

OVERSEAS VISITORS INSURANCESM

**\$30 co-pay
(Physician/Urgent Care Visits).
90% to \$5,000 and 100%
or 100% PPO benefits**

INJURY & SICKNESS MEDICAL INSURANCE FOR WORLDWIDE TRAVELERS

Travel/Visitors insurance for foreign nationals visiting the USA or worldwide up to two years.

 **VISITORS INSURANCETM.com**
Int'l Travel Insurance experts over 35 years 
A Division of Community Insurance Agency, Inc

VisitorsInsurance.com is an online entity of Community Insurance Agency, Inc Northbrook, IL – USA
For more information Please call at: 1.800.344.9540 or 1.847.897.5120
Email: Info@VisitorsInsurance.com - Website: www.VisitorsInsurance.com



SEVEN CORNERS

CHOOSING OVERSEAS VISITORS INSURANCESM

If you are traveling abroad, you need insurance protection in case you become sick or hurt while traveling. Your health insurance at home doesn't always follow you when you leave your home country. No matter where you go, Overseas Visitors Insurance can help with medical expenses, 24-hour travel assistance, and a network of medical providers. Let us take the worry out of your travel! When you buy online, you receive your travel insurance documents within minutes.

WHO CAN BUY?

You are eligible for coverage if you are at least 14 days old and traveling outside of your home country.*

You may buy coverage for yourself, your legal spouse, and your unmarried dependent children over 14 days old and under 19 years.

**Your home country is the place where you have your true, fixed and permanent home and principal establishment. For United States citizens, the home country is always the United States.*

LENGTH OF COVERAGE

Your coverage length may vary from 5 days to 364 days.

Continuing Coverage - You have the option to renew coverage subject to a 5-day minimum, and you may renew for a total of two 364-day periods. There is a \$5 fee each time you renew. We will email you a renewal notice before the expiration date. If you renew, your original effective date is used to determine pre-existing conditions and to calculate your deductible and coinsurance for a total of 364 days, then both will begin again.

Coverage Start Date – Coverage begins at 12:01 AM North American Eastern time on the latest of the following: the day after we receive your application and correct premium if you apply and pay online or by fax; or the day after the postmark date of your application and correct premium if you apply by mail; or the moment you depart your home country; or the date you request on your application.

Coverage Expiration Date – Your coverage ends on the earlier of the following: the date you return to your home country (except for Home Country Coverage); or 364 days after your coverage start date; or the expiration date on your ID card; or the end of the period you paid for; or the date you are no longer eligible for the plan; or when the maximum benefit amount has been paid.

BENEFIT HIGHLIGHTS

Medical Benefits - We cover injuries and illnesses which occur while you are covered. Benefits are paid in excess of your deductible and coinsurance, up to your chosen medical maximum. Initial treatment must occur within 30 days of the date of injury or onset of illness.

Emergency Medical Evacuation* – If medically necessary, we will:

- Transport you to adequate medical facilities if not available at your current location.
- Transport you home after receiving medical treatment related to a medical evacuation.

Return of Remains* – We will return your remains to your home country if you should die while traveling or pay for local burial/cremation at the place of death.

Return of Minor Children* - If you are traveling alone with minor children and are hospitalized because of a covered illness/injury, we will transport the children home with an escort.

Emergency Medical Reunion* – If you require an emergency medical evacuation, we will send one person of your choice to be at your side while you are hospitalized.

Interruption of Trip – If you cannot continue your trip due to an immediate family member's death or because of damage to your residence (fire, flood, tornado, earthquake, hurricane, or similar natural disaster), we will reimburse you for the cost of economy travel home.

HOME COUNTRY COVERAGE

Incidental Trips – Covers an illness/injury which occurs on an incidental trip in your home country. You earn covered days at home at approximately 5 days per month of purchased coverage.

Extension of Benefits – Covers expenses incurred in your home country for conditions first diagnosed and treated outside your home country.

Acute Onset of Pre-Existing Conditions – We pay up to the stated limit for an acute onset of a pre-existing condition if the condition occurs in the United States during your coverage period and if you receive treatment in the U.S. within 24 hours of the sudden and unexpected recurrence. A pre-existing condition that is congenital or gradually worsens over time is not covered. Coverage is provided until the earliest of: a) the condition is no longer acute; or b) you are discharged from the hospital.

