considered a Covered Expense, the Company will indemnify the Insured up to the maximum stated in the SCHEDULE OF BENEFITS for each night spent in the Hospital up to a maximum of ten (10) days. This payment is not related to the actual Hospital charges and is paid in addition to any other Eligible Benefits. You may use these funds for incidentals or as you like.

**(Plan C only) Political Evacuation and Repatriation of Remains:** If due to political or military events in a host country, a formal recommendation from the appropriate authorities is issued for the Insured to leave the Host Country or the Insured is expelled or declared persona non-grata by the host country, all reasonable expenses incurred for transportation to the nearest place of safety or for repatriation to the Insured's Home Country or country of residence are covered up to the maximum statement in the SCHEDULE OF BENEFITS. Evacuation must occur within 10 days of any such event. Coverage will apply to the most appropriate and economical means consistent under the circumstances with your health & safety. Evacuation costs will be paid once per Insured per occurrence. In the event this benefit is needed, arrangements must be made by Seven Corners Assist. **Failure to utilize Seven Corners Assist to arrange for these services will result in the denial of benefits.**

***The Political Evacuation and Repatriation of Remains Benefit will not pay, should the Insured not heed Travel Warnings issued by the State Department or the appropriate authorities recommending that travelers avoid a certain country.***

(Plan C only)

**Terrorism:** Coverage for Eligible Benefits resulting from Terrorist Activity, subject to the maximum stated in the SCHEDULE OF BENEFITS, provided all of the following conditions are met:

1. The Insured Person has no direct or indirect involvement in the Terrorist Activity.
2. The Terrorist Activity is not in a country or location where the United States government has issued a travel warning that has been in effect within the six (6) months prior to the Insured Person's date of arrival.
3. The Insured Person has not unreasonably failed or refused to depart a country or location following the date a warning to leave that country or location is issued by the United States government.

**(Plan C only) Natural Disaster Benefit:** This Certificate shall pay up to the benefit stated in the SCHEDULE OF BENEFITS per day for five (5) days for the following expenses due to a Natural Disaster: Replacement accommodations in the event You are Displaced from planned, paid accommodations due to evacuation from a forecasted Natural Disaster or following a Natural Disaster. You must provide receipt of proof of payment for the accommodations from which You were Displaced. The Company will not cover any expenses provided by another party at no cost to You.

**(Plan C only) Natural Disaster Evacuation/Repatriation (only available for travel outside the United States):** If You require Emergency Evacuation due to a Natural Disaster, which makes Your Host Country location Uninhabitable, as deemed by Seven Corners security personnel and as described in this document under "Natural Disaster Evacuation Triggers," Seven Corners will arrange and pay for evacuation from a safe departure point to the nearest safe location. Seven Corners shall arrange and pay up to a maximum of three (3) days for reasonable accommodations related to lodging if You are delayed at the safe location. Seven Corners shall also arrange and pay for one-way economy airfare to return You to Your Home Country following a Natural Disaster Evacuation. This Certificate shall pay up to the maximum stated in the SCHEDULE OF BENEFITS.

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

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

#### **Natural Disaster Evacuation Triggers**

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

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

AND the below must occur:

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

OR

Your location in the Host Country is deemed Uninhabitable by Seven Corners security personnel.

#### **General Limitations Regarding Natural Disaster Evacuation Benefits**

Seven Corners security personnel will determine the need for evacuation in consultation with local governments and security analysts. Seven Corners may use any and all appropriate resources to evacuate You including, but not limited to, charter aircraft, ground and sea transportation in such circumstances where the point of departure may not be an international airport. In the case that an evacuation is impossible due to hostile conditions, Seven Corners will use security resources to maintain contact with You, to the greatest extent allowed by circumstance, until evacuation becomes possible or the Emergency is resolved.

