



International Student Insurance

Travel Medical Insurance
Policy Brochure



SOL ABROAD

Group ID Standard Plan: ATR19-190228-01TM

24-hour Assistance:
Toll-free: (877) 702-6767 or Direct Dial: + 1 (317) 582-2622
or via email at: assist@sevencorners.com

Using Your Insurance

If you need to seek medical treatment, please be sure to seek care appropriately for the condition/situation that you are experiencing. Choosing the correct medical provider will make your experience much better, and it will make the billing and payment process much smoother. Here are some guidelines for choosing appropriate medical care.

Non-Emergency Care

When you need to seek non-emergency care, please visit a local doctor, urgent care treatment center or walk-in medical clinic, as they will be best placed to assist you and the cost will be reasonable. Use of the hospital emergency room for non-emergency care is not appropriate in the USA. To locate a provider, use the online search tool described below or call Seven Corners for appropriate in-network providers in your area. Examples of non-emergency care include cold, flu, minor injuries and sickness.

Emergency Care

If you need to seek emergency care, please go to the nearest hospital emergency room or call the emergency services (911 in the USA) for immediate assistance. Provide them with your insurance information at the time of treatment. Examples of emergency care include serious accidents or sickness, and any condition that requires an ambulance.

As with anything, we ask you to use your judgment with a situation. If you feel you need immediate emergency attention, please do not delay and go straight to the Emergency Room. However if you are unsure, or your condition is not severe, then either call the emergency services for assistance or visit a local doctor, urgent care center or walk-in clinic in your area.

ID Card

It is extremely important that you carry your insurance ID card with you at all times as this will identify to the provider treating you who your insurance is with. Your ID card will be given to you before you travel and should be kept with you at all times.

Providers

Whether inside or outside the USA you have the freedom of choice to visit any provider you wish, however you are strongly encouraged to visit medical providers who are part of the insurance plan network. This will allow direct billing and can remove the need for you to pay up front for medical expenses.

Inside the USA, you can search for a network providers online and either call for an appointment or for urgent care clinics, just walk up for treatment. Outside the USA, you can still search for providers online or find the nearest provider to you, seek treatment and pay for those expenses up front. You can then claim these back at a later time.

Providers can be located online by visiting:

<http://www.envisageglobalinsurance.com/seven-corners/>

Pre-Notification

Seven Corners Assist must be contacted prior to: (1) hospital admissions worldwide; (2) inpatient or outpatient surgeries worldwide; (3) emergency evacuation/ repatriation; (4) emergency medical reunion; (5) trip interruption; and (6) return of mortal remains. For Emergency admissions and situations, Seven Corners Assist must be contacted within 48 hours, or as soon as reasonably possible.

Student Zone

To learn more about your insurance plan, locate providers, view the full policy conditions, download claim forms and much more, please visit the Student Zone online where you can obtain all this information:

<https://www.internationalstudentinsurance.com/schools/Sol-Abroad-Seven-Corners>

Claims

When seeking medical care please use the following guidelines to submit your claims to the insurance company:

Inside the USA - If you sought treatment from an in-network provider, and provided your insurance ID card at the time of treatment, they should be able to bill the Seven Corners claims team directly with no payment up front.

If you have received any medical bills after treatment or paid for any services up front to a provider, please complete a claim form and email these documents to the claims email for processing.

Outside the USA - When outside the USA, please seek treatment from a provider that is nearest to you, pay for the services upfront and then submit a claim for reimbursement.

Prescription Medications - Any medications that you have been prescribed will need to be paid for at the time of purchase and added to any claims you are submitting.

Claim Forms

You can download a copy of the claim form from the student zone and submit it with your receipts to:

Seven Corners, Inc.
303 Congressional Blvd
Carmel, IN 46032
Fax 317-575-2659

claims@sevencorners.com

For faster processing, we recommend scanning and emailing claim forms and other claim documents.

Claims Update

My Account in your Student Zone will allow you to login and view all your claims activity and contact the claims team directly with any questions. You can also email the claims team directly at claims@sevencorners.com for an update on any claims that have been submitted.