What is a pre-existing condition? It is a medical condition of any kind that existed with reasonable medical certainty during the 36 months before the start date of this plan, whether known or not.

Identity Theft (Plan C only) – We will reimburse you for necessary costs to re-file loans or credit applications that are rejected because of your stolen identity; legal document notarization, long distance phone calls and postage solely for reporting, amending and/or rectifying records due to your stolen identity; 3 credit reports within 1 year of the stolen identity event; stop payments on missing or unauthorized checks related to the stolen identity event.

Hospital Indemnity (Plan C only) – If you are hospitalized while traveling outside of the United States we will pay you for each night you spend in the hospital, up to 10 days. This benefit is in addition to other covered expenses, and you may use these funds as you wish.

Political Evacuation* (Plan C only) – If a formal recommendation is made for you to leave your host country, we will transport you to the nearest safe place or to your home country. This benefit will not apply if a formal Travel Warning was issued by the U.S. State Department, and you did not follow it.

Terrorism (Plan C only) – 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 has issued a Travel Warning within 6 months prior to your arrival date.
3. You have not unreasonably failed or refused to depart a country or location following the date a warning is issued by the U.S. government.

Natural Disaster*(Plan C only) – We will pay for replacement accommodations needed because of a natural disaster. You must provide proof of payment for the accommodations from which you were displaced.

Natural Disaster Evacuation* (Plan C only for travel outside the United States) – If you need an 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 the plan document), we will arrange and pay for evacuation from a safe departure point to the nearest safe location. We will arrange and pay up to a maximum of 3 days for lodging if you are delayed at the safe location. We will also arrange and pay for one-way economy airfare to return you to your home country following evacuation.

* Arrangements must be made by Seven Corners Assist or benefits will not be provided.

Benefit Period – 180 days – Your benefit period is the amount of time you have from the date of your injury/illness to receive treatment. If your plan ends during your benefit period, you can still receive treatment if you are outside your home country. If you have returned home, there is limited coverage under Extension of Benefits.

PRE-CERTIFICATION

The following expenses must always be pre-certified:

- Inpatient Treatment and/or supplies of any kind.
- Any Surgery or Surgical procedure.
- Any Treatment in an Extended Care Facility.
- Any Home Nursing Care.
- Durable Medical Equipment.
- Artificial limbs.
- Computerized Axial Tomography (CAT Scan).
- Magnetic Resonance Imaging (MRI).

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

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

If you comply with the above requirements and the expenses are pre-certified, we will review the medical expenses to determine if they are covered according to the terms of the plan document.

If you do not comply with the pre-certification requirements or if the expenses are not pre-certified, we will review the medical expenses to determine if they are covered according to the terms of the plan document.

If covered:

1. The eligible medical expenses will be reduced by 50%; and
2. The deductible will be subtracted from the remaining amount; and
3. The coinsurance will be applied.

Emergency Pre-certification – For an emergency hospital admission, pre-certification must be made within 48 hours, or as soon as reasonably possible.

Pre-certification Does Not Guarantee Benefits – The fact that expenses are pre-certified does not guarantee coverage for, or payment of the service or procedure reviewed. Eligibility for and payment of benefits are subject to all the terms, conditions, provisions and exclusions in the plan document.

Concurrent Review – For inpatient stays, Seven Corners will pre-certify a limited number of days of confinement. Additional days of inpatient confinement may later be pre-certified if an insured receives prior approval.

YOUR INSURANCE COMPANY

Overseas Visitors Insurance is underwritten by Certain Underwriters at Lloyd's, London* and is rated "A" (Excellent) by A.M. Best. In addition to being one of the largest insurance entities in the world, Lloyd's has over 300 years of experience in the international insurance business.

As your plan administrator, Seven Corners** handles your insurance needs from start to finish, processing your purchase, providing all documents, and handling any claims. Since 1993, we have provided travel insurance to worldwide travelers, and we are here to help.

**In specific scenarios, coverage provided by Tramont Insurance Company Limited. For more information regarding Tramont, please visit tramontinsurance.com*

***In California, operating under the name Seven Corners Insurance Services.*

SEVEN CORNERS ASSIST

What happens if you become ill in a remote 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.

IMPORTANT INFORMATION REGARDING YOUR COVERAGE

Please be aware this is not a general health insurance plan, but an interim, limited benefit period, travel medical program intended for use while away from your home country. Overseas Visitors Insurance does not guarantee payment to a facility or individual for medical expenses until we determine it is an eligible expense.