In the event You are in an area in which an act of rebellion, riot, military uprising, war, terrorism, labor disturbance, strike, nuclear accident, or interference by authorities inhibits Seven Corners' ability to fully provide services, Seven Corners shall nonetheless use its best efforts to provide its services, recognizing that obstacles beyond its control will affect the level of service. Seven Corners cannot be held responsible for failure to provide services or for delays caused by conditions beyond its control including, but not limited to, flight or weather conditions, strikes, unforeseen changes to airport regulations or restrictions, failure of You to comply with Seven Corners' recommendations, or where rendering of service is prohibited by local laws or regulatory agencies.

**Seven Corners must make all arrangements for You. Services rendered without Seven Corners' coordination and approval are not covered. No claims for reimbursement will be accepted.**

**If You are able to leave Your Host Country by normal means, such as changing a commercial airline ticket, Seven Corners will assist in rebooking flights or other transportation. Such expenses for non-emergency transportation are Your responsibility.**

All legal actions arising under this Certificate shall be barred unless written notice thereof is received by Seven Corners within one (1) year from the date of the event giving rise to such legal action.

You may be required to release Seven Corners or any provider from liability during Emergency evacuation and/or repatriation.

Seven Corners shall be under no obligation to provide the services to You, who in the sole opinion of Seven Corners, are located in areas that represent conditions in which providing services is impossible, including without limitation geographical remoteness, war (declared or undeclared), civil or other hostilities or political unrest.

Any payment for services will only be made in full compliance with all United States of America economic or trade sanction laws or regulations, including but not limited to, sanctions, laws and regulations administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC"). Therefore, any such expenses incurred, or claims made involving travel that is in violation of such sanctions, laws and regulations will not be covered under this Certificate. For more information, you may consult the OFAC website at [www.treas.gov/offices/enforcement/ofac/](http://www.treas.gov/offices/enforcement/ofac/).

#### **Natural Disaster Evacuation/Repatriation Definitions**

"Evacuation" is the transportation of You from the Host Country to the nearest place of safety.

"Repatriation" is the transportation of You from the safe location to Your Home Country.

"Host Country" is the country which You have traveled to and which is not the United States.

"Imminent Bodily Harm" is the existence of any condition or circumstance, which cannot be avoided through reasonable precautionary measures, and could be expected to cause death or serious physical harm to You, if You were to remain in the affected area where the Natural Disaster event has occurred.

"Covered Event" is the Natural Disaster Evacuation/Repatriation of You. In order to qualify as a Covered Event, the Natural Disaster Evacuation/Repatriation must occur as soon as reasonably possible following the event or events set forth in the definitions in Emergency Natural Disaster Evacuation/Repatriation. The event or events shall be deemed to commence at the first manifestation of a natural event in which You are in danger of Imminent Bodily Harm.

"Natural Disaster" means an event of natural cause, including wildfire, earthquake, windborne dust or sand, volcanic eruption, tsunami, snow, rain or wind, that results in widespread and severe damage such that the government of the Host Country issues an official disaster declaration and determines the affected area to be Uninhabitable. Natural Disaster does not include the direct or indirect effect of rain, wind or water associated with named storms meeting the definition of hurricane or typhoon, except in instances where:

1. The path of the named storm deviates by a distance of greater than 200 miles within a 72-hour period from the path forecast by a nationally recognized meteorological service
2. Or less than 72 hours advance notice of a potential landfall for a named storm exists.

"Uninhabitable" means Your Host Country location is deemed unfit for residence, as determined by Seven Corners security personnel in accordance with U.S. and local authorities, due to lack of habitable shelter, food, heat and/or potable water AND no suitable supplemental housing is available within 100 miles of the disaster site.

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

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

## 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.

**Acute Onset of a Pre-existing Condition(s)** shall mean a sudden and unexpected outbreak or recurrence of a Pre-existing Condition(s) which occurs spontaneously and without advance warning either in the form of Physician recommendations or symptoms and requires urgent care. The Acute Onset of a Pre-existing Condition(s) must occur after the effective date of the Certificate. Treatment must be obtained within 24 hours of the sudden and unexpected outbreak or recurrence. A Pre-existing Condition that is a Congenital condition or that gradually becomes worse over time will not be considered Acute Onset. A Pre-existing Condition will not be considered an Acute Onset if during the 30 days prior to the acute event You had a change in prescription or treatment for a diagnosis related to the acute event. This benefit does not include coverage for known, scheduled, required, or expected medical care, drugs or Treatments existent or necessary prior to arrival in the United States and prior to the Effective Date of coverage.