Plan Details

Plan Benefits	Standard Plan
US Coverage	Excluded
Overall Plan Maximum	\$500,000
Medical Maximum	\$200,000 per person, per injury/illness
Deductible	\$0
Coinsurance	100% to the Medical Maximum
Outpatient Medical Expenses	100% of usual, reasonable and customary
Hospital Indemnity	\$150 per night up to 30 days
Dental (Accident Coverage)	To a maximum of \$5,000
Dental (Sudden Relief of Pain)	To a maximum of \$250
Emergency Medical Evacuation/ Repatriation	\$500,000 (in addition to medical maximum)
Return of Mortal Remains	\$50,000
Local Burial or Cremation	\$5,000
Emergency Medical Reunion	\$1,500
Physical Therapy/Spinal Manipulation	\$2,500
Complications of Pregnancy	\$1,000 (up to 28 weeks)
Hazardous Activities Coverage	\$10,000
Non-Contact Amateur Sports	\$10,000
Local Ambulance Benefit	\$5,000
Acute Onset of Pre-existing Conditions	Up to \$25,000
Accidental Death & Dismemberment (AD&D)	\$10,000 Principal Sum (ages 18-64) \$5,000 Principal Sum (ages 12-17)
Loss of Checked Baggage	\$500
Trip Delay	Minimum 12 hours delay \$50 per day, maximum of \$200
Interruption of Trip	\$1,500
Mental Illness including Alcohol & Substance Abuse	Outpatient - \$50/day, \$500 Maximum Inpatient - \$5,000 per Period of Coverage
Political Evacuation & Repatriation	\$5,000
Natural Disaster Evacuation	\$25,000
Natural Disaster Daily Benefit	\$100 per day, 10 day limit
Felonious Assault	\$5,000
Terrorism	URC to the Medical Maximum
Personal Liability	\$50,000
Hospital Room & Board	URC to the Medical Maximum
Intensive Care	URC to the Medical Maximum
Outpatient Medical Expenses	URC to the Medical Maximum
Assistance Services	Included
Benefit Period	180 Days

Please note: the benefit table above is a consolidated summary of the plan benefits. Please refer to the policy certificate (a copy of which can be found in the student zone) for a full outline of the plan benefits and limitations.

Medical Expenses

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

Only such expenses which are specifically enumerated in the following list of charges and are incurred within one hundred eighty (180) days from the date of accident or onset of Illness and which are not excluded, shall be considered Covered Expenses:

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

Hospital Indemnity

Should the Insured Person be hospitalized while traveling outside the United States, and the hospitalization is considered a Covered Expense, the Company will indemnify the Insured up to the maximum stated in the Schedule of Benefits for each night spent in the hospital up to a maximum of thirty (30) days. This payment is not related to the actual hospital charges and is paid in addition to any other Eligible Benefits. You may use these funds for incidentals or as you like.

Dental (Accident Coverage)

This plan shall pay in excess of the chosen Deductible and Coinsurance up to the maximum stated in the Schedule of Benefits, for emergency Treatment to repair or replace Sound Natural Teeth damaged as the result of a covered Accident. Only those injuries caused by external contact with a foreign object are covered. You are not covered if you break a tooth while eating or biting into a foreign object. *Only available to programs purchased for 1 month or more.

Dental (Sudden Relief of Pain)

This plan shall pay in excess of the chosen Deductible and Coinsurance up to the maximum stated in the Schedule of Benefits, for emergency Treatment for the relief of pain to Sound Natural Teeth. *Only available to programs purchased for 1 month or more.

Travel Assistance Services

The plan includes valuable travel and medical assistance services, which are available to you 24 hours a day, 7 days a week. Contact Seven Corners to access these services:

Travel Medical Assistance - support and coordination for medical evacuation/repatriation, medical referral, case monitoring and more...

Trip Management Assistance - travel support that includes trip delay and missed connection coordination, hotel and flight rebooking, lost luggage assistance, lost travel document retrieval and assistance and information on local medical and travel advisories.

Travel Intelligence Services - through wellabroad.com participants can sign up for travel text message and email alerts from the world's latest travel advisories and more...

