

PREMIER INTERNATIONAL STUDY ABROAD PLAN



Studying in another country can be exciting and rewarding. However, during your studies you may need to seek medical care. This plan will ensure that you have the protection you need. 24-hour assistance services are provided.

Enroll Online Now at www.hbcstudent.com



Eligibility

The plan provides coverage to U.S. Students, under the age of 64, who are temporarily residing outside the U.S. The Insured must remain engaged in educational activities outside the U.S. during the Period of Coverage. Education or research activities shall mean the Insured is enrolled and participating in an educational, vocational, cultural exchange, or training programs.

Effective Date of Coverage

Your coverage will begin on the latest of the following: 1) the Plan Effective Date; or 2) The moment you depart your Home Country; or 3) 12:01 am Standard Time on the date indicated on the Application; or 4) 12:01 am Standard Time on the date of receipt of premium by Seven Corners; or 5) The date requested on the Application.

Termination Date of Coverage

Individual coverage will end on the earlier of the following: 1) Your return to your Home Country *; or 2) 12:01 am Standard Time on the date shown on the ID Card, for which plan premium has been paid; or 3) 12:01 am Standard Time on the date you are no longer an eligible Participant under this Plan; or 4) the date the Plan is cancelled. *See Home Country Coverage Section

Home Country Coverage

Incidental Trips to Your Home Country: This benefit covers you for incidental trips to your Home Country (*60 days per 12 months of purchased coverage or pro rata thereof - example: approximately 5 days per month of purchased coverage*). Maximum benefit is reduced to \$50,000 for any illness or injury occurring while on an incidental trip to your Home Country.

Follow Me Home Coverage: This plan shall pay for Covered Expenses incurred in your Home Country up to \$5,000 for conditions first diagnosed outside Your Home Country (*Does not apply for Emergency Evacuation or Repatriation*).

Refund of Premium

Refund of total plan cost will only be considered if written request is received by Seven Corners prior to the Effective Date of Coverage. If written request is received after the Effective Date of coverage, the unused portion of the plan cost may be refunded minus a cancellation fee, provided no claim has been submitted to Seven Corners for reimbursement.

Schedule of Benefits

Inpatient	Preferred Provider
Accident and Sickness Medical Maximums Per Accident or Sickness and Annual Maximum	\$250,000 Per Primary Insured
Co Pay – Per Injury or Illness	\$50; \$0
Prescription of Medicine	\$10 for Generic and \$20 for Brand Name
Coinsurance	100% to plan maximum
Benefit Period	Covered Expenses incurred during the Period of Coverage
Unexpected Recurrence of a Pre-Existing Condition	Up to \$500
Maternity	Covered as any other illness
Therapeutic Termination of Pregnancy	\$500
Mental Illness	Inpatient: Payable at 50% up to \$10,000, to a max of 40 days Outpatient: Payable at 80% up to \$500
Alcohol and Drug Abuse	Inpatient/Outpatient: Payable at 50% up to \$1,000
Intercollegiate Sports Coverage	Up to Policy Maximum
Injuries from a Motor Vehicle Accident	Up to Policy Maximum
Dental (Emergency)	\$250 per tooth to a maximum of \$500
Emergency Medical Evacuation	\$100,000
Repatriation of Mortal Remains	\$25,000
Emergency Reunion	\$2,500
Accidental Death & Dismemberment	\$10,000 per Primary Insured
Physiotherapy	\$500
Spinal Manipulation	\$500
Ambulance Service	\$350
Home Country Coverage – Incidental trips to the Insured’s Home Country	30 days of coverage up to a maximum of \$1,000, during your Period of Coverage
Home Country Extension of Benefits	Up to \$1,000, expenses must be incurred within 30 days of returning to your Home Country
Assistance	24 hours – Worldwide

All Coverage and Benefits are in U.S. Dollar Amounts

Medical Expense Benefits

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

Only such expenses, incurred as the result of and within twenty-six (26) weeks from a Disablement, which are specifically enumerated in the following list of charges, and which are not excluded in the Exclusions, shall be considered as 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*); charges made for an operating room.
2. Charges made for Intensive Care or Coronary Care charges and nursing services.
3. Charges made for diagnosis, treatment and Surgery by a Physician; charges made for the cost and administration of anesthetics.
4. 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.
5. 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; dressings, drugs, and medicines that can only be obtained upon a written prescription of a Physician or Surgeon.
6. Charges for physiotherapy, if recommended by a Physician for the treatment of a specific Disablement and administered by a licensed physiotherapist.
7. Ground ambulance (*within the metropolitan area*) to and from the nearest Hospital with facilities for required treatment. If the Insured Person is in a rural area, then licensed ground ambulance transportation to the nearest metropolitan area shall be considered a Covered Expense.