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

**Airworthiness Certificate or Airworthy Certificate** shall mean the "Standard" Airworthiness Certificate issued by the Federal Aviation Agency of the United States or its foreign equivalent issued by the government authority having jurisdiction over civil aviation in the country of its registry.

**Benefit Period** shall mean the one hundred and eighty (180) days following the onset of an eligible accident, Injury or Illness in which to receive Medically Necessary Covered Expenses. If Your plan terminates during Your Benefit Period, You will still be eligible to receive Treatment so long as the Treatment is within Your Benefit Period and outside Your Home Country (except as provided under the Home Country Coverage).

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

**Common Carrier** shall mean any land, sea, and/or air conveyance operating under a valid license for the transportation of passengers for hire.

**Congenital** shall mean a physical abnormality or condition that is present at birth, whether inherited or caused by the environment.

**Company or Underwriter** shall mean Certain Underwriters at Lloyd's, London.

**Covered Expense** shall mean "Eligible Benefit".

**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.

**Durable Medical Equipment** Durable Medical Equipment shall mean exclusively the following items: a standard basic hospital bed; and/or a standard basic wheel chair.

**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.

**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 Underwriter 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** 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.

**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 a sickness, disorder, illness, pathology, abnormality, malady, morbidity, affliction, disability, defect, handicap, deformity, birth defect, congenital defect, symptomatology, syndrome, malaise, infection, infirmity, ailment, disease of any kind, or any other medical, physical or health condition. Provided, however, that Illness does not include learning disabilities, or attitudinal or disciplinary problems. All Illnesses that exist simultaneously or which arise subsequent to a prior Illness and which directly or indirectly relate to or result or arise from the same or related causes or as a consequence thereof or from one another are considered to be one Illness. Further, if a subsequent Illness results or arises from causes or consequences that are the same as or related to the causes or consequences of a prior Illness, the subsequent Illness will be deemed to be a continuation of the prior Illness and not a separate Illness.

**Injury** shall mean Accidental bodily Injury or injuries caused by an Accident which occurs after the Effective Date of this policy. The Injury must be the direct cause of the loss, independent of disease or bodily infirmity.

**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.

**Master Policy** means that certain group insurance policy, No. RCB07419 issued to World Commercial Trust by Certain Underwriters at Lloyd's, London, which is available upon request from Seven Corners.

**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.

**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.

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

**Physician(s) or Surgeon** shall mean a doctor of medicine or a doctor of osteopathy licensed to render medical services or perform Surgery(ies) in accordance with the laws of the jurisdiction where such professional services are performed.

**Pre-existing Condition(s)** 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 36 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 36 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.

**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(s)** 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.

**Sound Natural Tooth** is 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.

**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.

**Surgery(ies)** shall mean an invasive diagnostic procedure; or the treatment of Illness or Injury by manual or instrumental operations performed by a Physician while the patient is under general or local anesthesia.

**Terrorism** shall mean an act, or acts, of any person, or group(s) of persons, committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public, or any section of the public, in fear. Terrorism can include, but not be limited to, the

actual use of force or violence and/or the threat of such use. Furthermore, the perpetrators of terrorism can either be acting alone, or on behalf of, or in connection with any organization(s) or governments(s).

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

**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

For **Medical Benefits, Emergency Medical Evacuation/Repatriation, Return of Mortal Remains, Emergency Medical Reunion, and Return of Minor Child(ren)**, this Insurance does not cover:

1. Pre-existing Conditions which are excluded under this Certificate. This means that any claims for Pre-existing Conditions will not be covered for the duration of this Certificate.

