



Liaison[®] Student

SPECIALIZED HEALTH INSURANCE PLANS FOR STUDENTS,
FACULTY, SCHOLARS, AND THEIR FAMILIES



For more than 25 years, Seven Corners has protected travelers all over the world. We deliver health, safety and security to you when you are away from home. Take us on your next trip!

The Right Way to Travel[®]



Why do I need international student health insurance?

Your health insurance at home may not cover you when you travel abroad. That means you could be responsible for the bill if you get sick or hurt on a trip. Also, medical providers in foreign countries may require you to pay before they will treat you.

No matter where you go, Liaison® Student plans follow you with comprehensive medical coverage, an extensive directory of medical providers, and 24-hour travel assistance.

WHO CAN BUY A LIAISON STUDENT PLAN?

Requirements for the primary participant — The person listed first on the plan (primary participant) must be a full-time student, faculty member, or scholar between 12 and 64 years of age, who is engaged in full-time educational or research activities while residing outside their home country.¹ They must also meet these requirements:

- **U.S. citizens traveling outside the United States** — You must have a current passport and valid visa issued by your host country, if required. *U.S. citizens cannot buy a Liaison Student plan for travel to the United States and/or U.S. territories.*
- **Non-U.S. citizens traveling to the United States** — You are required to have a valid J-1, H-3, F-1, M-1 or Q-1 visa or similar appropriate visa and may participate in an OPT program.
- **Non-U.S. citizens traveling outside the United States** — You must have a valid visa issued by your host country, if required.

Requirements for dependents — The primary participant can buy coverage for their legal spouse (legal domestic partner or legal civil partner) and unmarried children (at least 14 days old and under 19 years or under 26 years if attending an accredited institution full-time and/or dependent on the primary participant for maintenance and support).

¹For non-U.S. citizens, home country is the country where you have your permanent residence. For U.S. citizens, home country is always the United States.

Coverholder at **LLOYD'S**

Underwriter

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



Administrator

Seven Corners will handle your insurance needs from start to finish. We will process your purchase, provide all documents, and handle any claims. In addition, our own 24/7 in-house travel assistance team, Seven Corners Assist, will handle your emergency or travel needs.

Length of Coverage

Coverage Length — Your coverage length may vary from 5 days to 364 days and is renewable as long as the primary participant is eligible for the plan.

Effective Date — This is the start date of your plan, on the later of the following:

1. 12 a.m. the day after we receive your application and correct payment;
2. The moment you depart your home country; or
3. 12 a.m. on the date you request on your application.

Coverage for a newborn child of a primary participant or plan participant spouse begins from the moment of birth. You must notify us within 30 days of the child's birth and pay the plan cost for benefits to extend beyond the 30th day.

Coverage for adopted children begins from the date of placement in the home for the purpose of adoption or the date of an interim court order for temporary custody, whichever is first.

Expiration Date — The date coverage for you ends, which is the earliest of the following:

1. The moment you return to your home country (except for coverage through Incidental Trips to Home Country and Extension of Benefits in Home Country);
2. 11:59 p.m. on the date shown on your ID card;
3. 11:59 p.m. on the date that is the end of the period for which you paid;
4. 11:59 p.m. on the date that is the end of the period for which you paid; or
5. The moment you or the primary participant are no longer eligible for coverage.

All times above refer to United States Eastern Time.

EXTENDING YOUR COVERAGE

You can extend coverage as long as the primary participant is eligible for the plan. If you initially buy less than 364 days of coverage, you may buy additional time, from a minimum of 5 days to a total of 364 days. We will email you an extension (renewal) notice before your coverage expires, giving you the option to renew your plan. A \$5 administrative fee is charged for each renewal.

When we receive your payment for the extension, we will extend your plan's expiration date. A new coinsurance will apply beginning the 365th day of continuous coverage and each additional 365th day thereafter.

Your original effective date is used to determine if the lifetime medical maximum amount has been reached and to determine pre-existing conditions.

Coverage Areas

You can choose from two coverage areas:

- Worldwide including the United States.
- Worldwide excluding the United States.

Refund of Premium/Cancellation

We will refund your payment if we receive your written request for a refund before your effective date of coverage. If your request is received after your effective date, the unused portion of the plan cost may be refunded minus a \$25 cancellation fee, if you have not submitted any claims to Seven Corners.



SEVEN CORNERS ASSIST

What happens if you are sick in an area without appropriate medical care?

If medically necessary, we will arrange and pay to evacuate you to the nearest appropriate medical facility.

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

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

Contact information for Seven Corners Assist is provided on your ID card.

FOR EMERGENCY TRAVEL ASSISTANCE, CLAIMS, AND BENEFIT QUESTIONS

TOLL FREE
1-800-690-6295

WORLDWIDE
317-818-2808

COLLECT CALLS
317-818-2809

customerservice@sevencorners.com



Pre-Certification Requirements

The following expenses must always be pre-certified in the United States:

1. Outpatient surgeries or procedures;
2. Inpatient surgeries, procedures, or stays including those for rehabilitation;
3. Diagnostic procedures including MRI, MRA, CT, and PET scans;
4. Chemotherapy;
5. Radiation therapy;
6. Physiotherapy;
7. Home infusion therapy.

