

bordercross worldwideSM



medical procedure insurance for medical tourist/travelers
medical complications • trip cancellation • interruption/delay
acute medical treatments • evacuation and repatriation



SEVEN CORNERS

insurance program

Bordercross WorldwideSM Medical Procedure Insurance is the most comprehensive medical tourism Policy that protects you for Covered Complication(s) from your Eligible Scheduled Medical Treatment abroad.

who is eligible?

Worldwide Coverage is available to Individuals, ages 18-64, who have Eligible Scheduled Medical Treatment arranged outside of the Insured Person(s)' Home Country. Eligible Scheduled Medical Treatment must be performed outside of the United States and provided through a Medical Tour Provider, Hospital and/or Facility. Please note that all Hospitals performing Eligible Scheduled Medical Treatment must be Joint Commission International (JCI) accredited. Medical Expenses as a result of a Covered Complication(s) must be approved and arranged by the Administrator. Covered Complication(s) treated inside of the United States must be performed in an approved United States PPO Facility.

Click [here](#) to view current Eligible Scheduled Medical Treatments, which are eligible for Covered Complications medical benefits.

Insured Person(s) must also include Family Member(s) and/or Traveling Companions, ages 0-80, who are accompanying the Insured Person(s) who has arranged Eligible Scheduled Medical Treatment. In order to receive any benefits for Cancellation, Family Member(s) and/or Traveling Companions must be enrolled and pay the appropriate Premium. Family Member(s) and/ or Traveling Companions who have also arranged to have Eligible Scheduled Medical Treatment must also purchase the additional Medical Expense for Covered Complication(s).

what does it provide?

Standard Trip Cancellation/Interruption protection for non-refundable prepaid expenses for travel arrangements, accommodations, and non-refundable prepaid deposits for Eligible Scheduled Medical Treatment which is performed outside the Medical Tourist/Travelers Home Country. Additional medical expense coverage for medical complications resulting from Eligible Scheduled Medical Treatment is available worldwide, including the Medical Tourist/Traveler's Home Country and the United States.

This brochure describes the highlights of our Policy (click [here](#) to view Policy details). The Policy details and an ID Card can be obtained immediately when using the online system. These details provide complete information regarding the benefits, exclusions and limits of the Bordercross WorldwideSM Policy. Please read them carefully.

schedule of benefits

bordercross worldwideSM tour cancellation / medical complication coverage

The following Schedule of Benefits shows the Maximum Benefit Amounts available for this Policy.

Benefit	Per Person Limit
Trip Cancellation / Interruption	Trip Cost to a maximum of: \$40,000 (Trip Cost includes non-refundable prepaid expenses for Travel Arrangements and non-refundable prepaid deposits for Eligible Scheduled Medical Treatment.)
Trip Delay / Missed Connection	\$500
Medical Expense for Acute Sickness or Accidental Injury which first manifests itself during the Insured Person(s)' Trip	\$50,000
Medical Expense for Covered Complication(s) which are a result of an Eligible Scheduled Medical Treatment	Three Options of Medical Coverage: \$10,000/\$20,000/\$50,000 Eligible Scheduled Medical Treatment (Covered Complications must occur within 60 days from the date of your Eligible Scheduled Medical Treatment)
Medical Evacuation/ Repatriation / Return of Remains	\$100,000
Emergency Medical Evacuation Repatriation/ Repatriation of Remains Due to Covered Complication(s) from Eligible Scheduled Medical Treatment	\$50,000, Insured Person pays 20% Co-insurance
Lost Baggage / Personal Effects	\$1,000; \$300 per article limit
Baggage Delay (Outward Journey Only)	\$200
Emergency Dental Treatment as a result of an Accidental Injury to a sound natural tooth	\$750
24-Hour Accidental Death & Dismemberment**	\$10,000
Common Carrier Accidental Death & Dismemberment	\$25,000
24-Hour Travel Assistance Services	Included
Optional Flight Accident per Trip	\$100,000; \$250,000; or \$500,000
Benefit Period for Covered Complication(s)	180 days from the date of the Insured Person(s)' Eligible Scheduled Medical Treatment

Important: Refer to Your ID Card for Your Policy details for benefits and limits.