This exclusion is waived for Eligible Benefits incurred as defined below:

Acute Onset of Pre-existing Condition as defined in this Certificate up to the maximum stated in the SCHEDULE OF BENEFITS, must be coordinated by Seven Corners Medical Management. Any reoccurrence within the same Policy Period will no longer be considered Acute Onset of a Pre-existing Condition and will not be eligible for additional coverage. A Pre-existing Condition which is a congenital condition or that gradually becomes worse over time and/or known, scheduled, required, or expected medical care, drugs or treatments existing or necessary prior to the Effective Date are not considered to be an Acute Onset. Acute Onset of a Pre-existing Condition Coverage expires upon medical advice that the condition and Onset is no longer acute or you are discharged from a medical facility.

**This exclusion does not apply to Emergency Medical Evacuation/Repatriation**

2. Injury or Illness which is not presented to the Underwriter for payment within 90 days of receiving Treatment;
3. Charges for Treatment which is not Medically Necessary
4. Charges provided at no cost to You;
5. Charges for Treatment which exceeds Reasonable and Customary charges;
6. Charges incurred for Surgery or Treatments which are, Experimental/Investigational, or for research purposes;
7. Services, supplies or treatment, including any period of Hospital confinement, which were not recommended, approved and certified as Medically Necessary and reasonable by a Physician;
8. Suicide, or any attempt thereof, while sane or self-destruction or any attempt thereof, while sane;
9. War, hostilities or warlike operations (whether war be declared or not), Invasion, Act of an enemy foreign to the nationality of the insured person or the country in, or over, which the act occurs, Civil war, Riot, Rebellion, Insurrection, Revolution, Overthrow of the legally constituted government, Civil commotion assuming the proportions of, or amounting to, an uprising, Military or usurped power, Explosions of war weapons, Utilization of Nuclear, Chemical or Biological weapons of mass destruction howsoever these may be distributed or combined, Murder or Assault subsequently proved beyond reasonable doubt to have been the act of agents of a state foreign to the nationality of the insured person whether war be declared with that state or not, Terrorist activity. For the purpose of this Exclusion;
  - i. Terrorist activity means an act, or acts, of any person, or group(s) of persons, committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public, or any section of the public, in fear. Terrorist activity can include, but not be limited to, the actual use of force or violence and/or the threat of such use. Furthermore, the perpetrators of terrorist activity can either be acting alone, or on behalf of, or in connection with any organization(s) or governments(s). (not applicable to Plan C)
  - ii. Utilization of Nuclear weapons of mass destruction means the use of any explosive nuclear weapon or device or the emission, discharge, dispersal, release or escape of fissile material emitting a level of radioactivity capable of causing incapacitating disablement or death amongst people or animals.
  - iii. Utilization of Chemical weapons of mass destruction means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing incapacitating disablement or death amongst people or animals.
  - iv. Utilization of Biological weapons of mass destruction means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which are capable of causing incapacitating disablement or death amongst people or animals.

Also excluded hereon is any Loss or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, or suppressing any, or all, of the situations described above. In the event any portion of this exclusion is found to be invalid or unenforceable, the remainder shall remain in full force and effect;

10. Injury sustained while participating in professional athletics, including but not limited to the event, games, practice, conditioning and any other activity related to professional athletics.
11. 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 Yours, or anyone who lives with You;

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 You return to Your 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 covered hereunder;
19. Treatment in connection with alcoholism and drug addiction, or use of any drug or narcotic agent;
20. Injury sustained or Disablement due wholly or partly to the Insured being intoxicated as defined and determined by the laws of the state where the Injury occurred; or to the Insured being under the influence of any narcotic, unless administered on the advice of a Physician;
21. Any Mental and Nervous disorders or rest cures;
22. Congenital abnormalities and conditions arising out of or resulting there from;
23. Expenses which are non-medical in nature;
24. Expenses as a result of or in connection with intentionally self-inflicted Injury or Illness;
25. Expenses as a result of or in connection with the commission of a felony offense;
26. Treatment paid for or furnished under any other individual or group policy or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government plan or facility set up for treatment without any cost to You;
27. Treatment of venereal disease, including all sexually transmitted diseases and conditions, and any and all consequences thereof;
28. Dental care, except as the result of Injury to 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;
31. For miscarriage resulting from Accident or complications of Pregnancy;
32. 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;
33. Treatment for human organ tissue transplants and their related treatment;
34. Expenses incurred while in Your Home Country, except as provided under the Home Country Coverage;
35. Expenses incurred during a Hospital emergency visit which is not of an emergency nature;
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 plan does not insure against loss or damage (including death or injury) and any associated cost or expense resulting directly from the discharge, explosion or use of any device, weapon or material employing or involving nuclear fission, nuclear fusion or radioactive force, or chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act.
39. Sex change operations, or for treatment of sexual dysfunction or sexual inadequacy;
40. Weight reduction programs or the surgical treatment of obesity;
41. Expenses resulting from Acquired Immune Deficiency Syndrome (AIDS), Aids-Related Complex (ARC) or the Human Immunodeficiency Virus (HIV).
42. Treatment for learning disabilities, attitudinal disorders, or disciplinary problems;