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.

Quality Guarantee – If for any reason you are not pleased with this plan, you can receive a full refund if you send us a written request before your plan's start date. If we receive your request after your coverage start date, the unused portion of the plan cost may be refunded minus a cancellation fee, if you have not submitted claims to Seven Corners.

Claims - Filing a claim is easy! Simply send the itemized bill to Seven Corners within 90 days, along with a completed claim form. Payments can be converted to a currency of your choosing.

Attention: Certain Underwriters at Lloyd's of London operates as an approved surplus lines market in the United States. The premiums shown include a trust fee.

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

Country Restrictions: We cannot accept an address in Islamic Republic of Iran, Syrian Arab Republic, U.S. Virgin Islands, Gambia, Ghana, Nigeria, and Sierra Leone.

Destination Restrictions: We cannot cover travel to Islamic Republic of Iran and Syrian Arab Republic.



Preferred Provider Organization

Inside the United States: This plan uses a Preferred Provider Organization (PPO). A PPO is a network of physicians, hospitals and clinics that accept discounted fees for their services. Use of the PPO network is suggested but not required. If you use the network, you may receive discounts and out-of-pocket savings for eligible expenses, and the PPO provider will submit claims for services for you. You must present your ID card when you receive treatment. Providers not in the PPO network may require you to pay when you receive treatment. To locate a PPO Provider, please visit sevendcorners.com/help.

Outside the United States: You may see any provider of your choice. However, there are potential savings when you use the Seven Corners International Network, and we have direct pay agreements with some providers. Contact Seven Corners Assist or visit wellabroad.com for help locating providers.

SCHEDULE OF BENEFITS

All benefits and plan costs listed in this brochure are in U.S. Dollar amounts and are per person and per period of coverage, unless otherwise stated.

All benefits are subject to the deductible and coinsurance unless otherwise stated.

	Plan A	Plan B	Plan C
U.S. Coverage	Included	Included	Included
Medical Maximums	\$25,000; \$50,000; \$100,000; \$250,000;	\$25,000; \$50,000; \$100,000; \$250,000	\$50,000; \$100,000; \$500,000
Deductible	\$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
Physician Visits/ Urgent Care	\$30 co-pay per office visit. Deductible is not applied.	\$30 co-pay per office visit. Deductible is not applied.	\$30 co-pay per office visit. Deductible is not applied.
Pre-Certification	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.
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.	\$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.
Coinsurance	<p>Traveling Inside the United States: <i>For Treatment received within the PPO network:</i> After You pay the \$30 Physician Visits/Urgent Care Co-pay or Deductible, the plan pays 90% of the next \$5,000 of eligible expenses, then 100% to the selected Medical Maximum.</p> <p><i>For Treatment received outside the PPO network:</i> After You pay the \$30 Physician Visits/Urgent Care Co-pay or Deductible, the plan pays 80% of the next \$5,000 of eligible expenses, then 100% to the selected Medical Maximum.</p> <p>Traveling Outside the United States: After You pay the \$30 Physician Visits/Urgent Care Co-pay or Deductible, the plan pays 100% to the selected Medical Maximum.</p>	<p>Traveling Inside the United States: <i>For Treatment received within the PPO network:</i> After You pay the \$30 Physician Visits/Urgent Care Co-pay or Deductible, the plan pays 100% to the selected Medical Maximum.</p> <p><i>For Treatment received outside the PPO network:</i> After You pay the \$30 Physician Visits/Urgent Care Co-pay or Deductible, the plan pays 80% of the next \$5,000 of eligible expenses, then 100% to the selected Medical Maximum.</p> <p>Traveling Outside the United States: After You pay the \$30 Physician Visits/Urgent Care Co-pay or Deductible, the plan pays 100% to the selected Medical Maximum.</p>	<p>Traveling Inside the United States: <i>For Treatment received within the PPO network:</i> After You pay the \$30 Physician Visits/Urgent Care Co-pay or Deductible, the plan pays 90% of the next \$5,000 of eligible expenses, then 100% to the selected Medical Maximum.</p> <p><i>For Treatment received outside the PPO network:</i> After You pay the \$30 Physician Visits/Urgent Care Co-pay or Deductible, the plan pays 80% of the next \$5,000 of eligible expenses, then 100% to the selected Medical Maximum.</p> <p>Traveling Outside the United States: After You pay the \$30 Physician Visits/Urgent Care Co-pay or Deductible, the plan pays 100% to the selected Medical Maximum.</p>
Prescription Drugs	After you pay your deductible, the plan pays 80% of eligible expenses up to \$5,000 then 100% to the 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 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 medical maximum, independent of coinsurance for all other expenses.
Dental (Accident Coverage)	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.
Dental (Sudden Relief of Pain)	\$100 for the necessary treatment of sudden, unexpected pain to sound natural teeth.	\$100 for the necessary treatment of sudden, unexpected pain to sound natural teeth.	\$100 for the necessary treatment of sudden, unexpected pain to sound natural teeth.
Emergency Medical Evacuation/ Repatriation	\$100,000 (in addition to the medical maximum).	\$100,000 (in addition to the medical maximum).	\$500,000 (in addition to the medical maximum).
Return of Mortal Remains	\$20,000	\$20,000	\$50,000
Local Cremation or Burial	\$5,000	\$5,000	\$5,000
Return of Minor Children	\$5,000. Must be approved in advance and coordinated by Seven Corners.	\$5,000. Must be approved in advance and coordinated by Seven Corners.	\$50,000. Must be approved in advance and coordinated by Seven Corners.
Emergency Medical Reunion	\$15,000 for a max of 15 days. Must be approved in advance and coordinated by Seven Corners.	\$15,000 for a max of 15 days. Must be approved in advance and coordinated by Seven Corners.	\$50,000 for a max of 15 days. Must be approved in advance and coordinated by Seven Corners.
Local Ambulance Benefit	Reasonable and customary to the medical maximum.	Reasonable and customary to the medical maximum.	Reasonable and customary to the medical maximum.
Accidental Death & Dismemberment (AD&D)	\$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.