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

1. Contact Seven Corners Assist before the expense is incurred;
2. Comply with Seven Corners Assist's instructions;
3. Notify all medical providers of the pre-certification requirements and ask them to cooperate with Seven Corners Assist.

Once we pre-certify your services, we will review them to determine if they are covered by the plan.

If you do not comply with the pre-certification requirements or if the services are not pre-certified, we will review the expenses to determine if they are covered by the plan. If covered:

1. Eligible medical expenses will be reduced by 25%; and
2. The deductible will be subtracted from the remaining amount; and
3. Coinsurance will be applied.

Pre-certification does not guarantee coverage, payment, or reimbursement:

WellCard™ Discounts & Services

Lower your cost for these products and services incurred in the USA and receive cash rewards for:

- Prescription drugs — save up to 50%
- Dental services — save up to 45%
- Vision services — save up to 50%
- Diabetic care & supplies — save up to 75%
- Hearing aids
- Mail order vitamins
- Daily living products — discounted rates for medical supplies and equipment
- National network of over 59,000 pharmacies

Share your free card with friends and family and use it even after your coverage ends. Visit sevendcorners.com/well-card to learn more, locate participating providers and determine the available discounts. Information about WellCard will be included with your purchase documents. ***This card is not insurance and does not replace our existing networks.***

Finding Medical Providers

Network providers can be located at: sevendcorners.com/help/find-a-doctor or by contacting Seven Corners Assist.

Inside the United States — We offer an extensive network of providers with special network pricing and potential savings for you.

Outside of the United States — Seven Corners has a large international directory of providers, and many of them will bill Seven Corners direct for treatment they provide. We recommend you contact us for a referral, but you may seek treatment at any facility.

Utilizing the network does not guarantee benefits or that the treating facility will bill Seven Corners direct. We do not guarantee payment to a facility or individual until we determine the expense is covered by the plan.

Important Information Regarding Your Coverage

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

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

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

PPACA DISCLAIMER

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.

J Visa Requirements

If you have a J visa, you need a plan that meets J visa insurance requirements.

Good news! All of our student plans meet J visa requirements if you choose a medical maximum of \$100,000 or more and a deductible that is not greater than \$500.

Schedule of Benefits

All benefits listed in this Schedule of Benefits are in United States Dollar amounts. All medical and dental benefits are subject to deductible and/or copay and coinsurance. Unless otherwise stated, all benefits are per person, per disablement, and they are provided up to the amount shown.