Provider Support - no matter your location in the world, assistance will help you locate a provider that is close to your current location.

You can contact and utilize the many travel assistance services by contacting Seven Corners Assist:

Toll-free: (877) 702-6767

Direct Dial: + 1 (317) 582-2622



or via email at:

assist@sevencorners.com

Emergency Medical Evacuation/Repatriation

The plan will pay Covered Expenses incurred up to the maximum stated in the Schedule of Benefits if any covered Injury or Illness commences during the Period of Coverage and results in Your Medically Necessary Emergency Medical Evacuation or Repatriation (Your medical condition warrants immediate transportation from the medical facility where You are located to the nearest adequate medical facility where medical Treatment can be obtained). This benefit must be approved and arranged by Seven Corners Assist in consultation with the local attending Physician. Emergency Medical Evacuation or Repatriation means: a) the Insured Person's medical condition warrants immediate transportation from the medical facility where the Insured Person is located (due to inadequate medical facilities) to the nearest adequate medical facility where medical Treatment can be obtained; or b) after being treated at a local medical facility as a result of a Covered Emergency Medical Evacuation, the Insured Person's medical condition warrants transportation with a qualified medical attendant to his/her Home Country to obtain further medical Treatment or to recover; or c) both a) and b) above. All transportation arrangements must be by the most direct and economical route. The Emergency Medical Evacuation or Repatriation must be arranged by Seven Corners Assist in consultation with the Insured Person's local attending Physician. Failure to utilize Seven Corners Assist to arrange for these services will result in the denial of benefits. If ongoing medical care is needed, and your attending physician states you are fit to travel, the Assistance Company has the right to require evacuation back to your home country for that ongoing medical care. If this decision is made and you choose not to travel back to your home country, any further costs beyond that point cannot be claimed under this policy.

Return of Mortal Remains

The plan will pay the reasonable Covered Expenses incurred up to the maximum stated in the Schedule of Benefits to return Your remains to Your Home Country if You should die. This benefit must be approved and arranged by Seven Corners Assist. Covered Expenses include, but are not limited to, expenses for embalming, a minimally necessary container appropriate for transportation, shipping costs, and the necessary government authorizations. Failure to utilize Seven Corners Assist to arrange for these services will result in the denial of benefits.

Local Cremation or Burial

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

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

Emergency Medical Reunion

When Emergency Medical Evacuation or Repatriation is ordered, and the attending Physician recommends that a family member travel with You, the plan will arrange and pay up to the maximum stated in the Schedule of Benefits for roundtrip economy-class transportation for one individual of Your choice, from Your Home Country, to be at Your side while You are hospitalized. In the event You have been confined in a Hospital for at least 7 days due to a covered Injury or Sickness, where the attending Doctor believes it would be beneficial for You to have a Family Member at your side. The plan will pay the expenses incurred for travel and lodging for that Family Member, up to the Benefit Maximum shown. This benefit must be approved and arranged by Seven Corners Assist. The benefits payable will include: (1) The cost of a roundtrip economy airfare; (2) Reasonable travel and accommodation expenses (not to exceed \$200 per day) incurred in relation to the maximum stated in the Schedule of Benefits; (3) The period of Emergency Medical Reunion is not to exceed ten (10) days, including travel.

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

Physical Therapy / Spinal Manipulation

The plan will pay for Physical Therapy which is prescribed by a Physician and administered by a licensed

Physical Therapist for a covered Injury. Benefits are payable up to the maximum stated in the Schedule of Benefits.

The plan will pay for Spinal Manipulation which is prescribed by a Physician and administered by a licensed Physical Therapist for a covered Injury.

Benefits are payable up to the maximum stated in the Schedule of Benefits.

Complications of Pregnancy (up to 28 weeks)

The plan will pay for eligible medical expenses related to any sudden and unforeseen illness and/or complication in connection with Pregnancy manifesting within the first 28 weeks of Pregnancy (calculated with Naegele's Rule). Eligible and including the 4th month (28th week) of Pregnancy. (conception must occur prior to the Plan being purchased)

Hazardous Activities Coverage

To cover motorcycle/motor scooter riding (whether as a passenger or a driver), hang gliding, Parachuting, zip lining, parasailing, bungee jumping, water skiing, wakeboard riding, jet skiing, windsurfing, snowmobiling, and spelunking.