Note: certain capitalized words are defined terms in this Policy.

trip cancellation / interruption

trip cancellation

The Insured Person(s) shall have benefits as stated in the Schedule of Benefits in the amount purchased for unused non-refundable prepaid expenses for Travel Arrangements and/or any non-refundable prepaid deposits for Eligible Scheduled Medical Treatment. The Insured Person(s) is covered for Cancellation/ Interruption benefits if the Insured Person(s) is prevented from taking their Trip for any of the following reasons that occur after the Effective Date* of the Policy:

1. Specified Acute Sickness, Injury or death of the Insured Person(s), Business Partner or Family Member of the Insured Person(s) that results in medically imposed restrictions as certified by a Legally Qualified Physician at the time of loss, preventing the Insured Person(s)' continued participation in the Trip. A Legally Qualified Physician must advise cancellation of the Trip on or before the Scheduled Departure Date.
2. Strike that causes complete cessation of services of the Insured Person(s)' Common Carrier for at least 48 consecutive hours.
3. Weather that causes complete cessation of services of the Insured Person(s)' Common Carrier for at least 48 consecutive hours.
4. Employer termination or layoff affecting the Insured Person(s). Employment must have been with the same employer for at least five (5) continuous years.
5. Terrorism. The Terrorist Incident must occur in a city listed on the Insured Person(s)' itinerary within thirty (30) days prior to the Insured Person(s)' Scheduled Departure Date. This same city must not have experienced a Terrorist Incident within the ninety (90) days prior to the Terrorist Incident, which is causing the Insured Person(s)' cancellation.
6. The Insured Person(s) is hijacked, quarantined, required to serve on a jury, subpoenaed, the victim of felonious assault within ten (10) days of departure; or having his/her principal place of residence made uninhabitable by fire, flood or other natural disaster; or burglary of his/her principal place of residence within ten (10) days of departure.
7. The death or hospitalization of the Surgeon, Dentist, or Legally Qualified Physician who will be performing the Insured Person(s)' Eligible Scheduled Medical Treatment.
8. The Insured Person(s) or the Insured Person(s)' Family Member, who are military personnel, and are called to emergency duty for a natural disaster other than war.
9. Traffic accident directly involving the Insured Person(s) substantiated by a police report, while en route to a scheduled departure point.

trip cancellation (cont.)

10. If the Insured Person(s)' Travel Supplier, Medical Tour Provider, and/or Facility for whom you have arranged an Eligible Scheduled Medical Treatment outside the United States cancels the Insured Person(s)' Trip or Eligible Scheduled Medical Treatment, the Insured Person(s) will receive up to \$75 for the reissue fee charged by the airline for the Insured Person(s)' tickets, if the airline tickets can be used within the next twelve (12) months. The Insured Person(s) must cover the full cost of the Trip.
11. Natural disaster at the site of the Insured Person(s)' destination that renders their destination accommodations uninhabitable.

**Effective Date is 12:01 a.m. following the day the Administrator receives the Insured Person(s)' Application/ Enrollment Form with the proper Premium. The Trip must commence within twelve (12) months from the Effective Date. The Policy must become Effective prior to the Insured Person(s)' Scheduled Departure Date. Maximum Trip duration is sixty (60) days.*

trip interruption

If the Insured Person(s) is prevented from completing a Trip for any of the reasons listed under the Trip Cancellation section above that occur after the Insured Person(s)' Effective Date and after the Scheduled Departure Date of the Trip, the Insured Person(s) is eligible up to the benefit amount as stated in the Schedule of Benefits for:

- a) Unused, non-refundable cancellation charges imposed by the Travel Supplier, Medical Tour Provider, and/or Facility;
- b) The airfare paid less the value of applied credit from an unused return travel ticket, to return home or rejoin the original Travel Arrangements (limited to the cost of one-way economy airfare or similar quality as the original issued ticket by the scheduled carrier, from the point of destination to the point of origin shown on the original travel tickets.)

The Company will pay for Additional Expenses for lodging, transportation, and meals incurred by the Insured Person(s) (up to \$150 a day) if the Insured Person(s) must remain hospitalized or if the Insured Person(s) must extend the Trip with additional hotel nights due to a Legally Qualified Physician certifying that the Insured Person(s) cannot fly home due to an Accident, Sickness, or Covered Complication(s) but does not require hospitalization.

In no event shall the amount reimbursed exceed the amount the Insured Person(s) prepaid for their Trip, and/or prepaid deposits for the Insured Person(s)' Eligible Scheduled Medical Treatment.

trip cancellation / interruption

trip delay/missed connection

The Company will reimburse the Insured Person(s) for Covered Expenses on a one-time basis up to the maximum benefit listed in the Schedule of Benefits, if the Insured Person(s) is delayed en route to or from their Trip for six (6) or more hours due to one (1) of the following reasons:

1. Any delay of a Common Carrier (including Inclement Weather);
2. Any delay by a traffic accident en route to a departure, in which the Insured Person(s) is not directly involved;
3. Any delay due to lost or stolen passports, travel documents or money, quarantine, hijacking, unannounced strike, natural disaster, civil commotion or riot;
4. A closed roadway causing cessation of travel to the destination of the Trip (substantiated by the department of transportation, state police, etc.)