	<i>Liaison® Student Basic</i>	<i>Liaison® Student Choice</i>	<i>Liaison® Student Elite</i>																		
PLAN OPTIONS																					
Coverage Length	5 days to 364 days	5 days to 364 days	5 days to 364 days																		
Extension of Coverage	As long as the Primary Insured continues to meet eligibility requirements.	As long as the Primary Insured continues to meet eligibility requirements.	As long as the Primary Insured continues to meet eligibility requirements.																		
Coverage Area	Worldwide excluding the United States Worldwide including the United States	Worldwide excluding the United States Worldwide including the United States	Worldwide excluding the United States Worldwide including the United States																		
Lifetime Plan Maximum	\$5,000,000	\$5,000,000	\$5,000,000																		
Medical Maximum Options <i>(per person per disablement)</i>	<table border="0"> <tr> <td>Ages</td> <td>Maximums</td> </tr> <tr> <td>14 days to 59 years old:</td> <td>\$50,000; \$100,000; \$250,000; \$500,000</td> </tr> <tr> <td>60 to 64 years old:</td> <td>\$50,000; \$100,000; \$250,000</td> </tr> </table>	Ages	Maximums	14 days to 59 years old:	\$50,000; \$100,000; \$250,000; \$500,000	60 to 64 years old:	\$50,000; \$100,000; \$250,000	<table border="0"> <tr> <td>Ages</td> <td>Maximums</td> </tr> <tr> <td>14 days to 59 years old:</td> <td>\$50,000; \$100,000; \$250,000; \$500,000; \$1,000,000</td> </tr> <tr> <td>60 to 64 years old:</td> <td>\$50,000; \$100,000; \$250,000</td> </tr> </table>	Ages	Maximums	14 days to 59 years old:	\$50,000; \$100,000; \$250,000; \$500,000; \$1,000,000	60 to 64 years old:	\$50,000; \$100,000; \$250,000	<table border="0"> <tr> <td>Ages</td> <td>Maximums</td> </tr> <tr> <td>14 days to 59 years old:</td> <td>\$50,000; \$100,000; \$250,000; \$500,000; \$1,000,000</td> </tr> <tr> <td>60 to 64 years old:</td> <td>\$50,000; \$100,000; \$250,000</td> </tr> </table>	Ages	Maximums	14 days to 59 years old:	\$50,000; \$100,000; \$250,000; \$500,000; \$1,000,000	60 to 64 years old:	\$50,000; \$100,000; \$250,000
Ages	Maximums																				
14 days to 59 years old:	\$50,000; \$100,000; \$250,000; \$500,000																				
60 to 64 years old:	\$50,000; \$100,000; \$250,000																				
Ages	Maximums																				
14 days to 59 years old:	\$50,000; \$100,000; \$250,000; \$500,000; \$1,000,000																				
60 to 64 years old:	\$50,000; \$100,000; \$250,000																				
Ages	Maximums																				
14 days to 59 years old:	\$50,000; \$100,000; \$250,000; \$500,000; \$1,000,000																				
60 to 64 years old:	\$50,000; \$100,000; \$250,000																				
Deductible Options (You pay) <i>(per person per disablement)</i>	<table border="0"> <tr> <td>Ages</td> <td>Deductibles</td> </tr> <tr> <td>14 days to 59 years old:</td> <td>\$50; \$100; \$250</td> </tr> <tr> <td>60 to 64 years old:</td> <td>\$100; \$250</td> </tr> </table>	Ages	Deductibles	14 days to 59 years old:	\$50; \$100; \$250	60 to 64 years old:	\$100; \$250	<table border="0"> <tr> <td>AGES</td> <td>DEDUCTIBLES</td> </tr> <tr> <td>14 days to 59 years old:</td> <td>\$0 \$50; \$100; \$250</td> </tr> <tr> <td>60 to 64 years old:</td> <td>\$100; \$250</td> </tr> </table>	AGES	DEDUCTIBLES	14 days to 59 years old:	\$0 \$50; \$100; \$250	60 to 64 years old:	\$100; \$250	<table border="0"> <tr> <td>Ages</td> <td>Deductibles</td> </tr> <tr> <td>14 days to 59 years old:</td> <td>\$0 \$50; \$100; \$250</td> </tr> <tr> <td>60 to 64 years old:</td> <td>\$100; \$250</td> </tr> </table>	Ages	Deductibles	14 days to 59 years old:	\$0 \$50; \$100; \$250	60 to 64 years old:	\$100; \$250
Ages	Deductibles																				
14 days to 59 years old:	\$50; \$100; \$250																				
60 to 64 years old:	\$100; \$250																				
AGES	DEDUCTIBLES																				
14 days to 59 years old:	\$0 \$50; \$100; \$250																				
60 to 64 years old:	\$100; \$250																				
Ages	Deductibles																				
14 days to 59 years old:	\$0 \$50; \$100; \$250																				
60 to 64 years old:	\$100; \$250																				
Coinsurance <i>Inside the United States</i> (The plan pays)	<p>In PPO Network We pay 80% of the first \$5,000, then 100% to the medical maximum.</p> <p>Out of PPO Network We pay 70% of the first \$5,000, then 100% to the medical maximum.</p>	<p>In PPO Network We pay 90% of the first \$5,000, then 100% to the medical maximum.</p> <p>Out of PPO Network We pay 80% of the first \$5,000, then 100% to the medical maximum.</p>	<p>In PPO Network We pay 100%.</p> <p>Out of PPO Network We pay 90% of the first \$5,000, then 100% to the medical maximum.</p>																		
Coinsurance <i>Outside the United States</i> (The plan pays)	We pay 100%.	We pay 100%.	We pay 100%.																		
MEDICAL																					
Hospital Room & Board, Inpatient Hospital Services, Outpatient Hospital / Clinical Services, Student Health Center Visits	URC* up to medical maximum	URC up to medical maximum	URC up to medical maximum																		
Emergency Room Services	URC up to medical maximum \$100 copay	URC up to medical maximum \$50 copay	URC up to medical maximum \$25 copay																		
Doctor's Office Visits	URC up to medical maximum \$15 copay	URC up to medical maximum \$10 copay	URC up to medical maximum \$5 copay																		
Urgent Care Visits	URC up to medical maximum \$30 copay	URC up to medical maximum \$20 copay	URC up to medical maximum \$10 copay																		
Prescription Drugs	URC up to medical maximum \$15 copay	URC up to medical maximum \$10 copay	URC up to medical maximum																		
Vaccinations	N/A	\$150 per 364 days of continuous coverage	\$200 per 364 days of continuous coverage																		
Physiotherapy	\$25 per visit, 60 visits maximum	\$50 per visit, 60 visits maximum	\$75 per visit, 60 visits maximum																		
Spinal Manipulation	\$25 per visit, 60 visits maximum	\$50 per visit, 60 visits maximum	\$75 per visit, 60 visits maximum																		
Local Ambulance <i>Inside the United States</i>	\$350	\$500	\$750																		
Local Ambulance <i>Outside the United States</i>	Up to medical maximum	Up to medical maximum	Up to medical maximum																		

*URC means Usual, Reasonable, and Customary. It is the maximum amount we will pay for covered expenses based on several factors. See the definition in the plan document for more details.

Schedule of Benefits *(continued)*

All benefits listed in this Schedule of Benefits are in United States Dollar amounts. All medical and dental benefits are subject to deductible and/or copay and coinsurance. Unless otherwise stated, all benefits are per person, per disablement, and they are provided up to the amount shown.