Non-Contact Amateur Sports

To cover group sponsored, and/or amateur/interscholastic athletics up to the maximum amount stated in the Schedule of Benefits. Note: A group sponsored and/or organized Amateur/Interscholastic Athletic event includes training camps, team sports, or any formal grouping of people participating in one or multiple events that may/may not require a fee for participation. Covered Sports are tennis, squash, ultimate Frisbee, kickball, volleyball, track & field, water-polo, baseball, aerobics, dancing, sailing, sea kayaking/canoeing, snow skiing, snowboarding, roller skating, rollerblading and swimming. There is no coverage for Collegiate or Professional athletics.

Acute Onset of Pre-Existing Condition(s). If you are traveling outside of your Home Country, exclusion one (1) is waived for eligible medical Expenses, for the first Acute Onset of a Pre-Existing Condition(s) during the Period of Coverage up to the amount set forth in the Schedule of Benefits. Any reoccurrence within the same Period of Coverage will no longer be considered an Acute Onset of a Pre-existing Condition and will not be eligible for additional coverage. This waiver does not include coverage for known, scheduled, required, or expected medical care, drugs, or Treatments existent or necessary prior to arrival in the Host Country and prior to the Effective Date of Coverage; coverage for Treatment for which You have traveled; or coverage for conditions for which travel was undertaken after Your Physician has limited or restricted travel. Coverage ceases on the earliest of (i) the condition no longer being considered acute or (ii) Your discharge from the Hospital.

Accidental Death & Dismemberment

Benefits shall be paid to You if You sustain an Accidental Injury. The Injury must occur during the Period of Coverage and death or dismemberment as a result of that Accident must occur within three hundred and sixty-five (365) days from the date of Accident. Benefits payable for any such loss shall be in accordance with the following table: If You incur more than one Loss stated in the following Table as the result of one Accident, only the largest amount shall be payable.

Description of Loss	Percent of Principal Sum
Life	100%
Both Hands or Both Feet or Sight of Both Eyes	100%
One Hand and One Foot	100%
Either Hand or Foot and Sight of One Eye	100%
Either Hand or Foot	50%
Common Carrier Accidental Death	200%

Loss of Checked Baggage

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

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

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

Trip Delay

We will pay You for additional expenses on a one-time basis, up to the maximum shown in the SCHEDULE OF BENEFITS, if You are delayed en route to or from the Covered Trip for 12 or more hours due to a defined Hazard.

Additional expenses include:

- (a) any prepaid, unused, non-refundable land, air, or water accommodations;
- (b) any reasonable additional expenses incurred (meals, accommodations, local Transportation, and telephone calls);
- (c) an economy fare from the point where You ended Your Covered Trip to a destination where You can resume Your Covered Trip;
- (d) a one-way economy fare to return You to Your originally scheduled return destination.

Interruption of Trip

If You are unable to continue the trip due to the death of an Immediate Family member (parent, spouse, sibling or child) or due to serious damage to Your principal residence from fire, flood or similar natural disaster (tornado, earthquake, hurricane, etc.), the plan will reimburse You up to the maximum stated in the Schedule of Benefits for the cost of economy travel, less the value of applied credit from an unused return travel ticket, to return You home to Your area of principal residence. This benefit must be approved by Seven Corners Assist.

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

Mental Illness including Alcohol and Substance Abuse

Only such expenses, incurred as the result of Treatment or Medication for Mental Illness, which are specifically enumerated in the following list of charges, and which are not excluded, shall be considered as Eligible Expenses:

1. Inpatient Care:
 - a. Charges made by a Hospital or mental institution for room and board, floor nursing and other services inclusive of charges for professional service and with exception of personal services of a non-medical nature, provided, however; that

expenses do not exceed the Hospital's or mental institution's average charge for semi-private room and board accommodation.