8. Hotel room charge, when the Insured Person, otherwise necessarily confined in a Hospital, shall be under the care of a duly qualified Physician in a hotel room owing to unavailability of a Hospital room by reason of capacity or distance or to any other circumstances beyond control of the Insured Person.
9. Charges made for artificial limbs, eyes, larynx, and orthotic appliances, but not for replacement of such items.

The charges enumerated herein shall in no event include any amount of such charges which are in excess of Reasonable and Customary charges. If the charge incurred is in excess of such average charge, such excess amount shall not be recognized as a Covered Expense. All charges shall be deemed to be incurred on the date such services or supplies which give rise to the expense or charge are rendered or obtained.

Maternity

When covered maternity expenses are incurred by You or Your eligible dependents, the Company will pay Reasonable Charges for medical expenses in excess of the Deductible and Coinsurance. In no event shall the Company's maximum liability exceed the maximum stated in the Schedule of Benefits, as to Covered Expenses during any one period of individual coverage.

You or Your representative must notify the Company of a Pregnancy within the first trimester.

As stated in the Schedule of Benefits, benefits will be payable for covered expenses You incur before, during, and after delivery of a child, including physician, hospital, laboratory, and ultrasound services. Coverage for the Inpatient postpartum stay for You and Your newborn child in a hospital, will, at a minimum, be for the length of stay recommended by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists in their guidelines for perinatal care.

Coverage for a length of stay shorter than the minimum period mentioned above may be permitted if Your attending physician determines further Inpatient postpartum care is not necessary for You or Your newborn child provided the following are met:

Maternity

1. In the opinion of Your attending physician, the newborn child meets the criteria for medical stability in the guidelines for perinatal care prepared by the Academy of Pediatrics and the American College of Obstetricians and Gynecologists that determine the appropriate length of stay based upon the evaluation of:
 - a. The antepartum, intrapartum, postpartum course of the mother and infant;
 - b. The gestational stage, birth weight, and clinical condition of the infant;
 - c. The demonstrated ability of the mother to care for the infant after discharge; and
 - d. The availability of post discharge follow up to verify the condition of the infant after discharge; and
2. One (1) at-home post delivery care visit is provided to You at Your residence by a physician or nurse performed no later than forty-eight (48) hours following discharge for You and Your newborn child from the hospital. Coverage for this visit includes, but is not limited to:
 - a. Parent education;
 - b. Assistance and training in breast or bottle feeding; and Performance of any maternal or neonatal tests routinely performed during the usual course of Inpatient care for You or Your newborn child, including the collection of an adequate sample for the hereditary and metabolic newborn screening. *(At Your discretion, this visit may occur at the physician's office.)*

Mental Illness and Alcohol and Drug Abuse

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.

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 Covered Expenses. Mental Illness must first manifest itself during the Period of Coverage.

Emergency Dental Treatment

Benefits are paid for Reasonable and Customary expenses in excess of the Deductible and Coinsurance of \$250 per tooth up to a maximum of \$500, for the emergency repair or replacement to sound, natural teeth damaged as the result of a Covered Accident.

Emergency Medical Evacuation/Repatriation

The Company shall pay benefits for Covered Expenses incurred up to the maximum listed in the schedule of benefits if any covered Injury or Illness commencing during the Period of Coverage results in the Medically Necessary Emergency Medical Evacuation or Repatriation of the Insured Person. The Emergency Medical Evacuation or Repatriation must be ordered by the Assistance Company in consultation with the Insured Person's local attending Physician.