	<i>Liaison® Student Basic</i>	<i>Liaison® Student Choice</i>	<i>Liaison® Student Elite</i>
MEDICAL <i>(continued)</i>			
Coma	\$10,000 (separate from medical maximum)	\$25,000 (separate from medical maximum)	\$50,000 (separate from medical maximum)
Felonious Assault	\$10,000 (separate from medical maximum)	\$15,000 (separate from medical maximum)	\$20,000 (separate from medical maximum)
Pre-certification — 25% penalty	Required inside the United States for specific types of treatment. Penalty does not apply to emergencies. See pre-certification section on page 4 for details.	Required inside the United States for specific types of treatment. Penalty does not apply to emergencies. See pre-certification section on page 4 for details.	Required inside the United States for specific types of treatment. Penalty does not apply to emergencies. See pre-certification section on page 4 for details.
Extension of Benefits to Home Country	\$1,000	\$5,000	\$10,000
Incidental Trips to Home Country	\$1,000	\$5,000	\$10,000
Waiver of Pre-existing Conditions	N/A	URC* up to medical maximum <i>After initial 364 days of coverage</i>	URC up to medical maximum <i>After initial 180 days of coverage</i>
Acute Onset of Pre-existing Conditions	\$5,000 <i>During initial 364 days of coverage</i>	\$10,000 <i>During initial 364 days of coverage</i>	\$25,000 <i>During initial 180 days of coverage</i>
Mental Illness including Alcohol and Substance Abuse	Inpatient \$5,000, 45-day limit Outpatient 80% up to \$500	Inpatient \$10,000, 45-day limit Outpatient 80% up to \$1,000	Inpatient \$20,000, 45-day limit Outpatient \$2,000
Motor Vehicle Accident <i>Inside the United States</i>	50% up to \$100,000	75% up to \$100,000	\$100,000
Motor Vehicle Accident <i>Outside the United States</i>	Up to medical maximum	Up to medical maximum	Up to medical maximum
Non-contact Amateur Sports	\$2,500	\$5,000	\$10,000
Maternity Care <i>Inside the United States</i> Failure to notify Seven Corners within first 90 days of pregnancy will result in 25% reduction in covered expenses.	N/A	In PPO Network 80% up to \$10,000 Out of PPO Network 60% up to \$10,000	In PPO Network 80% up to \$25,000 Out of Network 60% up to \$25,000
Maternity Care <i>Outside the United States</i> Failure to notify Seven Corners within first 90 days of pregnancy will result in 25% reduction in covered expenses.	N/A	80% up to \$10,000	80% up to \$25,000
Routine Newborn Care	N/A	\$500 per newborn child	\$750 per newborn child
DENTAL			
Dental — Sudden Relief of Pain	\$150	\$250	\$350
Dental — Accident	\$500	\$1,000	\$2,500
EMERGENCY SERVICES AND ASSISTANCE			
<i>All emergency services except Natural Disaster Daily Benefit and Terrorist Activity must be coordinated by Seven Corners Assist.</i>			
Emergency Medical Evacuation and Repatriation	\$100,000 (separate from medical maximum)	\$250,000 (separate from medical maximum)	\$500,000 (separate from medical maximum)
Emergency Medical Reunion	\$200 per day, 10-day limit \$15,000 maximum	\$200 per day, 10-day limit \$25,000 maximum	\$200 per day, 10-day limit \$50,000 maximum
Return of Child(ren)	\$25,000	\$40,000	\$50,000
Return of Mortal Remains	\$50,000	\$50,000	\$50,000
Local Burial of Cremation	\$5,000	\$5,000	\$5,000
Natural Disaster Evacuation	\$5,000	\$10,000	\$10,000

*URC means Usual, Reasonable, and Customary. It is the maximum amount we will pay for covered expenses based on several factors. See the definition in the plan document for more details.

Schedule of Benefits *(continued)*

All benefits listed in this Schedule of Benefits are in United States Dollar amounts. All medical and dental benefits are subject to deductible and/or copay and coinsurance. Unless otherwise stated, all benefits are per person, per disablement, and they are provided up to the amount shown.

	Liaison® Student Basic	Liaison® Student Choice	Liaison® Student Elite
--	-------------------------------	--------------------------------	-------------------------------

EMERGENCY SERVICES AND ASSISTANCE *(continued)*

All emergency services except Natural Disaster Daily Benefit and Terrorist Activity must be coordinated by Seven Corners Assist.

Natural Disaster Daily Benefit	\$25 per day, 5-day limit	\$50 per day, 5-day limit	\$75 per day, 5-day limit
Political Evacuation and Repatriation	\$10,000	\$10,000	\$10,000
Terrorist Activity	\$25,000	\$50,000	\$100,000
24/7 Travel Assistance Services	Included	Included	Included

AD&D

	Who	Principal Sum	Who	Principal Sum	Who	Principal Sum
Accidental Death and Dismemberment (AD&D)	Primary Insured	\$25,000	Primary Insured	\$25,000	Primary Insured	\$25,000
	Eligible Spouse	\$10,000	Eligible Spouse	\$10,000	Eligible Spouse	\$10,000
	Eligible Child(ren)	\$5,000	Eligible Child(ren)	\$5,000	Eligible Child(ren)	\$5,000
	<i>(aggregate limit of \$250,000 for total number of insureds on the plan)</i>		<i>(aggregate limit of \$250,000 for total number of insureds on the plan)</i>		<i>(aggregate limit of \$250,000 for total number of insureds on the plan)</i>	
Personal Liability	\$25,000	\$50,000	\$100,000			