- b. Charges made for diagnosis and Treatment by a Physician.
- c. Charges made for the cost and administration of anesthetics.
- d. Charges for Medication, X-ray services, laboratory tests and services, oxygen, and medical Treatment.
- e. Drugs and Medicines that can only be obtained upon a written prescription from Physician.

Inpatient Care benefits shall be payable in accordance with the Schedule of Benefits.

2. Outpatient Care:

- a. Charges made for diagnosis and Treatment by a Physician.
- b. Charges made for the cost and administration of anesthetics.
- c. Charges for Medication, X-ray services, laboratory tests and services, oxygen, and medical Treatment.
- d. Drugs and Medicines that can only be obtained upon a written prescription from a Physician.

Outpatient Care benefits shall be payable in accordance with the Schedule of Benefits.

Only those expenses specifically described above which are incurred within the following Limits from the onset of the Mental Illness and which are not excluded are considered Eligible Expenses. Mental Illness must first manifest itself during the Period of Coverage.

Political Evacuation & Repatriation

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

The Political Evacuation & Repatriation Benefit will not pay, should the Insured not heed Level 3 Terrorism, Level 3 Civil Unrest or any Level 4 Travel Advisory issued by the State Department or similar warnings issued by other appropriate authorities recommending that travelers avoid a certain country or region-specific areas or locations within a country.

Natural Disaster Evacuation & Repatriation

If You require an emergency evacuation due to a Natural Disaster, the Company will arrange and pay up to the amount set forth in the Schedule of Benefits for reasonable and necessary expenses incurred for (i) Your Natural Disaster Evacuation; (ii) reasonable lodging up to the maximum number of days set forth in the Schedule of Benefits if You are delayed at the safe location; (iii) and Your Natural Disaster Repatriation by means of a one-way economy airfare. The Natural Disaster Evacuation or Natural Disaster Repatriation must be arranged by Seven Corners Assist. Failure to utilize Seven Corners Assist will result in the denial of benefits.

Natural Disaster Daily Benefit

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

Felonious Assault

The Company will pay up to the maximum stated in the Schedule of Benefits when the Insured suffers one or more losses for which benefits are payable under the Accidental Death Benefit or Accidental Dismemberment Benefit provided by the Certificate as a result of a Felonious Assault:

1. That is not a moving violation as defined under the applicable government motor vehicle laws; and
2. That is not an act of an Immediate Family Member, another Insured or an individual who resides with the Insured on a permanent basis. Only one benefit is payable for all losses as a result of the same Felonious Assault.

Terrorism

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

1. The Insured Person has no direct or indirect involvement in the Terrorist Activity.
2. The Terrorist Activity is not in a country or location where the United States government has issued a Level 3 Terrorism, Level 3 Civil Unrest or any Level 4 Travel Advisory that has been in effect within the six (6) months prior to the Insured Person's date of arrival.

3. The Insured Person has not unreasonably failed or refused to depart a country or location following the date a warning to leave that country or location is issued by the United States government.

Personal Liability

Subject to the Limits set forth in the Schedule of Benefits, and subject to the Conditions and Restrictions contained in this provision, Underwriters will pay or reimburse the Member for eligible court-entered judgments or Company-approved settlements arising as a result of or in connection with the personal liability of the Member incurred for acts, omissions and other occurrences covered under this insurance for losses or damages solely, directly and proximately caused by the negligent acts or omissions of the Member during the Certificate Period that result in the following:

1. Injury to a Third Person occurring during the Certificate Period; and/or
2. Damage or loss to a Third Person's personal property during the Certificate Period; and/or
3. Damage or loss to a Related Third Person's personal property during the Certificate Period.

The Maximum payable under this benefit is \$50,000.

With respect to covered and eligible personal liability claims, Underwriters will pay the Member for associated reasonable legal fees and out-of-pocket costs incurred by the Member with respect to the determination and/or settlement of such legal liability.