Emergency Medical Evacuation or Repatriation means:

- a. your medical condition warrants immediate transportation from the place where you are 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, your medical condition warrants transportation with a qualified medical attendant to your Home Country to obtain further medical Treatment or to recover; or
- c. both a) and b) above.

Emergency Medical Evacuation/Repatriation

Covered Expenses are expenses for transportation, medical services and medical supplies necessarily incurred in connection with Emergency Medical Evacuation or Repatriation. All transportation arrangements must be the most direct and economical route.

Expenses for special transportation and medical supplies and services must be:

- a. pre-approved and ordered by the Assistance Company and
- b. required by the standard regulations of the conveyance transportation.

Transportation means any land, water or air conveyance required to transport you. Special transportation includes, but is not limited to, licensed ground and air ambulances, commercial airlines, and private motor vehicles.

Repatriation of Remains

Benefits will be paid for Reasonable and Customary Covered Expenses incurred up to \$25,000, to return your remains to your Home Country, if you should die.

Covered Expenses include, but are not limited to, expenses for embalming or Cremation, a minimally necessary container appropriate for transportation, shipping costs, and the necessary government authorizations. All Covered Expenses in connection with a Return of Mortal Remains or Cremation must be pre-approved and arranged by the Assistance Company.

Emergency Medical Reunion

When Emergency Medical Evacuation or Repatriation occurs, the Company will arrange and pay, up to the maximum listed in the schedule of benefits, for round trip economy-class transportation for one individual selected by the Insured Person, from the Insured Person's Home Country to the location where the Insured Person is hospitalized and return to the Home Country. Emergency Medical Reunion must be recommended by the attending Physician. The benefits payable will include: (1) The cost of a round trip economy air fare; (2) Reasonable travel and accommodation expenses (*not to exceed \$200 per day*) incurred in relation to the maximum of the maximum listed in the schedule of benefits. (3) The period of Emergency Medical Reunion is not to exceed 10 days, including travel.

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 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%

Chiropractic

Benefits shall be paid for Spinal Manipulation which is prescribed, performed, or ordered by a licensed chiropractor for the relief of pain. Up to a maximum of \$500 per Policy Year, \$35.00 per visit up to 3 visits per week.

Definitions

Accident or Accidental shall mean an event, independent of Illness or self inflicted means, which is the direct cause of bodily Injury to an Insured Person.

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

Company shall mean The Insurance Company of the State of Pennsylvania.

Coinsurance shall mean the percentage amount of eligible Covered Expenses, after the Deductible, which are the responsibilities of the Insured Person and must be paid by the Insured Person. The Coinsurance amount is stated in Section II, Schedule of Benefits, under each stated benefit.

Common Carrier shall mean any public air conveyance operating under a valid license providing for the transportation of passengers for hire.

Covered Expense shall mean "Eligible Benefit".

Deductible shall mean the amount of eligible Covered Expenses which are the responsibility of each Insured Person and must be paid by each Insured Person before benefits under the Policy are payable by the Company.

Disablement as used with respect to medical expenses shall mean an Illness or an Accidental bodily Injury necessitating medical treatment by a Physician as defined in this Policy.

Eligible Benefit(s) shall mean benefits payable by the Company to reimburse expenses which are for Medically Necessary services, supplies, care, or treatment; due to Illness or Injury; prescribed, performed or ordered by a Physician; Reasonable and Customary charges; incurred while insured under this program and which do not exceed the maximum benefit.

Emergency shall mean a medical condition manifesting itself by acute signs or symptoms which could reasonably result in placing the Insured Person's life or limb in danger if medical attention is not provided within 24 hours.

Experimental / Investigational means all services or supplies associated with: 1) treatment or diagnostic evaluation which is not generally and widely accepted in the practice of medicine in the United States of America or which does not have evidence of effectiveness documented in peer reviewed articles in medical journals published in the United States. For the treatment or diagnostic evaluation to be considered effective such articles should indicate that it is more effective than others available: or if less effective than other available treatments or diagnostic evaluations, is safer or less costly; 2) A drug which does not have FDA marketing approval; 3) A medical device which does not have FDA marketing approval; or has FDA approval under 21 CFR 807.81, but does not have evidence of effectiveness for the proposed use documented in peer reviewed articles in medical journals published in the United States. For the device to be considered effective, such articles should indicate that it is more effective than other available devices for the proposed use; or if less effective than other available devices, or is safer or less costly. The company will make the final determination as to whether a service or supply is Experimental/Investigational.