OPTIONAL COVERAGE

Hazardous Activities	Up to medical maximum	Up to medical maximum	Up to medical maximum
----------------------	-----------------------	-----------------------	-----------------------

BENEFIT PERIOD

Benefit Period	Corresponds to the period of coverage.	Corresponds to the period of coverage.	Corresponds to the period of coverage.
----------------	--	--	--

Benefit Highlights

Benefit Period — This is the amount of time you have from the date of your injury or illness to receive treatment, and it is the same as your period of coverage. After your coverage ends on your expiration date, your treatment is no longer covered.

Lifetime Medical Maximum — This is the amount payable per insured person for the total length of time you have coverage, including all extensions of coverage that you buy. It is the overall limit for all disablements (injuries and illnesses).

Medical Maximum Options — You select the dollar amount for this limit. It is the limit for each injury or illness (disablement) that occurs during your period of coverage. Benefits are paid up to the medical maximum after you pay your deductible, copays and coinsurance. *The initial treatment of an injury or illness must occur within 30 days of the date of injury or onset of illness.*

Deductible — Your deductible is applied per injury or illness (disablement).

Copay — This is a stated amount you pay for a service in addition to your deductible.

Disablement — This is an illness or injury and includes all bodily disorders due to the same or related causes.

Extension of Benefits to Home Country — This can cover expenses incurred in your home country (including those following an emergency medical evacuation or repatriation), for conditions first diagnosed and treated outside your home country if you seek treatment within your benefit period. You receive approximately five days of coverage for each month of coverage purchased, up to 60 days per 364 days of coverage. *There is no coverage for pre-existing conditions, and there is no coverage if the illness or injury began while you were in your home country.*

Incidental Trips to Home Country — This can cover an illness or injury that occurs on an incidental trip to your home country. You receive approximately five days of coverage for each month of coverage purchased, up to 60 days per 364 days of coverage. *There is no coverage 1) If the illness*

or injury occurred while you were outside your home country or 2) For pre-existing conditions. Coverage is available if your period of coverage is greater than 30 days.

Maternity — This benefit varies by plan and is not available on Liaison Student Basic. Pregnancies are not covered unless conception occurs at least 180 days after the effective date of coverage. Also, there is a 25% reduction in benefits if you do not notify Seven Corners within 90 days of the pregnancy.

Routine Newborn Care — Newborns who are born as a result of a covered pregnancy are automatically covered by the plan for the first 30 days of life. You must add them to the plan no later than the 31st day of life.

Dental Sudden Relief of Pain — This can pay for emergency treatment for the relief of pain to sound natural teeth. *Coverage is available if your period of coverage is greater than 30 days.*

Dental Emergency Accident — This can pay for emergency treatment to repair or replace sound natural teeth damaged because of an accidental injury caused by external contact with a foreign object. You are not covered if you break a tooth while eating or biting into a foreign object.

Emergency Medical Evacuation and Repatriation** — If medically necessary, we will arrange and pay for transportation and related medical expenses during transportation to:

1. Transport you to the nearest adequate medical facilities.
2. Transport you to your home country for treatment or to recover after an emergency medical evacuation.

This benefit applies regardless of whether your hospitalization is related to a pre-existing condition.

****These benefits must be arranged by Seven Corners Assist. Failure to use Seven Corners Assist will result in the denial of benefits.**

Benefit Highlights *(continued)*

Emergency Medical Reunion** — If your physician recommends it, we will pay and arrange for one person of your choice to travel to the hospital where you are located when an emergency medical evacuation is occurring or has occurred or when an emergency medical repatriation is to occur. *This benefit applies regardless of whether your hospitalization is related to a pre-existing condition.*

Return of Child(ren)** — If you are traveling alone with children and are hospitalized because of a covered illness or injury, we will arrange and pay for: 1) One-way economy airfare to return the children to their home country and 2) Attendant/escort services to ensure the children's safety. *This benefit applies regardless of whether your hospitalization is related to a preexisting condition.*

Felonious Assault — This can pay expenses if you are hurt due to a felonious assault while traveling.

Return of Mortal Remains** — We can pay reasonable expenses for embalming, a minimally-necessary container for transportation, shipping costs, and government authorizations to return your remains to your home country if you die while outside your home country. You cannot use this benefit if you use the Local Cremation or Burial benefit. *This benefit applies regardless of whether your death is related to a pre-existing condition.*

Local Cremation or Burial** — We can pay reasonable expenses for the preparation and either your local burial or cremation if you die while outside your home country. You cannot use this benefit if you use the Return of Mortal Remains benefit. *This benefit applies regardless of whether your death is related to a pre-existing condition.*

Natural Disaster Evacuation & Repatriation** — If you need an emergency evacuation due to a natural disaster, we will arrange and pay for: 1) Your natural disaster evacuation; 2) Lodging for five days if you are delayed at the safe location; and 3) Your return home by means of one-way economy class airfare. Seven Corners security personnel will determine the need for this evacuation in consultation with local governments and security analysts. *This benefit does not apply when you are in the U.S. and if the natural disaster precedes your arrival at the affected location.*

Natural Disaster Daily Benefit — We can reimburse you for replacement accommodations for up to five days if you are displaced from planned, paid accommodations due to an evacuation from a forecasted natural disaster or following a natural disaster. You must provide proof of payment for the accommodations from which you were displaced.

Political Evacuation & Repatriation** — We can arrange and pay for your political evacuation and/or return to your home country via one-way economy airfare if: 1) A formal recommendation is made for you to leave your host country; or 2) You are expelled or declared persona non-grata by the host country. This benefit will not apply if you did not follow a Level 3 Terrorism, Level 3 Civil Unrest, or any Level 4 Travel Advisory from the U.S. Department of State or similar warnings from authorities of your host country or home country.

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

1. You have no direct or indirect involvement.
2. The terrorist activity is not in a country or location where the U.S. government issued a Level 3 Terrorism, Level 3 Civil Unrest, or any Level 4 Travel Advisory or similar warnings from your host country or home country within six months prior to your arrival.
3. You departed the country or location following the date a warning to leave was issued by the U.S. government or appropriate authorities of your host country or home country.

Accidental Death & Dismemberment (AD&D) — This can pay benefits for death, loss of limbs, quadriplegia, paraplegia, hemiplegia, and uniplegia due to an accident occurring while on your trip.

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

Non-contact Amateur Sports — Medical expenses can be covered if you are injured while participating in these non-contact amateur sports: high school, interscholastic, intercollegiate, intramural or club sports exclusive to the following list of covered sports: tennis, squash, ultimate frisbee, kickball, volleyball, track & field, water-polo, baseball, basketball, aerobics, dancing, sailing, sea kayaking/canoing, horseback riding, surfing, snow skiing, snowboarding, roller skating, rollerblading, and swimming.

****These benefits must be arranged by Seven Corners Assist. Failure to use Seven Corners Assist will result in the denial of benefits.**

Optional Coverage

Hazardous Activities

If you plan to participate in adventurous activities while you are covered by a Liaison Student plan, you must buy this optional coverage.

It covers: bungee jumping; caving; hang gliding; jet skiing; motorcycle or motor scooter riding whether as a passenger or a driver; parachuting; parasailing; scuba diving only to a depth of 10 meters with a breathing apparatus provided You are SSI, PADI or NAUI certified; snowmobiling; spelunking; wakeboard riding; water skiing; windsurfing; or zip lining. **You must purchase this optional coverage if you wish to be covered while riding a motorcycle, motor scooter, or similar transportation when such transportation is an established and accepted routine means of public transportation for hire in the area where you are located in your host country.**

Excess Coverage

All coverages except Accidental Death & Dismemberment are in excess of other insurance or similar benefit programs and apply only when such benefits are exhausted. This plan is secondary coverage to other insurance. Such other insurance or similar benefit programs may include, but are not limited to, membership benefits; workers' compensation benefits/programs; government programs; group or blanket coverage; prepayment coverage; union, labor, or employee plans; socialized insurance programs or program otherwise required by law or statute; automobile insurance; or third-party liability insurance.

Pre-existing Conditions

What is a pre-existing condition?

It is any medical condition, sickness, injury, illness, disease, mental illness or mental or nervous disorder, including congenital, chronic, subsequent, or recurring complications or related consequences or resulting consequences that existed with reasonable medical certainty when you bought the plan or any time in the 36 months before your coverage on this plan began, whether or not previously manifested, symptomatic, known, diagnosed, treated, or disclosed.

This includes, but is not limited to, any medical condition, sickness, injury, illness, disease, mental illness, or mental or 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 months immediately preceding the start date of the plan.

How do we cover pre-existing conditions?

Many travel insurance plans do not cover pre-existing conditions.

- Liaison Student Choice and Elite cover them through two benefits: Acute Onset of Pre-existing Conditions and Waiver of Pre-existing Conditions.
- Liaison Student Basic covers them through Acute Onset of Pre-existing Conditions only.

Coverage amounts vary by plan. See the schedule of benefits for details.

ACUTE ONSET OF PRE-EXISTING CONDITIONS

What is an acute onset of a pre-existing condition?

It is a sudden and unexpected outbreak or recurrence of a pre-existing condition:

1. That occurs spontaneously and without advanced warning either in the form of physician recommendations or symptoms and requires urgent care;
2. That occurs during your initial 364 days of coverage (Liaison Student Basic and Choice) or during your initial 180 days of coverage (Liaison Student Elite); and
3. For which treatment is obtained within 24 hours of the sudden and unexpected outbreak or recurrence.

A pre-existing condition is not an acute onset of a pre-existing condition if:

1. The condition is chronic, congenital, or gradually becomes worse over time; or
2. If, during the 30 days prior to the acute event, you had a change in prescription or treatment for a diagnosis related to the underlying pre-existing condition.