Conditions and Restrictions:

- a) The Member must notify Underwriters within thirty (30) days of any act, omission or occurrence that may create or impose any personal liability upon the Member, and also within thirty (30) days of the initiation or receipt of service of any actual or threatened lawsuit, notice of claim, or proceeding filed or threatened to be filed against the Member with respect to same. In addition, such notification(s) to Underwriters shall include a recitation of all circumstances, facts, and known or presumed causes of any loss or damage, and a description of the nature and approximate amount of any damages suffered by any Third Person or Related Third Person. In addition, immediately upon receipt thereof the member shall provide to Underwriters copies of any pleadings, complaints, lawsuits, petitions, demand letters, notices, orders, summonses, subpoenas, opinions, briefs, motions, letters from opposing counsel, and any other documents or papers with respect to any such lawsuit or proceeding that are received or issued by, addressed to or from, remitted to or by, or served by or upon the Member or his/her counsel. Any failure to so notify or provide papers or documents to Underwriters in strict accordance with the foregoing shall be deemed to be and will result in a forfeiture and waiver of any and all benefits, claims or coverages otherwise provided by this insurance under this endorsement.
- b) Underwriters shall have the absolute right and authority without further consent or approval of the Member to intervene in its own name and on its own behalf as a party in interest with respect to any lawsuit, civil action or other proceeding in which the Member is involved and for which Underwriters may have exposure for coverage or benefits under this insurance, and shall be entitled to fully participate, receive due and proper notice of all matters, and have an opportunity to be heard with respect to all issues, controversies and other proceedings or hearings of any kind.
- c) With respect to any personal liability of the Member for which he/she is or may be jointly or jointly and severally liable with other Third Persons or Related Third Persons, Underwriters shall be fully subrogated to all rights of contribution, indemnity, recoupment and recovery of proportional shares from other joint tort-feasors whose negligence contributed in whole or in part to the subject injury or loss and who are or may also be liable to the Member or the injured/damaged person.
- d) As a condition precedent to any liability or obligation of Underwriters to provide coverages or benefits for personal liability under this insurance, no settlement, compromise, accord, admission of fault or liability, default, default judgment, waiver, release, indemnity, hold harmless, or other concession of any kind shall be given, made, committed, allowed, granted or agreed to by or on behalf of the Member to any Third Person or Related Third Person without the prior express written approval and consent of Underwriters, and any failure to comply with this condition precedent shall void, waive and forfeit all benefits and coverages for legal assistance, advancement of bail, or coverage for personal liability under this insurance.
- e) Underwriters shall not be liable or obligated to provide any coverage or benefits or to pay or reimburse any claim, damage or loss under this insurance for, and no coverage or benefits shall be eligible or available under this insurance with respect to, any legal fees, legal costs or expenses, advancements of bail, or for any personal injury or property damage claims, liability awards or judgments in the event there exists any other insurance, insurance fund, membership benefits, workers' or workplace compensation coverage program or other similar governmental program, reimbursement or indemnification coverage, right of contribution, recoupment or recovery, contract, or any other third-party obligation or liability for provision of benefits ("Primary Coverage") which would, or would but for the existence of this insurance, be available or obligated to provide such benefit or to pay or reimburse or provide indemnity for such claim, damage or loss, except in respect of any excess beyond the amount payable or provided under such Primary Coverage had this insurance not been effected. Further, Underwriters shall not be liable or obligated to provide any benefit or to pay or reimburse any claim for injury, loss or damage to the extent coverage for same is furnished or provided by any program or agency funded or controlled by any government or government authority.
- f) No Third Person or Related Third Person is intended to have, shall be deemed or construed to have, or shall have any rights or interest as a "third-party beneficiary" under the Master Policy, and any allegation or assertion of any such status, or any direct claim or other attempt to legally enforce alleged rights by such Third Person or Related Third Person against Underwriters, the Plan Administrator, or the Participating Organization based on any allegation or assertion of any such status, shall be subject to summary dismissal. Notwithstanding any law, statute, judicial decision, or rule to the contrary which may be or may purport to be otherwise applicable within the jurisdiction, locale or forum state of any Member, Third