SCHEDULE OF BENEFITS (CONTINUED)

	Plan A	Plan B	Plan C
Common Carrier Accidental Death	\$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 and \$250,000 maximum per family involved in the same accident.
Loss of Checked Baggage	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.
Durable Medical Equipment	Reasonable and customary. Must be pre-certified for medical necessity by Seven Corners.	Reasonable and customary. Must be pre-certified for medical necessity by Seven Corners.	Reasonable and customary. Must be pre-certified for medical necessity by Seven Corners.
Interruption of Trip	\$5,000	\$5,000	\$5,000
Home Country Coverage	Incidental Trips to The Home Country: \$50,000 Home Country Extension of Benefits: \$5,000	Incidental Trips to The Home Country: \$50,000 Home Country Extension of Benefits: \$5,000	Incidental Trips to The Home Country: \$50,000. Home Country Extension of Benefits: \$5,000
Acute Onset of Pre-existing Condition	Ages up to 69: Up to lesser of Medical Maximum or \$100,000 Ages 70-79: Up to lesser of Medical Maximum or \$35,000 Must be Coordinated by Seven Corners Medical Management. Services and Treatment 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 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 lesser of Medical Maximum or \$100,000 Ages 70-79: Up to lesser of Medical Maximum or \$35,000 Must be Coordinated by Seven Corners Medical Management. Services and Treatment 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 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 Ages 70-79: Not available Must be Coordinated by Seven Corners Medical Management. Services and Treatment 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 is located. \$25,000 maximum per emergency medical evacuation related to an acute onset of a pre-existing condition.
Identity Theft	N/A	N/A	\$500
Hospital Indemnity	N/A	N/A	\$100 per overnight; maximum limit of 10 overnights.
Political Evacuation	N/A	N/A	\$10,000; Must be approved in advance and coordinated by Seven Corners.
Terrorism	N/A	N/A	\$50,000; Not subject to the deductible.
Natural Disaster	N/A	N/A	\$100 per day and maximum limit of 5 days for accommodations.
Natural Disaster Evacuation/Repatriation	N/A	N/A	\$10,000 (only available for travel outside the United States).
Hospital Room & Board	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.
Physiotherapy/Physical Medicine/Chiropractic	Physical Therapy prescribed and necessary.	Physical Therapy prescribed and necessary.	Physical Therapy prescribed and necessary.
Intensive Care	Usual, reasonable and customary to the Medical Maximum.	Usual, reasonable and customary to the Medical Maximum.	Usual, reasonable and customary to the Medical Maximum.
Surgery	Reasonable and customary to the medical maximum.	Reasonable and customary to the medical maximum.	Reasonable and customary to the medical maximum.
Outpatient Medical Expenses	Reasonable and customary to the medical maximum.	Reasonable and customary to the medical maximum.	Reasonable and customary to the medical maximum.
Diagnostic Procedures	Reasonable and customary to the medical maximum.	Reasonable and customary to the medical maximum.	Reasonable and customary to the medical maximum.
Home Nursing Care	Reasonable and customary to the medical maximum.	Reasonable and customary to the medical maximum.	Reasonable and customary to the medical maximum.
Assistance Services	Included	Included	Included
Benefit Period	180 Days	180 Days	180 Days