Coverage ends on the earlier of:

1. The condition no longer being acute; or
2. Your discharge from the hospital.

There is no coverage for known, scheduled, required, or expected medical care, drugs, or treatments existent or necessary prior to departure from your home country and before your coverage begins.

There is no coverage for treatment for which you have traveled or conditions for which travel was undertaken after your physician limited or restricted travel.

WAIVER OF PRE-EXISTING CONDITIONS

Liaison Student Choice

After you have been continuously covered for 364 days, we waive the pre-existing condition exclusion so that pre-existing conditions are covered the same as other conditions subject to applicable copay, deductible, and coinsurance.

Liaison Student Elite

After you have been continuously covered for 180 days, we waive the pre-existing condition exclusion so that pre-existing conditions are covered the same as other conditions subject to applicable copay, deductible, and coinsurance.

Geographic Restrictions

State Restrictions — We cannot accept an address in Maryland, Washington, New York, South Dakota, and Colorado.

Country Restrictions — We cannot accept an address in Australia, Cuba, Switzerland, Islamic Republic of Iran, Syrian Arab Republic, United States Virgin Islands, Gambia, Ghana, Nigeria, and Sierra Leone.

We also cannot accept an address in Alberta and Manitoba, Canada. If you live in a Canadian province other than Alberta and Manitoba, please call your agent or Seven Corners to purchase a plan.

Destination Restrictions — We cannot cover trips to Antarctica, Islamic Republic of Iran, Syrian Arab Republic and Cuba.

Filing a Claim

For a claim to be payable, it must meet the terms and conditions in the Liaison Student plan document. In addition, you must submit a completed claim form to us within 90 days of the date of service.

Claims are paid two ways:

1. We pay your provider if they did not require you to pay up front. To do this, we need an itemized bill from the provider along with a claim form completed by you.
2. We reimburse you if you paid medical expenses up front. To do this, we need an itemized bill (showing you paid the expenses) along with a claim form completed by you.

Important: If you are traveling in the U.S. and visit a provider in network, please do not pay for services up front and instead allow the provider to bill Seven Corners. Your ID card will provide information about the PPO network in the United States.

Visit sevencorners.com/claims to find forms and instructions on filing a claim.

Exclusions

The exclusions below apply to these benefits: Medical Covered Expenses, Local Ambulance, Coma, Extension of Benefits in Home Country, Incidental Trip to Home Country, Mental Illness including Alcohol and Substance Abuse, Motor Vehicle Accident, Non-contact Amateur Sports, Maternity Care, Routine Newborn Care, Vaccinations, Dental Emergency — Sudden Relief of Pain, Dental Emergency — Accident, Emergency Medical Evacuation and Repatriation, Emergency Medical Reunion, Return of Child(ren), Return of Mortal Remains, Local Burial or Cremation, Natural Disaster Evacuation and Repatriation, Political Evacuation and Repatriation, Accidental Death and Dismemberment (AD&D) and Optional Coverage — Hazardous Activities. **These exclusions exclude expenses that are for, resulting from, related to, or incurred for the following:**