Covered Expenses include:

- a) Any prepaid, unused, non-refundable land and water accommodations;
- b) Any reasonable Additional Expenses incurred;
- c) An Economy Fare from the point where the Insured Person(s) ended their Trip to a destination where the Insured Person(s) can rejoin the Trip; or
- d) A one-way Economy Fare to return the Insured Person(s) to their originally scheduled return destination.

lost baggage & baggage delay

The Company will reimburse the Insured Person(s) up to the maximum benefit amount listed in the Schedule of Benefits, for loss, theft or damage to baggage and personal effects, provided the Insured Person(s) has taken all reasonable measures to protect, save and/or recover his/her property at all times. The baggage and personal effects must be owned by and accompany the Insured Person(s) during the Trip. Please note the per article limit as stated in the Schedule of Benefits.

This coverage is secondary to any coverage provided by a Common Carrier and all other valid and collectible insurance indemnity and shall apply only when such other benefits are exhausted.

medical coverage

emergency medical sickness & accident expense

The Company will pay up to the maximum benefit amount listed in the Schedule of Benefits, if the Insured Person(s) incurs Covered Medical Expenses as a result of Emergency Treatment of an Acute Sickness or Accidental Injury that first manifests itself or occurs during the Trip.

Emergency Treatment means necessary Medical Treatment, including services and supplies, which must be performed during the Trip due to the serious and Acute nature of the Sickness or Accidental Injury.

Covered Medical Expenses are necessary services and supplies that are recommended by the attending Legally Qualified Physician. They include but are not limited to:

- a) The services of a Legally Qualified Physician;
- b) Charges for Hospital confinement and use of operating rooms;
- c) Charges for anesthetics (including administration); x-ray examinations or treatments, and laboratory tests;
- d) Ambulance service; and
- e) Drugs, medicines, prosthetics and therapeutic services and supplies.

If the Insured Person(s) is hospitalized due to an Acute Sickness or Accidental Injury (which first occurred during the course of the scheduled Trip) beyond the date of the Scheduled Return Date, coverage will be extended until the Insured Person is released from the Hospital, and/or until maximum benefits under the Policy have been paid, and/or the Insured Person(s) have reached their final destination.

The Company will pay benefits, up to \$750.00, for emergency dental treatment for Accidental Injury to sound natural teeth.

medical expenses from an eligible scheduled medical treatment resulting in a covered complication(s)

The Company will pay up to the maximum benefit amount listed in the Schedule of Benefits. Benefits are payable only for such charges incurred during the Incurred Period, which are a result of a separate Diagnosis and not a result of an Adverse Outcome, and treated within the defined Benefit Period for Covered Complication(s). The Company will pay the Usual and Customary Charges for Covered Expenses incurred by an Insured Person(s), if the Insured Person(s) sustains a Covered Complication(s) after an Eligible Scheduled Medical Treatment which was performed outside the United States.

medical coverage

medical expenses from an eligible scheduled medical treatment resulting in a covered complication(s) (cont.)

Covered Expenses are the charges for the following Medically Necessary medical or dental services, supplies and Treatments that are incurred by an Insured Person(s) as a result of a documented and defined Covered Complication(s):

1. Services of Legally Qualified Physicians, or Surgeon;
2. Anesthetics and their administration;
3. Laboratory tests and diagnostic testing;
4. Oxygen and its administration;
5. Blood and blood derivatives that are not donated or replaced, and their administration;
6. Radiological procedures;
7. Drugs requiring a Legally Qualified Physician's or Surgeon's prescription;
8. Hospital room and board up to the most common charge, or ICU/Trauma, when required;
9. Hospital ancillary services (including, but not limited to, use of the operating room);
10. Professional ambulance service to the nearest Hospital equipped to provide the required Treatment;
11. Air ambulance service to a Hospital when such service is ordered by a Legally Qualified Physician and is accomplished in an aircraft used primarily for transporting sick or injured persons.

emergency medical evacuation/ repatriation

The Company will pay benefits for Covered Expenses incurred up to the maximum benefit amount listed in the Schedule of Benefits, if an Accidental Injury or Acute Sickness, or Covered Complication(s) commencing during the course of the Trip results in the Insured Person(s)' necessary Emergency Evacuation. An Emergency Evacuation must be ordered by a Legally Qualified Physician who certifies that the severity of the Insured Person(s)' Accidental Injury or Sickness warrants the Insured Person(s)' Emergency Evacuation.

Emergency Evacuation means:

- a) The Insured Person(s)' medical condition warrants immediate transportation from the place where the Insured Person(s) is injured or sick to the nearest Hospital where appropriate Medical Treatment can be obtained;
- b) After being treated at a local Hospital, the Insured Person(s)' medical condition warrants Medically Necessary transportation to the Insured Person(s)' Home Country to obtain further Medical Treatment;
- c) Both (a) and (b), above.

emergency medical evacuation/ repatriation (cont.)

Covered Expenses are Usual and Customary Charges for necessary transportation, related medical services and medical supplies incurred in connection with the Insured Person(s)'

Emergency Evacuation. All transportation arrangements made for evacuating the Insured Person(s) must be by the most direct and economical route possible. Expenses for transportation must be:

- a) