

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.

Please Note – an additional \$250 deductible will apply for use of the emergency room for an illness and not admitted. Use of the emergency room for an Injury will not be subject to the deductible.

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.workandtravelinsurance.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:

<http://www.workandtravelinsurance.com/student-zone/interexchange/>

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

MyPlan 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

The following table shows the plan benefits that are available under your international insurance plan. Please take some time to review the coverage benefits to make sure you understand what is covered. This is a consolidated summary of the benefits, for a full listing of the coverage benefits along with the plan exclusions please see the full policy conditions.

Plan Benefits	Coverage Amount
Policy Maximum	\$200,000
Deductible	\$50 per injury/ illness
ER Deductible	\$250 for illness and not admitted
Coinsurance	After you pay the deductible, the plan pays 100% to the medical maximum
Outpatient Medical Expenses	100% of usual, reasonable and customary
Hospital Room and Board	100% of usual, reasonable and customary
Intensive Care	100% of usual, reasonable and customary
Prescription Medications	100% of usual, reasonable and customary
Local Ambulance	100% for injuries 100% for illness when admitted
Dental (Accident Coverage)	100% to medical maximum
Dental (Sudden Relief of Pain)	\$200 limit per certificate
Emergency Medical Evacuation/ Repatriation	\$50,000 (in addition to medical maximum)
Return of Mortal Remains	\$25,000
Emergency Reunion	\$2,000
Accidental Death and Dismemberment	\$10,000
Interruption of Trip	\$2,000
Mental Illness	Inpatient - Payable 80% up to \$1,500 (max 30 days) Outpatient - Payable 80% up to \$500
Physical Therapy	\$50 per visit (10 visits max or \$500 max)
Acute onset of a pre-existing condition	\$2,500
Personal Liability	\$100,000 (\$25,000 Property Damage)
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.

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:

For general questions and assistance:
Monday - Friday: 8:00am - 5:00pm EST
Toll Free: 1-800-335-0477
Direct: +1 317-575-2656 (Collect)

For a Medical Emergency | 24 / 7:
Toll Free: 1-800-690-6295
Direct: +1 317-818-2808 (Collect)

or via email at:
assist@sevencorners.com



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:
 - a) Injury - 100%
 - b) Illness - 100%, if admitted as inpatientSuch transportation shall be by licensed ground ambulance, 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.

Pre-Notification / Referral: In order to ensure Your claims are addressed as efficiently as possible, You or the provider of service must contact the Assistance Company for pre-notification prior to: any medical Treatment in the U.S. as well as hospital admissions and inpatient / outpatient surgeries incurred worldwide. The Assistance Company has trained personnel available twenty-four (24) hours a day, seven (7) days a week throughout the year to answer Your questions, provide assistance, and guide You to an appropriate facility if necessary. In the case of an Emergency Admission, the Assistance Company must be contacted within forty-eight (48) hours, or as soon as reasonably possible. Pre-notification does not guarantee that benefits will be paid.

ER Deductible

An additional \$250 Deductible will apply for use of the Emergency Room for an Illness and not admitted. Use of the emergency room for an injury will not be subject to the Deductible.

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 (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.

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 place 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 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.*

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. 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.

Accidental Death and Dismemberment

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

- Life - 100% of principal sum
- Both Hands or Both Feet or Sight of Both Eyes - 100% of principal sum
- One Hand and One Foot - 100% of principal sum
- Either Hand or Foot and Sight of One Eye - 100% of principal sum
- Either Hand or Foot - 50% of principal sum
- Common Carrier Accidental Death - 200% of principal sum

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

For the purpose of this section, only such expenses, incurred as the result of Treatment or Medication for Mental Illness, which are specifically enumerated in the following list of charges, and which are not excluded, shall be considered as Covered Expenses:

1. Inpatient Care:
 - a) Charges made by a Hospital or mental institution for room and board, floor nursing and other services inclusive of charges for professional service and with the exception of personal services of a non-medical nature, provided, however, that expenses do not exceed the Hospital's or mental institution's average charge for semi-private room and board accommodation.
 - b) Charges made for diagnosis and Treatment by a Physician.
 - c) Charges made for the cost and administration of anesthetics.
 - d) Charges for Medication, X-ray services, laboratory tests and services, oxygen, and medical Treatment.
 - e) Drugs and Medicines that can only be obtained upon a written prescription from a Physician.
2. Outpatient care:
 - a) Charges made for diagnosis and Treatment by a Physician.
 - b) Charges made for the cost and administration of anesthetics.
 - c) Charges for Medication, X-ray services, laboratory tests and services, oxygen, and medical Treatment.
 - d) Drugs and Medicines that can only be obtained upon a written prescription from a Physician.

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 \$100,000.

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:
- i) The asserted claim is one that may be eligible for coverage under this insurance and is not expressly excluded;
 - ii) A lawsuit has not yet been filed, or, if already filed, an answer or other response has not yet been filed thereto;
 - iii) 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;
 - iv) A full proof of claim, medical bills, accident form, and such other documentation and/or proof of loss is provided to Underwriters in form and substance satisfactory to Underwriters; and
 - v) The member first pays the deductible, as stated in the Schedule of Benefits and limits, for such injury or loss.

Acute Onset of a Pre-Existing Condition

This plan shall pay, up to the maximum stated in the Schedule of Benefits subject to the chosen Deductible and Coinsurance, for Covered Expenses resulting from an acute onset of a Pre-existing Condition while traveling inside the United States. The Acute Onset of a Pre-existing Condition(s) must occur after the effective date of the policy. Treatment must be obtained within 24 hours of the sudden and unexpected outbreak or recurrence. A Pre-existing Condition that is a chronic or congenital condition or that gradually becomes worse over time will not be considered Acute Onset. This benefit does not include coverage for known, scheduled, required, or expected medical care, drugs or Treatments existent or necessary prior to the Effective Date of coverage.

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.

Plan 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;
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. 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).
 - 9.2. 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.
 - 9.3. 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.
 - 9.4. 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. 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.
12. 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;
13. Treatment of the temporomandibular joint;
14. Vocational, speech, recreational or music therapy;
15. Services or supplies performed or provided by a Relative of Yours, or anyone who lives with You;
16. 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;
17. 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;
18. Treatment and the provision of false teeth or dentures, normal ear tests and the provision of hearing aids;
19. 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;
20. Treatment in connection with alcohol, drug or chemical abuse, misuse, illegal use, overuse or dependency or use of any drug or narcotic agent;

21. 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;
22. Any Mental and Nervous disorders or rest cures;
23. Congenital abnormalities and conditions arising out of or resulting there from;
24. Expenses which are non-medical in nature;
25. Expenses as a result of or in connection with intentionally self-inflicted Injury or Illness;
26. Expenses as a result of or in connection with the commission of a felony offense;
27. 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;
28. 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;
29. Treatment and or diagnosis of venereal disease;
30. Dental care, except as the result of Injury to natural teeth caused by Accident, unless otherwise covered under this plan;
31. Routine Dental Treatment;
32. Pregnancy or Illness resulting from Pregnancy, childbirth, or miscarriage;
33. Miscarriage resulting from Accident;
34. 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;
35. Treatment for human organ tissue transplants and their related treatment;
36. Expenses incurred while in Your Home Country;
37. Covered Expenses incurred for which the Trip to the Host Country was undertaken to seek medical treatment for a condition;
38. Covered Expenses incurred during a Trip after Your Physician has limited or restricted travel;
39. 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.
40. Sex change operations, or for treatment of sexual dysfunction or sexual inadequacy;
41. Weight reduction programs or the surgical treatment of obesity;
42. Expenses resulting from Acquired Immune Deficiency Syndrome (AIDS), Aids-Related Complex (ARC) or the Human Immunodeficiency Virus (HIV).

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

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

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

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

Please see the policy certificate for the full personal liability exclusions and limitations.

Please note: this brochure is a consolidated summary of the plan benefits, 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.