PLAN COST

Rates effective September 13, 2017. Worldwide rates, including travel in the United States

PLAN A: \$25,000 MEDICAL MAXIMUM

Age (in years)	Deductible \$100	Deductible \$250	Deductible \$500	Deductible \$1,000	Deductible \$2,500
Under 18	\$0.77	\$0.70	\$0.64	\$0.58	\$0.46
18-29	\$1.20	\$1.09	\$1.00	\$0.88	\$0.76
30-39	\$1.53	\$1.40	\$1.27	\$1.12	\$1.00
40-49	\$2.37	\$2.15	\$1.91	\$1.73	\$1.52
50-59	\$3.37	\$3.06	\$2.79	\$2.43	\$2.15
60-64	\$4.24	\$3.85	\$3.52	\$3.12	\$2.70
65-69	\$4.87	\$4.43	\$4.00	\$3.58	\$3.12
70-79	\$6.87	\$6.25	\$5.58	\$5.00	\$4.34

PLAN A: \$50,000 MEDICAL MAXIMUM

Age (in years)	Deductible \$100	Deductible \$250	Deductible \$500	Deductible \$1,000	Deductible \$2,500
Under 18	\$0.84	\$0.77	\$0.70	\$0.63	\$0.50
18-29	\$1.32	\$1.20	\$1.10	\$0.97	\$0.83
30-39	\$1.69	\$1.53	\$1.40	\$1.23	\$1.10
40-49	\$2.60	\$2.37	\$2.10	\$1.90	\$1.67
50-59	\$3.70	\$3.37	\$3.07	\$2.67	\$2.37
60-64	\$4.66	\$4.23	\$3.87	\$3.43	\$2.97
65-69	\$5.37	\$4.87	\$4.40	\$3.93	\$3.43
70-79	\$7.53	\$6.86	\$6.12	\$5.49	\$4.76

PLAN A: \$100,000 MEDICAL MAXIMUM

Age (in years)	Deductible \$100	Deductible \$250	Deductible \$500	Deductible \$1,000	Deductible \$2,500
Under 18	\$0.95	\$0.87	\$0.80	\$0.73	\$0.60
18-29	\$1.54	\$1.40	\$1.27	\$1.13	\$1.00
30-39	\$2.05	\$1.87	\$1.67	\$1.47	\$1.33
40-49	\$2.93	\$2.67	\$2.40	\$2.13	\$1.87
50-59	\$4.55	\$4.13	\$3.73	\$3.33	\$2.87
60-64	\$5.80	\$5.27	\$4.77	\$4.20	\$3.67
65-69	\$7.00	\$6.33	\$5.70	\$5.07	\$4.47
70-79	N/A	N/A	N/A	\$7.63	\$6.73

PLAN COST (CONTINUED)

PLAN A: \$250,000 MEDICAL MAXIMUM

Age (in years)	Deductible \$100	Deductible \$250	Deductible \$500	Deductible \$1,000	Deductible \$2,500
Under 18	\$1.10	\$1.00	\$0.93	\$0.80	\$0.67
18-29	\$2.13	\$1.93	\$1.73	\$1.53	\$1.33
30-39	\$2.64	\$2.40	\$2.20	\$1.93	\$1.67
40-49	\$3.89	\$3.53	\$3.13	\$2.80	\$2.47
50-59	\$6.09	\$5.53	\$5.00	\$4.40	\$3.87
60-64	\$7.70	\$7.00	\$6.33	\$5.63	\$4.90
65-69	\$8.97	\$8.13	\$7.37	\$6.50	\$5.70
70+	N/A	N/A	N/A	N/A	N/A