With regards to **Accidental Death and Dismemberment** this Insurance does not cover:

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



11. Flying in any aircraft which is engaged in any flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even though granted;
12. Illness of any kind;
13. Being under the influence of alcohol or having taken drugs or narcotics unless prescribed by a legally qualified Physician or surgeon;
14. Injury occasioned or occurring while You are committing or attempting to commit a felony or to which a contributing cause was You being engaged in an illegal occupation;
15. While riding or driving in any kind of competition;
16. Pregnancy, childbirth, miscarriage or abortion;
17. This plan does not insure against loss or damage (including death or injury) and any associated cost or expense resulting directly from the discharge, explosion or use of any device, weapon or material employing or involving nuclear fission, nuclear fusion or radioactive force, or chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act.

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

For **Loss of Checked Baggage**, this Insurance does not cover: animals; automobiles or automobile equipment; boats; motors; motorcycles; other conveyances or their appurtenances (except bicycles while checked as baggage with a Common Carrier); household furniture; eye glasses or contact lenses; artificial teeth or dental bridges; hearing aids; prosthetic limbs; musical instruments; money or securities; tickets or documents; or sporting equipment if loss or damage results from the use thereof.

**(Plan C only) For Political Evacuation and Repatriation**, this Insurance does not cover: 1) Losses recoverable under any other insurance or through an employer; 2) Losses arising from or attributable to a) dishonest or criminal acts committed or attempted by the Insured, b) alleged violation of the laws of the Host Country, unless the Company determines such allegations to be fraudulent, or c) failure to maintain required documents or visas; 3) Losses attributable to a) debt, insolvency, commercial failure, or the repossession of any property, b) Insured's non-compliance with a contract or license or c) implementation of illegally contributed exchange rates; 4) Losses due to liability assumed by the Insured under any contract. 5) All costs not arranged by Seven Corners Assist.

#### **Exclusions Related to Natural Disaster Evacuation/Repatriation Benefits**

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

## PART V - PLAN 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 Certificate, 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 Certificate as to Proof of Loss upon submitting, within the time fixed in the Certificate 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 Certificate 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 Underwriter 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 Certificate for any loss other than loss for which the Certificate 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 Certificate 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 Certificate 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 Certificate 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 Certificate prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with requirements of this Certificate. 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 IS NOT QUALIFYING HEALTH COVERAGE ("MINIMUM ESSENTIAL COVERAGE") THAT SATISFIES THE HEALTH CARE COVERAGE REQUIREMENT OF THE AFFORDABLE CARE ACT. IF YOU DON'T HAVE MINIMUM ESSENTIAL COVERAGE, YOU MAY OWE AN ADDITIONAL PAYMENT WITH YOUR TAXES.**
9. Coordination of Benefits: The Underwriter 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  
Fidentia House  
Walter Burke Way  
Chatham Maritime  
Chatham  
Kent  
ME4 4RN  
Email: [complaints@lloyds.com](mailto:complaints@lloyds.com)  
Tel: +44 (0)20 7327 5693

### **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.

### **Refund of Premium**

Certain Underwriters at Lloyds, London 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.