Hospital as used in this Policy shall mean except as may otherwise be provided, a Hospital (other than an institution for the aged, chronically ill or convalescent, resting or nursing homes) operated pursuant to law for the care and treatment of sick or Injured persons with organized facilities for diagnosis and Surgery and having 24-hour nursing service and medical supervision.

Home Country shall mean the country where an Insured Person has his or her true, fixed and permanent home and principal establishment.

Host Country shall mean any country other than the country where an Insured Person has his or her true, fixed and permanent home and principal establishment.

Illness wherever used in this Policy shall mean sickness or disease of any kind.

Injury wherever used in this Policy shall mean bodily. Injury caused solely and directly by violent, Accidental, external, and visible means occurring while this Policy is in force and resulting directly and independently of all other causes in Disablement covered by this Policy.

Insured or Insured Person shall mean a person eligible for benefits under the Policy who has applied for coverage and is named on the application and for whom the company has accepted premium.

Intensive Care shall mean a cardiac care unit or other unit or area of a Hospital which meets the required standards of the Joint Commission on Accreditation of Hospitals for Special Care Units.

Loss in reference to quadriplegia, paraplegia, hemiplegia, and uniplegia, shall mean the complete and irreversible paralysis of such limbs and with regard to hands and feet, actual severance through and above the wrist or ankle joints, and with regard to eyes, entire irrecoverable Loss of sight.

Medically Necessary shall mean services and supplies received while insured that are determined by the Company to be: (1) appropriate and necessary for the symptoms, diagnosis, or direct care and treatment of the Insured Person's medical conditions; (2) within the standards the organized medical community deems good medical practice for the Insured Person's condition; (3) not primarily for the convenience of the Insured Person, the Insured Person's Physician or another Service Provider or person; (4) not Experimental/Investigational or unproven, as recognized by the organized medical community, or which are used for any type of research program or protocol; and (5) not excessive in scope, duration, or intensity to provide safe and adequate, and appropriate treatment. For Hospital stays, this means that acute care as an Inpatient is necessary due to the kinds of services the Insured Person is receiving or the severity of the Insured Person's condition, in that safe and adequate care cannot be received as an Outpatient or in a less intensified medical setting. The fact that any particular Physician may prescribe, order, recommend, or approve a service, supply, or level of care does not, of itself, make such treatment Medically Necessary or make the charge of a Covered Expense under this Policy.

Mental Illness shall mean any condition or disease listed in the most recent edition of the International Classification of Diseases as a mental disorder, which clinically significant behavioral or psychological disorder marked by a pronounced deviation from a normal healthy state and associated with a present painful symptom or impairment in one or more important areas of functioning. This disease must not be merely an expectable response to a particular stimulus. Mental Illness does not mean learning disabilities, attitudinal disorders or disciplinary problems.

Definitions

Outpatient shall mean an Insured Person who receives care in a Hospital or another institution, including; ambulatory surgical center; convalescent/skilled nursing facility; or Physician's office, for an Illness or Injury, but who is confined and is not charged for room and board.

Physician as used in this Policy shall mean a doctor of medicine or a doctor of osteopathy licensed to render medical services or perform Surgery in accordance with the laws of the jurisdiction where such professional services are performed, however, such definition will exclude chiropractors and physiotherapists.

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

Pre-Existing Condition shall mean Any Injury or Illness which meets the following criteria: a) condition(s), including any associated complications or consequences, which manifest during the 6 months prior to the Effective Date of coverage under this policy; (b) condition(s) that would have caused a person to seek medical advice, diagnosis, care or treatment, including any associated complications or consequences, during the 6 months prior to the Effective Date of coverage under this Policy; (c) condition(s) for which medical advice, diagnosis, care or treatment was recommended, received, or noticed, including any associated complications or consequences, during the 6 months prior to the Effective Date of coverage under this Policy.