PLAN B: \$25,000 MEDICAL MAXIMUM

Age (in years)	Deductible \$100	Deductible \$250	Deductible \$500	Deductible \$1,000	Deductible \$2,500
Under 18	\$1.00	\$0.91	\$0.82	\$0.73	\$0.64
18-29	\$1.53	\$1.40	\$1.26	\$1.12	\$0.98
30-39	\$1.97	\$1.79	\$1.61	\$1.43	\$1.25
40-49	\$3.00	\$2.73	\$2.46	\$2.18	\$1.91
50-59	\$4.30	\$3.91	\$3.52	\$3.13	\$2.74
60-64	\$5.44	\$4.94	\$4.45	\$3.96	\$3.46
65-69	\$6.21	\$5.64	\$5.08	\$4.51	\$3.95
70-79	\$8.83	\$8.02	\$7.22	\$6.43	\$5.62

PLAN B: \$50,000 MEDICAL MAXIMUM

Age (in years)	Deductible \$100	Deductible \$250	Deductible \$500	Deductible \$1,000	Deductible \$2,500
Under 18	\$1.10	\$1.00	\$0.90	\$0.80	\$0.70
18-29	\$1.69	\$1.53	\$1.38	\$1.23	\$1.07
30-39	\$2.16	\$1.97	\$1.77	\$1.57	\$1.38
40-49	\$3.30	\$3.00	\$2.70	\$2.40	\$2.10
50-59	\$4.73	\$4.30	\$3.87	\$3.44	\$3.01
60-64	\$5.98	\$5.43	\$4.89	\$4.35	\$3.80
65-69	\$6.82	\$6.20	\$5.58	\$4.96	\$4.34
70-79	\$9.24	\$8.40	\$7.56	\$6.72	\$5.88

PLAN COST (CONTINUED)

PLAN B: \$100,000 MEDICAL MAXIMUM

Age (in years)	Deductible \$100	Deductible \$250	Deductible \$500	Deductible \$1,000	Deductible \$2,500
Under 18	\$1.21	\$1.10	\$0.99	\$0.88	\$0.77
18-29	\$1.94	\$1.77	\$1.59	\$1.41	\$1.24
30-39	\$2.53	\$2.30	\$2.07	\$1.84	\$1.61
40-49	\$3.70	\$3.37	\$3.03	\$2.69	\$2.36
50-59	\$5.72	\$5.20	\$4.68	\$4.16	\$3.64
60-64	\$7.26	\$6.60	\$5.94	\$5.28	\$4.62
65-69	\$8.73	\$7.93	\$7.14	\$6.35	\$5.55
70-79	N/A	N/A	N/A	\$9.56	\$8.35

PLAN B: \$250,000 MEDICAL MAXIMUM

Age (in years)	Deductible \$100	Deductible \$250	Deductible \$500	Deductible \$1,000	Deductible \$2,500
Under 18	\$1.43	\$1.30	\$1.17	\$1.04	\$0.91
18-29	\$2.68	\$2.43	\$2.19	\$1.95	\$1.70
30-39	\$3.37	\$3.07	\$2.76	\$2.45	\$2.15
40-49	\$4.91	\$4.47	\$4.02	\$3.57	\$3.13
50-59	\$7.74	\$7.03	\$6.33	\$5.63	\$4.92
60-64	\$9.83	\$8.93	\$8.04	\$7.15	\$6.25
65-69	\$11.48	\$10.43	\$9.39	\$8.35	\$7.30
70+	N/A	N/A	N/A	N/A	N/A

PLAN C: \$50,000 MEDICAL MAXIMUM

Age (in years)	Deductible \$100	Deductible \$250	Deductible \$500	Deductible \$1,000	Deductible \$2,500
Under 18	\$1.34	\$1.23	\$1.10	\$0.98	\$0.86
18-29	\$1.34	\$1.23	\$1.10	\$0.98	\$0.86
30-39	\$1.80	\$1.62	\$1.46	\$1.30	\$1.14
40-49	\$2.64	\$2.39	\$2.16	\$1.92	\$1.68
50-59	\$3.89	\$3.52	\$3.17	\$2.82	\$2.47
60-64	\$4.87	\$4.44	\$3.99	\$3.54	\$3.11
65-69	\$5.59	\$5.08	\$4.57	\$4.07	\$3.56
70-79	\$7.94	\$7.22	\$6.49	\$5.78	\$5.06

PLAN COST (CONTINUED)