### **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-Certification Requirements**

**The following expenses must always be Pre-Certified:**

- (a) Inpatient Treatment and/or supplies of any kind.
- (b) any Surgery or Surgical procedure.
- (c) any Treatment in an Extended Care Facility.
- (d) any Home Nursing Care.
- (e) Durable Medical Equipment.
- (f) artificial limbs.
- (g) Computerized Axial Tomography (CAT Scan).
- (h) Magnetic Resonance Imaging (MRI).

**To comply with the Pre-Certification requirements, You must:**

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

Emergency Pre-Certification – In the event of an emergency Hospital admission, Pre-Certification must be made within 48 hours after the admission, or as soon as is reasonably possible.

If You comply with the Pre-Certification requirements, and the expenses are Pre-certified, the Company will pay Eligible Medical Expenses subject to all terms, conditions, provisions and exclusions herein. If You do not comply with the Pre-certification requirements or if the expenses are not Pre-certified:

1. Eligible Medical Expenses will be reduced by 50%; and
2. The Deductible will be subtracted from the remaining amount; and
3. The Coinsurance will be applied.

### **Pre-certification Does Not Guarantee Benefits –**

The fact that expenses are Pre-certified does not guarantee coverage for, or payment of the service or procedure reviewed. Eligibility for and payment of benefits are subject to all the terms, conditions, provisions and exclusions herein. Concurrent Review – For Inpatient stays of any kind, the Administrator will Pre-certify a limited number of days of confinement. Additional days of Inpatient confinement may later be Pre-certified if an Insured receives prior approval.

### **Network Procedures**

- 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 ID Card. Our multilingual representatives are available 24/7 to help you.

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

A listing of network providers can be found at [www.sevencorners.com/help/find-a-doctor](http://www.sevencorners.com/help/find-a-doctor) 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 (Toll-Free)

Outside the United States: 1-317-818-2808 (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.

### **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, Return of Minor Child, Assistance Services, call:

if in the United States, Canada, and the Caribbean: 1-800-690-6295,

or if outside the United States, Canada, or the Caribbean: 1-317-818-2808 (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 317-575-2652 FAX 317-575-2256 email: [claims@sevencorners.com](mailto:claims@sevencorners.com) [www.SevenCorners.com](http://www.SevenCorners.com)

### **Insurance Underwriter**

This Insurance, under Certificate **ATR20-200106-01TM**, 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 Certificate shall operate in all respects as if a separate Certificate 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 Certificate. - **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**



**CERTIFICATE OF INSURANCE  
DECLARATIONS**

**Overseas Visitors Insurance <sup>SM</sup>  
ATR20-200106-01TM**

This Declaration is attached to and forms part of certificate provisions

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

Overseas Visitors Insurance<sup>SM</sup>  
World Commercial Trust  
Tortola, British Virgin Islands

**ITEM 2. COVERAGE PERIOD: AS STATED ON ID THE CARD TERM: AS STATED ON THE ID CARD**

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 B0775RCB07419

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

International Travel Medical Coverage:

<b>PLAN A</b>					
<i>\$25K Max Limit</i>	Ded \$100	Ded \$250	Ded \$500	Ded \$1,000	Ded \$2,500
Under 18	\$1.16	\$1.06	\$0.97	\$0.88	\$0.69
18-29	\$1.81	\$1.65	\$1.51	\$1.33	\$1.15
30-39	\$2.31	\$2.11	\$1.92	\$1.69	\$1.51
40-49	\$3.58	\$3.25	\$2.88	\$2.61	\$2.30
50-59	\$5.09	\$4.62	\$4.21	\$3.67	\$3.25
60-64	\$6.40	\$5.81	\$5.32	\$4.71	\$4.08
65-69	\$7.35	\$6.69	\$6.04	\$5.41	\$4.71
70-79	\$10.37	\$9.44	\$8.43	\$7.55	\$6.55
<i>\$50K Max Limit</i>	Ded \$100	Ded \$250	Ded \$500	Ded \$1,000	Ded \$2,500
Under 18	\$1.27	\$1.16	\$1.06	\$0.95	\$0.76
18-29	\$1.99	\$1.81	\$1.66	\$1.46	\$1.25
30-39	\$2.55	\$2.31	\$2.11	\$1.86	\$1.66
40-49	\$3.93	\$3.58	\$3.17	\$2.87	\$2.52
50-59	\$5.59	\$5.09	\$4.64	\$4.03	\$3.58
60-64	\$7.04	\$6.39	\$5.84	\$5.18	\$4.48
65-69	\$8.11	\$7.35	\$6.64	\$5.93	\$5.18
70-79	\$11.37	\$10.36	\$9.24	\$8.29	\$7.19
<i>\$100K Max Limit</i>	Ded \$100	Ded \$250	Ded \$500	Ded \$1,000	Ded \$2,500
Under 18	\$1.43	\$1.31	\$1.21	\$1.10	\$0.91
18-29	\$2.33	\$2.11	\$1.92	\$1.71	\$1.51
30-39	\$3.10	\$2.82	\$2.52	\$2.22	\$2.01
40-49	\$4.42	\$4.03	\$3.62	\$3.22	\$2.82
50-59	\$6.87	\$6.24	\$5.63	\$5.03	\$4.33
60-64	\$8.76	\$7.96	\$7.20	\$6.34	\$5.54
65-69	\$10.57	\$9.56	\$8.61	\$7.66	\$6.75
70-79	N/A	N/A	N/A	\$11.52	\$10.16
<i>\$250K Max Limit</i>	Ded \$100	Ded \$250	Ded \$500	Ded \$1,000	Ded \$2,500
Under 18	\$1.66	\$1.51	\$1.40	\$1.21	\$1.01
18-29	\$3.22	\$2.91	\$2.61	\$2.31	\$2.01
30-39	\$3.99	\$3.62	\$3.32	\$2.91	\$2.52
40-49	\$5.87	\$5.33	\$4.73	\$4.23	\$3.73
50-59	\$9.20	\$8.35	\$7.55	\$6.64	\$5.84
60-64	\$11.63	\$10.57	\$9.56	\$8.50	\$7.40
65-69	\$13.54	\$12.28	\$11.13	\$9.82	\$8.61

<b>PLAN B</b>					
<b>\$25K Medical Maximum</b>	<b>Ded \$100</b>	<b>Ded \$250</b>	<b>Ded \$500</b>	<b>Ded \$1,000</b>	<b>Ded \$2,500</b>
Under 18	\$1.51	\$1.37	\$1.24	\$1.10	\$0.97
18-29	\$2.31	\$2.11	\$1.90	\$1.69	\$1.48
30-39	\$2.97	\$2.70	\$2.43	\$2.16	\$1.89
40-49	\$4.53	\$4.12	\$3.71	\$3.29	\$2.88
50-59	\$6.49	\$5.90	\$5.32	\$4.73	\$4.14
60-64	\$8.21	\$7.46	\$6.72	\$5.98	\$5.22
65-69	\$9.38	\$8.52	\$7.67	\$6.81	\$5.96
70-79	\$13.33	\$12.11	\$10.90	\$9.71	\$8.49
<b>\$50K Medical Maximum</b>	<b>Ded \$100</b>	<b>Ded \$250</b>	<b>Ded \$500</b>	<b>Ded \$1,000</b>	<b>Ded \$2,500</b>
Under 18	\$1.66	\$1.51	\$1.36	\$1.21	\$1.06
18-29	\$2.55	\$2.31	\$2.08	\$1.86	\$1.62
30-39	\$3.26	\$2.97	\$2.67	\$2.37	\$2.08
40-49	\$4.98	\$4.53	\$4.08	\$3.62	\$3.17
50-59	\$7.14	\$6.49	\$5.84	\$5.19	\$4.55
60-64	\$9.03	\$8.20	\$7.38	\$6.57	\$5.74
65-69	\$10.30	\$9.36	\$8.43	\$7.49	\$6.55
70-79	\$13.95	\$12.68	\$11.42	\$10.15	\$8.88
<b>\$100K Medical Maximum</b>	<b>Ded \$100</b>	<b>Ded \$250</b>	<b>Ded \$500</b>	<b>Ded \$1,000</b>	<b>Ded \$2,500</b>
Under 18	\$1.83	\$1.66	\$1.49	\$1.33	\$1.16
18-29	\$2.93	\$2.67	\$2.40	\$2.13	\$1.87
30-39	\$3.82	\$3.47	\$3.13	\$2.78	\$2.43
40-49	\$5.59	\$5.09	\$4.58	\$4.06	\$3.56
50-59	\$8.64	\$7.85	\$7.07	\$6.28	\$5.50
60-64	\$10.96	\$9.97	\$8.97	\$7.97	\$6.98
65-69	\$13.18	\$11.97	\$10.78	\$9.59	\$8.38
70-79	N/A	N/A	N/A	\$14.44	\$12.61
<b>\$250K Medical Maximum</b>	<b>Ded \$100</b>	<b>Ded \$250</b>	<b>Ded \$500</b>	<b>Ded \$1,000</b>	<b>Ded \$2,500</b>
Under 18	\$2.16	\$1.96	\$1.77	\$1.57	\$1.37
18-29	\$4.05	\$3.67	\$3.31	\$2.94	\$2.57
30-39	\$5.09	\$4.64	\$4.17	\$3.70	\$3.25
40-49	\$7.41	\$6.75	\$6.07	\$5.39	\$4.73
50-59	\$11.69	\$10.62	\$9.56	\$8.50	\$7.43
60-64	\$14.84	\$13.48	\$12.14	\$10.80	\$9.44
65-69	\$17.33	\$15.75	\$14.18	\$12.61	\$11.02

<b>PLAN C</b>					
\$50K Max Limit	Ded \$100	Ded \$250	Ded \$500	Ded \$1,000	Ded \$2,500
Under 18	\$2.02	\$1.86	\$1.66	\$1.48	\$1.30
18-29	\$2.02	\$1.86	\$1.66	\$1.48	\$1.30
30-39	\$2.72	\$2.45	\$2.20	\$1.96	\$1.72
40-49	\$3.99	\$3.61	\$3.26	\$2.90	\$2.54
50-59	\$5.87	\$5.32	\$4.79	\$4.26	\$3.73
60-64	\$7.35	\$6.70	\$6.02	\$5.35	\$4.70
65-69	\$8.44	\$7.67	\$6.90	\$6.15	\$5.38
70-79	\$11.99	\$10.90	\$9.80	\$8.73	\$7.64
\$100K Max Limit	Ded \$100	Ded \$250	Ded \$500	Ded \$1,000	Ded \$2,500
Under 18	\$2.55	\$2.33	\$2.10	\$1.87	\$1.62
18-29	\$2.55	\$2.33	\$2.10	\$1.87	\$1.62
30-39	\$3.38	\$3.07	\$2.76	\$2.45	\$2.16
40-49	\$4.88	\$4.45	\$4.00	\$3.56	\$3.11
50-59	\$7.52	\$6.83	\$6.16	\$5.47	\$4.77
60-64	\$9.47	\$8.61	\$7.75	\$6.89	\$6.02
65-69	\$11.34	\$10.31	\$9.29	\$8.24	\$7.22
70-79	N/A	N/A	N/A	\$12.41	\$10.87
\$500K Max Limit	Ded \$100	Ded \$250	Ded \$500	Ded \$1,000	Ded \$2,500
Under 18	\$3.23	\$2.94	\$2.64	\$2.36	\$2.05
18-29	\$3.23	\$2.94	\$2.64	\$2.36	\$2.05
30-39	\$4.29	\$3.88	\$3.50	\$3.11	\$2.73
40-49	\$6.54	\$5.93	\$5.35	\$4.74	\$4.17
50-59	\$9.24	\$8.41	\$7.57	\$6.73	\$5.89
60-64	\$11.28	\$10.24	\$9.23	\$8.18	\$7.17
65-69	\$12.32	\$11.20	\$10.09	\$8.97	\$7.85

The premiums above contain a general trust fee.

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: 12/3/2019

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

SAMPLE

**LLOYD'S**

One Lime Street London EC3M 7HA