Reasonable and Customary shall mean the maximum amount that the Company determines is Reasonable and Customary for Covered Expenses the Insured Person receives, up to but not to exceed charges actually billed. The Company's determination considers: (1) amounts charged by other Service Providers for the same or similar service in the locality where received, considering the nature and severity of the bodily Injury or Illness in connection with which such services and supplies are received; (2) any usual medical circumstances requiring additional time, skill or experience; and (3) other factors the Company determines are relevant, including but not limited to, a resource based relative value scale. For a Service Provider who has a reimbursement agreement, the Reasonable and Customary charge is equal to the amount that constitutes payment in full under any reimbursement agreement with the Company.

Relative shall mean spouse, parent, sibling, Child, grandparent, grandchild, step-parent, step-child, step-sibling, in-laws (parent, son, daughter, brother and sister), aunt, uncle, niece, nephew, legal guardian, ward, or cousin of the Insured Person.

Service Provider shall mean a Hospital, convalescent/skilled nursing facility, ambulatory surgical center, psychiatric Hospital, community mental health center, residential treatment facility, psychiatric treatment facility, alcohol or drug dependency treatment center, birthing center, Physician, Dentist, chiropractor, licensed medical practitioner, nurse, medical laboratory, assistance service company, air/ground ambulance firm, or any other such facility that the Company approves.

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

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

Assistance Services

Pre-Trip Assistance Telephone information about passports, visas; Telephone information about health hazards in remote areas; Telephone information about inoculations; Help in arranging special medical treatment facilities needed while traveling.

Medical Assistance While Traveling 24-Hour telephone contact for travel medical emergencies, with assistance in locating medical care; Arranging telephone conferences between your attending and home physicians; Arranging second medical opinions in hospital cases; Relaying emergency messages to family and employer during medical emergencies; Guarantee or payment of medical bills using your available financial resources; 24-hour ticketing service to arrange family visits; Arranging emergency medical evacuation from medically underserved areas; Arranging evacuation for catastrophic claims; Arranging medical transportation home after treatment; Arranging escorts and transportation for unaccompanied children; Arranging transfer of medical records; Arranging repatriation of remains for deceased travelers; Notify your health insurer of a claim.

General Travel Assistance 24 hour telephone contact for baggage and other travel problems; Advice on handling losses and delays; Follow-up contact with airlines regarding baggage; Help with lost passports, ticket and documents; Guarantee or payment of emergency expenses using your available financial resources; Arranging shipments of forgotten, lost or stolen items; Relaying emergency messages.

ID Theft Restoration Service 24/7 toll-free telephone access to highly trained identity theft specialists; Theft Recovery Kit to help determine if identity theft has occurred and provide guidance in restoring good name and credit; Assignment of a personal case manager who will do most of the identity recovery and follow-up work, if identity theft has occurred; Notify the three major credit bureaus, and the Eligible Person's affected creditors, financial institutions, and utility providers of the identity fraud (US Only); Provide assistance with filing a police report; Research and investigate potential damage to Eligible Person's identity

Concierge Services Restaurant referrals and reservations; Event Ticketing; Ground transportation coordination; Golf tee time reservations and referrals; Wireless device assistance; Latest worldwide weather and ski reports; Floral Services - Coordination of flower delivery for birthdays, anniversaries, holidays and other special occasions; Local activity recommendations.

Exclusions

No benefit, treatment, medication, charges or the consequences thereof shall be payable for Accident Medical, Sickness Medical, Mental Illness, Alcohol and Drug Abuse, Dental, Emergency Medical Evacuation/Repatriation, Return of Mortal Remains, and Emergency Medical Reunion, as the result of, related to, or in connection with:

1. Any Pre-existing Condition as defined hereunder. This exclusion does not apply to Emergency Medical Evacuation/ Repatriation or Return of Mortal Remains.
2. Charges for Treatment(s) of the following Illness(es) or Surgery(ies), which Manifest(ed) themselves or are recommended, or symptoms occur during the first 180 days of Coverage hereunder beginning on the initial Effective Date: any condition of the breast, any condition of the prostate, disorders of the reproductive system, hysterectomy, gall stones or kidney stones, any acne diagnosis or acne related condition, asthma, allergies, tonsillectomy, back conditions, adenoidectomy, hemorrhoids, hemorrhoidectomy, hernia, or any Surgery(ies) that is(are) not Emergency in nature, as Emergency is defined hereunder.
3. Injury or Illness which is not presented to the Company for payment within 180 days of receiving Treatment;
4. Charges for Treatment which is not Medically Necessary;
5. Charges provided at no cost to you;
6. Charges for Treatment which exceeds Reasonable and Customary charges;
7. Charges incurred for Surgery or Treatments which are, Experimental/ Investigational, or for research purposes;
8. 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;
9. Suicide or any attempts thereof, while sane or self destruction or any attempt thereof, while insane;
10. Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with:
 - a. war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war.
 - b. mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power.
 - c. acting on behalf of or in connection with any organization with activities directed towards the overthrow by force of the Government de jure or de facto or to the influencing of it by terrorism or violence.
 - d. martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege (hereinafter for the purposes of this Exclusion called the "Occurrences").

Any consequence happening or arising during the existence of abnormal conditions (whether physical or otherwise), whether directly or indirectly, proximately or remotely occasioned by, or contributed to by, traceable to, arising in connection with, any of the said Occurrences shall be deemed to be consequences for which the Plan shall not be liable for, except to the extent that you prove that such consequence happened independently of the existence of such abnormal conditions.
11. Injury sustained while participating in professional athletics;
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 alcoholism and drug addiction, or use of any drug or narcotic agent, unless otherwise covered under this policy;
21. Injury sustained while under the influence of or Disablement due wholly or partly to the effects of intoxicating liquor or drugs other than drugs taken in accordance with Treatment prescribed and directed by a Physician for a condition which is covered hereunder, but not for the Treatment of drug addiction;
22. Any Mental and Nervous disorders or rest cures, unless otherwise covered under this policy;
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 other 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 program or facility set up for Treatment without any cost to you;
29. Dental care, except as the result of Injury to natural teeth caused by Accident, unless otherwise covered under this Plan;
30. Routine Dental Treatment;
31. For Pregnancy or Illness resulting from Pregnancy, childbirth, or miscarriage, unless otherwise covered under this Plan;
32. Drug, Treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, Treatment for infertility or impotency, sterilization or reversal thereof;
33. Treatment for human organ tissue transplants and their related Treatment;
34. Expenses incurred while in your Home Country, except as provided under the Home Country Coverage and Home Country Extension of Benefits Coverage;
35. Expenses incurred during a hospital emergency visit which is not of an emergency nature;

Exclusions

36. Injury sustained as the result of the Insured Person operating a motor vehicle while not properly licensed to do so in the jurisdiction in which the motor vehicle accident takes place;
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. Sex change operations, or for Treatment of sexual dysfunction or sexual inadequacy;
40. Weight reduction programs or the surgical Treatment of obesity;
41. Expenses incurred in the United States unless the expenses pertain to the Home Country Coverage benefit.

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:
 - a. war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war.
 - b. mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power.
 - c. acting on behalf of or in connection with any organization with activities directed towards the overthrow by force of the Government de jure or de facto or to the influencing of it by terrorism or violence.
 - d. martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege (hereinafter for the purposes of this Exclusion called the "Occurrences").

Any consequence happening or arising during the existence of abnormal conditions (whether physical or otherwise), whether directly or indirectly, proximately or remotely occasioned by, or contributed to by, traceable to, or arising in connection with, any of the said Occurrences shall be deemed to be consequences for which the Plan shall not be liable, except to the extent that you can 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, fire fighting, 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 your being engaged in an illegal occupation;
15. While riding or driving in any kind of competition;
16. This plan does not insure against loss or damage (including death or Injury) and any associated cost or expense resulting directly or indirectly 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, regardless or any other cause or event contributing concurrently or in any other sequence thereto.