Person or Related Third Person or the situs of any alleged personal injury, property damage or other loss, no transfer or assignment of any of the Participating Organization's rights, benefits or interests under this Certificate, and no transfer or assignment of any Member's rights, benefits or interests under this insurance as a beneficiary thereof, shall be valid, binding on, or enforceable against Underwriters (or the Plan Administrator) unless first expressly agreed and consented to in writing by Underwriters, which agreement and/or consent may be reused and/or withheld for any or no reason at the sole discretion of Underwriters. Any such purported transfer or assignment not in strict compliance with the foregoing provisions of this section shall be void ab initio and without effect as against Underwriters (and the Plan Administrator) and any assertion or claim of same shall be subject to summary dismissal, and Underwriters (and the Plan Administrator) shall have no liability of any kind under this insurance to any such purported transferee or assignee with respect thereto.

g) Underwriters will consider paying or advancing, but without any obligation or contractual duty to do so, up to \$2,500 to or for the benefit of the Member to settle and compromise an asserted claim against the member arising from personal injury or property damage so long as:

The asserted claim is one that may be eligible for coverage under this insurance and is not expressly excluded;

A lawsuit has not yet been filed, or, if already filed, an answer or other response has not yet been filed thereto;

The Member obtains a full written release and/or covenant-not-to-sue upon such terms and conditions as are satisfactory to Underwriters in their sole discretion

A full proof of claim, medical bills, accident form, and such other documentation and/or proof of loss is provided to Underwriters inform and substance satisfactory to Underwriters; and

The member first pays the deductible, as stated in the Schedule of Benefits and limits, for such injury or loss.

Assistance Services

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

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

Please be aware that this is not a general health insurance policy, but an interim travel medical program intended for use while away from your Home Country or Country of Residence. The Plan does not guarantee payment to a facility or individual for medical expenses until the Company determines that it is an eligible expense. It is the Insured Person's responsibility to maintain all records regarding travel history and provide any documents to the Administrator which would verify the Eligibility Requirements.

General Exclusions

No Benefit shall be payable for Accident Medical, Sickness Medical, Dental, Emergency Medical Evacuation/Repatriation, Return of Mortal Remains, Emergency Medical Reunion, as the result of:

1. Pre-existing Conditions which are excluded under this policy. This means that any claims for Pre-existing Conditions will not be covered for the duration of this policy. This exclusion does not apply to Emergency Evacuation/Repatriation or Return of Mortal Remains.
2. Injury or Illness which is not presented to the Underwriter for payment within ninety (90) days of receiving Treatment;
3. Charges for Treatment which is not Medically Necessary;
4. Charges provided at no cost to You;
5. Charges for Treatment which exceeds Reasonable and Customary charges;
6. Charges incurred for Surgery or Treatments which are, Experimental/Investigational, or for research purposes;
7. Services, supplies or Treatment, including any period of Hospital confinement, which were not recommended, approved and certified as Medically Necessary and reasonable by a Physician;
8. Suicide, or any attempt thereof, while sane or self-destruction or any attempt thereof, while sane; This exclusion does not apply to Return of Mortal Remains.
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;
 - 9.1. 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.
 - 9.2. 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.
 - 9.3. 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. Terrorist Activity. For the purpose of this Exclusion, Terrorist Activity means an act, or acts, of any person, or group(s) of persons, committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public, or any section of the public, in fear. Terrorist Activity can include, but not be limited to, the actual use of force or violence and/or the threat of such use. Furthermore, the perpetrators of terrorist activity can either be acting alone, or on behalf of, or in connection with any organization(s) or governments(s). The Company shall not be liable for and will not provide coverage or benefits in excess of the maximum stated in the SCHEDULE OF BENEFITS for any claim or charges, Illness, Injury or other consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to or arising in connection with any act of Terrorism; and provided, further, the Company shall not be liable for and will not provide any coverage or benefits for any claim, charges, Illness, Injury or other consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to or arising in connection with the following:
 - a) The Insured Person's direct or indirect involvement in the Terrorist Activity.
 - b) The Terrorist Activity takes place in a country or location where the United States government has issued a Level 3 Terrorism, Level 3 Civil Unrest or any Level 4 Travel Advisory that has been in effect within the six (6) months prior to the Insured Person's date of arrival.
 - c) The Insured Person unreasonably fails or refuses to depart a country or location following the date a warning to leave that country or location is issued by the United States government.
11. 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.
12. Injury sustained while participating in amateur or interscholastic athletics, including but not limited to the event, games, practice, conditioning and any other activity related to amateur or interscholastic athletics, unless otherwise covered under this certificate; this exclusion does not apply to non-competitive, recreational or intramural activities. Note: A sponsored and/or organized Amateur or

Interscholastic Athletic event includes training camps, team sports, or any formal grouping of people participating in one or multiple events that may/may not require a fee for participation.