- Pre-Existing Condition(s) except as waived under Waiver of Pre-existing Condition(s), Acute Onset of Pre-existing Condition(s), and Emergency Medical Evacuation and Repatriation, Emergency Medical Reunion, Return of Child(ren) Return of Mortal Remains and Local Burial or Cremation;
- Claims not received by the Company or Administrator within ninety (90) days of the date of service;
- Treatment that (i) exceeds Usual, Reasonable, and Customary Expenses; (ii) is Investigational, Experimental, or for research purposes; or (iii) received in a Hospital emergency room visit that is not a Medical Emergency;
- Treatment, services, or supplies that are not administered by or under the supervision of a Physician or Surgeon and products that can be purchased without a Physician's or Surgeon's prescription;
- Routine physicals, inoculations unless specifically provided for in the Plan, or other examinations or tests conducted when there is no objective indications or impairments in normal health;
- Chiropractic care unless specifically provided for in the Plan or acupuncture;
- Services, supplies, medications, testing, or Treatment prescribed, performed, or provided by a Relative or Immediate Family Member;
- Durable medical equipment;
- False teeth, dentures, dental appliances, dental expenses, normal ear or hearing tests, hearing aids, hearing implants, eye refractions, eye examinations for prescribing corrective lenses or eyeglasses unless caused by Accidental Injury, eyeglasses, contact lenses, or eye surgery when the primary purpose is to correct nearsightedness, farsightedness, or astigmatism;
- Replacement of artificial limbs, eyes, larynx, and orthotic appliances;
- Custodial Care, Educational or Rehabilitative Care, or any Treatment in any establishment for the care of the aged;
- Vocational, occupational, sleep, speech, recreational, or music therapy;
- Pregnancy, unless a Covered Pregnancy, and Illness or complications from Pregnancy, childbirth, abortion, miscarriage including that resulting from an Accident, postpartum care, preventing conception or childbirth, artificial insemination, infertility, impotency, sexual dysfunction, or sterilization or reversal thereof;
- Sleep apnea or other sleep disorders;
- Mental Illness and Mental and Nervous Disorders unless specifically provided for in the Plan, Rest Cures, learning disabilities, attitudinal disorders, or disciplinary problems;
- Congenital abnormalities and conditions arising out of or resulting therefrom;
- Temporomandibular joint;
- Occupational Diseases;
- Exposure to non-medical nuclear radiation or radioactive materials;
- Sexually transmitted diseases, venereal diseases, and conditions and any consequences thereof;
- Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), or the Human Immunodeficiency Virus (HIV);
- Human organ or tissue transplants;
- Exercise programs whether prescribed or recommended by a Physician or therapist;
- Weight reduction programs or the surgical Treatment of obesity including, but not limited to, wiring of the teeth and all forms of intestinal bypass Surgery;
- Cosmetic or plastic Surgery including deviated nasal septum; modifications of Your physical body intended to improve Your psychological, mental, or emotional well-being including, but not limited to, sexual reassignment Surgery;
- Acne, moles, skin tags, disease of sebaceous glands, seborrhea, sebaceous cyst, unspecified disease of the sebaceous glands, hypertrophic and atrophic conditions of skin, nevus;
- Hazardous Activities unless You purchase optional Hazardous Activities coverage and then only for the activities covered under that option under Hazardous Activities;
- Injuries sustained while participating in professional Athletics, amateur Athletics, intercollegiate Athletics or interscholastic Athletics unless specifically provided for in the Plan including, but not limited to, events, games, matches, practice, training camps, sport camps, conditioning, and any other activity related thereto but excluding non-competitive, recreational, or intramural activities;
- Any Illness or Injury sustained while participating in an athletic activity that is sponsored or sanctioned by the National Collegiate Athletic Association (and/or any other collegiate sanctioning or governing body), or the International Olympic Committee;
- Abuse, misuse, illegal use, overuse, dependency upon, or being under the influence of alcohol, drugs, chemicals, or narcotic agents unless administered under the advice of a Physician and taken in accordance with the proper dosing as directed by the Physician;
- Suicide or any attempt thereof, self-destruction or any attempt thereof, or any intentionally self-inflicted Injury or Illness;
- Terrorist Activity except as provided under Terrorist Activities; War, Hostilities, or War-like Operations;
- Commission of a criminal offense or any other criminal or illegal activity as defined by the local governing body;
- You unreasonably fail or refuse to depart a country or location following the date a warning to leave that country or location is issued by the United States government or similar warnings issued by other appropriate authorities of either Your Host Country or Your Home Country;
- Service in the military, naval, coast guard, or air service of any country or while on duty as a member of a police force or unit;
- Treatment paid for or furnished under any other individual, government, or group policy or Expenses incurred at no cost to You;
- You while in Your Home Country unless covered under Extension of Benefits to Home Country and Incidental Trips to Home Country;
- Conditions for which travel was undertaken to seek Treatment after Your Physician has limited or restricted travel;
- Travel accommodations;
- 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;
- Injury sustained while You are riding as a passenger in any aircraft (i) not having a current and valid Airworthy Certificate and (ii) not piloted by a person who holds a valid and current certificate of competency for piloting such aircraft;
- Flying in any aircraft being used for acrobatic or stunt flying, racing, endurance tests, rocket-propelled aircraft, 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;

Exclusions *(continued)*

The exclusions below apply to these benefits: Medical Covered Expenses, Local Ambulance, Coma, Extension of Benefits in Home Country, Incidental Trip to Home Country, Mental Illness including Alcohol and Substance Abuse, Motor Vehicle Accident, Non-contact Amateur Sports, Maternity Care, Routine Newborn Care, Vaccinations, Dental Emergency — Sudden Relief of Pain, Dental Emergency — Accident, Emergency Medical Evacuation and Repatriation, Emergency Medical Reunion, Return of Child(ren), Return of Mortal Remains, Local Burial or Cremation, Natural Disaster Evacuation and Repatriation, Political Evacuation and Repatriation, Accidental Death and Dismemberment (AD&D) and Optional Coverage — Hazardous Activities. ***These exclusions exclude expenses that are for, resulting from, related to, or incurred for the following:***

- Participating in contests of speed or riding or driving in any type of competition;
- Loss of life;
- Long-term disability;
- Financial guarantee, financial default, bankruptcy, or insolvency risks;
- Charges for prenatal care, delivery, postpartum care, and care of Newborn Child(ren) unless resultant of a Covered Pregnancy;
- Injury sustained or Disablement due wholly or in part to the effects of intoxicating liquor or drugs, other than drugs taken in accordance with the proper dosing as directed by a Physician; or
- Injury sustained as the result of You operating a Motor Vehicle while not properly licensed to do so in the jurisdiction in which the Motor Vehicle Accident takes place.

Liaison® Student

SPECIALIZED HEALTH INSURANCE PLANS FOR STUDENTS,
FACULTY, SCHOLARS, AND THEIR FAMILIES

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

©Seven Corners, Inc.
Liaison® is a registered trademark of Seven Corners, Inc.
Seven Corners® is a registered trademark of Seven Corners, Inc.



Seven Corners, Inc.
303 Congressional Boulevard, Carmel, IN 46032 USA
800.335.0611 or 317.575.2652

www.sevencorners.com

v.04.01.20