Policy Provisions

1. **Notice of Claim:** Written notice of claim must be given to the Company within 90 (ninety) days after the occurrence or commencement of any Disablement covered by the Policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the claimant to the Administrative Offices of the Company, or to any authorized agent of the Company, with information sufficient to identify the Insured Person shall be deemed notice to the Company.
2. **Claim Forms:** The Company, upon receipt of a notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing Proofs of Loss. If such forms are not furnished within fifteen (15) days after the giving of such notice the claimant shall be deemed to have complied with the requirements of the Policy as to Proof of Loss upon submitting, within the time fixed in the Policy for filing Proofs of Loss, written proof covering the occurrence, the character and the extent of the Disablement for which claim is made.
3. **Proof of Loss:** Written Proof of Loss must be furnished to the Company at its said office in case of claim for loss for which this Policy provides any periodic payment contingent upon continuing loss within 90 (ninety) days after the termination of the period for which the Company is liable and in case of claim for any other loss within ninety (90) days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible.
4. **Time of Payment of Claims:** Indemnities payable under the Policy for any loss other than loss for which the Policy provides any periodic payment will be paid immediately upon receipt of due written proof of such loss. Subject to due written Proof of Loss, all accrued indemnities for loss for which the Policy provides periodic payment will be paid at the expiration of each four (4) weeks during the continuance of the period for which the Company is liable, and any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof.
5. **Payment of Claims:** Indemnity for loss of life will be payable in accordance with the beneficiary designation and the provisions respecting such payment which may be prescribed herein and effective at the time of payment. If no such designation or provision is then effective, such indemnity shall be payable to the estate of the Insured Person. Any other accrued indemnities unpaid at the Insured Person's death may, at the option of the Company, be paid either to such beneficiary or to such estate. All other indemnities will be payable to the Insured Person.
If any indemnity of the Policy shall be payable to the estate of an Insured Person, or to an Insured Person who is a minor or otherwise not competent to give a valid release, the Company may pay such indemnity, up to an amount not exceeding \$1,000, to any Relative by blood or connection by marriage of the Insured Person who is deemed by the Company to be equitably entitled thereto. Any payment made by the Company in good faith pursuant to this provision shall fully discharge the Company to the extent of such payment.
Subject to any written direction of the Insured Person all or a portion of any indemnities provided by this Policy on account of Hospital, nursing, medical or Surgical service may, at the Company's option and unless the Insured Person requests otherwise in writing not later than the time for filing proof of such loss, be paid directly to the Hospital or person rendering such services, but it is not required that the service be rendered by a particular Hospital or person.
6. **Physical Examination and Autopsy:** The Company at its own expenses shall have the right and opportunity to examine the person of any individual whose Injury or Illness is the basis of claim when and as often as it may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death, where it is not forbidden by law.
7. **Legal Actions:** No actions at law or in equity shall be brought to recover on the Policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with requirements of this Policy. No such action shall be brought after expiration of three (3) years after that time written Proof of Loss is required to be furnished.
8. **Seven Corners** will only refund your Plan Cost if a written request is received prior to the Plan's effective date. If written request is received after the Effective Date of Coverage, the unused portion of the plan cost may be refunded minus a cancellation fee, provided no claim has been submitted to Seven Corners for reimbursement.
9. All coverages, except Accidental Death and Dismemberment, shall be in excess of all other valid and collectible Insurance Indemnity, and shall apply only when such benefits are exhausted. Other valid and collectible Insurance Indemnity, for which benefits may be payable, are Insurance programs provided by:
 - a. Individual, group or blanket Insurance or coverage
 - b. Other pre-payment coverage provided on a group or individual basis
 - c. Any coverage under labor management trusted plans, union welfare plans, employer organizational plans, employee benefit organization plans, or other arrangement of benefits for individuals of a group
 - d. Any coverage required or provided by any state or socialized Insurance program;
 - e. Any no-fault automobile Insurance
 - f. Any third party liability Insurance
10. The monetary limits stated in this Plan and the Plan Cost shall be in U.S. dollars. For service outside of the territorial limits of the United States, the exchange rate date used to determine the amount of U.S. dollars to be paid is the exchange rate effective for the date the claims expense was incurred.

Subrogation

To the extent the Company pays for a loss suffered by an insured, the Company will take over the rights and remedies the insured had relating to the loss. This is known as subrogation. The insured must help the Company to preserve its rights against those responsible for the loss. This may involve signing any papers and taking any other steps the Company may require. If the company takes over an insured's rights, the insured must sign an appropriate subrogation form supplied by the Company.

Renewability

Any one policy period may not exceed (12) months. This plan may be renewed up to a maximum total of (48) forty-eight continuous months. If there is a lapse in coverage for any reason, coverage may not be renewed. Coverage must be separately rewritten under a new certificate.