13. Routine physicals, immunizations or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or x-ray examinations, except in the course of a Disablement established by a prior call or attendance of a Physician;
14. Treatment of the temporomandibular joint;
15. Vocational, speech, recreational or music therapy;
16. Services or supplies performed or provided by a Relative of Yours, or anyone who lives with You;
17. Cosmetic or plastic Surgery, except as the result of a covered Accident; for the purposes of this plan, treatment of a deviated nasal septum shall be considered a cosmetic condition;
18. Elective Surgery which can be postponed until You return to Your Home Country, where the objective of the trip is to seek medical advice, Treatment or Surgery;
19. Treatment and the provision of false teeth or dentures, normal ear tests and the provision of hearing aids;
20. Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eyeglasses or for the fitting thereof, unless caused by Accidental bodily Injury incurred while covered hereunder;
21. Treatment in connection with alcohol, drug or chemical abuse, misuse, illegal use, overuse or dependency or use of any drug or narcotic agent;
22. 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;
23. Any Mental and Nervous disorders or rest cures;
24. Congenital abnormalities and conditions arising out of or resulting there from;
25. Expenses which are non-medical in nature;
26. Expenses as a result of or in connection with intentionally self-inflicted Injury or Illness;
27. Expenses as a result of or in connection with the commission of a felony offense;
28. Injury sustained while taking part in mountaineering, hang gliding, parachuting, bungee jumping, racing by any animal or motor vehicle or motorcycle, snowmobiling, motorcycle/motor scooter riding, scuba diving involving underwater breathing apparatus (unless PADI or NAUI certified), water skiing, snow skiing and snowboarding (except for recreational downhill and/or cross country snow skiing or snowboarding. No cover provided while skiing/boarding in any violation of applicable laws, rules or regulations, away from prepared and market in-bound territories; and/or against the advice of the local ski school or local authoritative body); and any sport or athletic activity which is undertaken for thrill seeking and exposes the insured to abnormal or extreme risk of injury;
29. Treatment paid for or furnished under any other individual or group policy or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government plan or facility set up for Treatment without any cost to You;
30. Treatment and or diagnosis of venereal disease;
31. Dental care, except as the result of Injury to natural teeth caused by Accident, unless otherwise covered under this plan;
32. Routine Dental Treatment;
33. Pregnancy or Illness resulting from Pregnancy, childbirth, or miscarriage;
34. Miscarriage resulting from Accident;
35. 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;
36. Treatment for human organ tissue transplants and their related treatment;
37. Expenses incurred while in Your Home Country;
38. Covered Expenses incurred for which the Trip to the Host Country was undertaken to seek medical treatment for a condition;
39. Covered Expenses incurred during a Trip after Your Physician has limited or restricted travel;
40. 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.
41. Sex change operations, or for treatment of sexual dysfunction or sexual inadequacy;
42. Weight reduction programs or the surgical treatment of obesity;

43. Expenses resulting from Acquired Immune Deficiency Syndrome (AIDS), Aids-Related Complex (ARC) or the Human Immunodeficiency Virus (HIV)]
44. Treatment for learning disabilities, altitudinal disorders, or disciplinary problems;
45. Expenses for Durable medical equipment;
46. Expenses incurred in the United States.

Please see the plan certificate for the full exclusion list.

Please note: this brochure is a consolidated summary of the plan benefits and exclusions, the official policy certificate is available in your student zone and will be the overriding document for claims adjudication. Any discrepancies between this brochure and the policy certificate, the policy certificate will override this brochure.