PLAN C: \$100,000 MEDICAL MAXIMUM

Age (in years)	Deductible \$100	Deductible \$250	Deductible \$500	Deductible \$1,000	Deductible \$2,500
Under 18	\$1.69	\$1.54	\$1.39	\$1.24	\$1.07
18-29	\$1.69	\$1.54	\$1.39	\$1.24	\$1.07
30-39	\$2.24	\$2.03	\$1.83	\$1.62	\$1.43
40-49	\$3.23	\$2.95	\$2.65	\$2.36	\$2.06
50-59	\$4.98	\$4.52	\$4.08	\$3.62	\$3.16
60-64	\$6.27	\$5.70	\$5.13	\$4.56	\$3.99
65-69	\$7.51	\$6.83	\$6.15	\$5.46	\$4.78
70-79	N/A	N/A	N/A	\$8.22	\$7.20

PLAN C \$500,000 MEDICAL MAXIMUM

Age (in years)	Deductible \$100	Deductible \$250	Deductible \$500	Deductible \$1,000	Deductible \$2,500
Under 18	\$2.14	\$1.95	\$1.75	\$1.56	\$1.36
18-29	\$2.14	\$1.95	\$1.75	\$1.56	\$1.36
30-39	\$2.84	\$2.57	\$2.32	\$2.06	\$1.81
40-49	\$4.33	\$3.93	\$3.54	\$3.14	\$2.76
50-59	\$6.12	\$5.57	\$5.01	\$4.46	\$3.90
60-64	\$7.47	\$6.78	\$6.11	\$5.42	\$4.75
65-69	\$8.16	\$7.42	\$6.68	\$5.94	\$5.20
70+	N/A	N/A	N/A	N/A	N/A

MEDICAL BENEFIT EXCLUSIONS

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. 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. Any reoccurrence within the same Period of Coverage will no longer be considered Acute Onset of a Pre-existing Condition and will not be eligible for additional coverage. A Pre-existing Condition which is a congenital condition or that gradually becomes worse over time and/or known, scheduled, required, or expected medical care, drugs or treatments existing or necessary prior to the Effective Date are not considered to be an Acute Onset. Acute Onset of a Pre-existing Condition Coverage expires upon medical advice that the condition and Onset is no longer acute or you are discharged from a medical facility.

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

2. Injury or Illness which is not presented to the Underwriter for payment within 90 days of receiving Treatment;
 3. Charges for Treatment which is not Medically Necessary
 4. Charges provided at no cost to You;
 5. Charges for Treatment which exceeds Reasonable and Customary charges;
 6. Charges incurred for Surgery or treatments which are, Experimental/ Investigational, or for research purposes;
 7. Services, supplies or treatment, including any period of Hospital confinement, which were not recommended, approved and certified as Medically Necessary and reasonable by a Physician;
 8. Suicide, or any attempt thereof, while sane or self destruction or any attempt thereof, while sane;
 9. War, hostilities or warlike operations (whether war be declared or not), Invasion, Act of an enemy foreign to the nationality of the insured person or the country in, or over, which the act occurs, Civil war, Riot, Rebellion, Insurrection, Revolution, Overthrow of the legally constituted government, Civil commotion assuming the proportions of, or amounting to, an uprising, Military or usurped power, Explosions of war weapons, Utilization of Nuclear, Chemical or Biological weapons of mass destruction howsoever these may be distributed or combined, Murder or Assault subsequently proved beyond reasonable doubt to have been the act of agents of a state foreign to the nationality of the insured person whether war be declared with that state or not, 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 government(s). (NOT AVAILABLE 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.

OVERSEAS VISTORS INSURANCESM

APPLICANT INFORMATION

Last Name: _____
 First Name: _____ M.I.: _____
 Destination Countries: _____
Destination country cannot be Islamic Republic of Iran or Syrian Arab Republic.
 Passport Country & Number: _____
 Departure Date from your Home Country? (MM/DD/YY) ____/____/____
 Coverage Start Date: (MM/DD/YY) ____/____/____
 Coverage End Date: (MM/DD/YY) ____/____/____
 The minimum coverage period is 5 days, the maximum is 364 days.