PreNotification / Referral

Many facilities inside the U.S. are not familiar with travel medical insurance and this creates unnecessary problems for insureds. **Seven Corners Assist must be contacted and Seven Corners' provider network must be utilized for treatment received in the United States.** When contacted properly, Seven Corners Assist is able to notify the network provider of benefits, coverage, and conditions in advance of the insured's arrival. While utilizing the network does not guarantee benefits or that the treating facility will bill Seven Corners directly, it saves the insured from many administrative hassles and places the facility in contact with the Seven Corners claims department.

While Seven Corners does not have network facilities outside the United States, the quality of medical attention available is important to us. Outside of the United States, the insured must pre-notify Seven Corners Assist for any hospital admissions or any inpatient / outpatient surgeries.

Contact information for Seven Corners Assist is below and on the back of your ID Card. A listing of network providers can be found at www.sevencorners.com/ppo on the web. Following these procedures are very important, failure to do so will result in a 20% reduction of eligible benefits.

Wellabroad.com

In our ever changing world, Seven Corners' WellAbroad® seeks to prepare individuals and groups with the advanced tools for successful travel. WellAbroad® offers medical, political and cultural information and includes many benefits and educational resources, such as:

- Text messaging alerts - Registered users receive updates regarding weather emergencies, security issues, customs alerts, and health care or pandemic warnings.
- Provider network directory - Clients and travelers can create customized country profiles which allow instant access to providers in the specified regions to which they are traveling.
- Online forums - Fellow travelers and Seven Corners' staff post experiences and travel tips which can be accessed at any time.

Happy travels – www.wellabroad.com

Seven Corners

Since 1993, Seven Corners, Inc. has alleviated many of the concerns with international travel by providing insurance plans to private citizens, governments, missionaries, students, and corporations of various nations around the globe. Each year, thousands of insureds purchase coverage from Seven Corners in order to obtain the most comprehensive and reliable products in the international insurance industry. Our assistance professionals are experienced in the complexity and importance of receiving medical care internationally. As an insured of Seven Corners, you can feel confident that there is someone ready to assist you with a medical situation 24 hours a day, 7 days a week, 365 days a year.

In California, operating under Seven Corners Insurance Services.



For Enrollment Online

Health Benefit Concepts
 P.O. Box 15408
 Surfside Beach, SC 29587
 Phone: 800-463-2317
 Email: al@hbcstudent.com
 Website: www.hbcstudent.com

How to Obtain Travel Assistance

To receive assistance worldwide, call Seven Corners Assist at the numbers below and provide them with your ID Number.

For Emergency Medical Evacuation, Return of Remains, Emergency Reunion, Return of Minor Child, Assistance Services, call: if in the United States or Canada: 1-800-690-6295 or if outside the United States or Canada: 1-317-818-2808 (collect).

Claims Services

Important Note: Claim forms and receipts for medical expenses must be sent to Seven Corners quickly. Claim submissions must be made within 90 (ninety) after the Date of Service. Should they be received after 90 (ninety) days, they may be considered ineligible.

To report claims or verify eligibility, send the original bills and claim forms to Seven Corners, Inc. or call or fax to the numbers below. Be certain to include your ID# shown on the ID Card with all correspondences:

Seven Corners
 303 Congressional Blvd.
 Carmel, IN 46032
 Phone: 800-335-0477 or 317-575-2256
 Fax: 317-575-2659
 Email: info@sevencorners.com
 Website: www.sevencorners.com

Insurance Company

This Insurance is underwritten by Certain Underwriters at Lloyd's, London, which is rated "A" (Excellent) by A.M. Best.

Policy Rates

\$50 Deductible	Participant
<i>Age</i>	<i>Per Day</i>
0-18	\$1.06
19-23	\$1.06
24-30	\$1.59
31-40	\$2.36
41-50	\$4.55
51-64	\$8.70

\$0 Deductible	Participant
<i>Age</i>	<i>Per Day</i>
0-18	\$1.12
19-23	\$1.12
24-30	\$1.71
31-40	\$2.52
41-50	\$4.86
51-64	\$8.69