AD&D BENEFICIARY DETAILS

Beneficiary: _____
 Relationship: _____

MAILING ADDRESS:

Address: _____
 City: _____ State: _____
 Postal Code: _____ Country: _____
 Work Phone: () _____
 Home Phone: () _____
 Email Address: _____

Important: We cannot accept a mailing address in these locations:
 States in the USA: Maryland, Washington, New York, South Dakota, and Colorado.
 Islamic Republic of Iran, Syrian Arab Republic, U.S. Virgin Islands, Gambia, Ghana, Nigeria, and Sierra Leone.

I would like to receive communications from Seven Corners and/or my agent about products in the future.

CALCULATING YOUR PLAN COST

PLAN MAXIMUM:

Which plan and medical maximum are you purchasing?
 Each person on this application must choose the same plan type, medical maximum, and deductible.

Choose your medical maximum:

- Plan A \$25,000 \$50,000 \$100,000 \$250,000 -
 Plan B \$25,000 \$50,000 \$100,000 \$250,000 -
 Plan C - \$50,000 \$100,000 - \$500,000

Choose your deductible:

- \$100 \$250 \$500 \$1,000 \$2,500

*Use applicable Daily Rates from pages 6 - 9.

Date of Birth
MM/DD/YY

Daily Rate

Applicant: _____ / ____ / ____ _____
 Spouse: _____ / ____ / ____ _____
 Child: _____ / ____ / ____ _____
 Child: _____ / ____ / ____ _____
 Child: _____ / ____ / ____ _____
Daily Total: \$ _____

Enter your total number of travel days _____
 Multiply Daily Rate Total by number of travel days: **x** _____
Total Payment Enclosed (Total) **=** _____

METHOD OF PAYMENT: MasterCard Visa Discover American Express

If paying by credit card, you may mail or fax to us. World Commercial Trust - P.O. Box: 56575, Station A - Toronto, ON M5W 4L1 Fax: 317-575-2659
 PLEASE NOTE: WE CANNOT ACCEPT PAYMENT BY CHECK OR MONEY ORDER.

Card Number: _____ Expiration Date: _____ Daytime Phone: () _____
 Name on Card: _____ Billing Address: _____
 Signature (Required) _____

Total payment for the full term of coverage must be paid in U.S. dollars when you apply. Checks must be issued from a U.S. bank. Credit card purchase is subject to validation and acceptance by the credit card company.

I declare that I have read and understand the terms and conditions of this product. I understand that pre-existing conditions, as defined, are excluded, unless otherwise specifically noted as covered in the policy. I understand this program is for persons traveling outside their home country.

I hereby subscribe to the World Commercial Trust and enroll in the group coverage for which I am eligible under the group contract issued by Certain Underwriters at Lloyd's, London and Tramont Insurance Company Limited.

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud. Whenever coverage provided by this policy would be in violation of U.S. or appropriate state law, including U.S. economic or trade sanctions, such coverage will be null & void.

Patient Protection and Affordable Care Act: This insurance is not subject to, and does not provide certain insurance benefits required by the United States Patient Protection and Affordable Care Act (PPACA). The insurance benefits provided by this policy are stated in your policy documents and do not include additional benefits required by PPACA. PPACA requires certain U.S. residents and citizens to obtain PPACA compliant insurance coverage. In certain circumstances, penalties may be imposed on U.S. residents and citizens who do not maintain PPACA compliant insurance coverage. You should consult your attorney, insurance agent or tax professional to determine if PPACA's requirements are applicable to you.

Seven Corners, Inc., is a U.S. company and under the regulation of the Office of Foreign Assets Control (OFAC), which requires us to search the identity of each individual or company applying for insurance coverage from the country you have selected. If your name or company is published on the OFAC "Specially Designated Nationals" list, we will not be able to offer you coverage and will rescind your policy and return your premium in full. For more information on OFAC, please visit: <http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>.

Signature of Insured or Proxy (Required) (Proxy is someone acting on behalf of insured)

Date

IMPORTANT INFORMATION

Overseas Visitors InsuranceSM is underwritten by Certain Underwriters at Lloyd's, London, rated "A" (Excellent) by A.M. Best and "A+" (Strong) by Standard & Poor's.

AGENT INFORMATION



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425 Huehl Road, Suite #22-A
Northbrook, IL 60062
800-344-9540 • 847-897-5120 • Fax: 847-897-5130
info@visitorsinsurance.com | visitorsinsurance.com

ADMINISTERED BY



SEVEN CORNERS

303 Congressional Boulevard
Carmel, IN 46032
800-335-0611 • 317-575-2652 • Fax: 317-575-2659
sevencorners.com



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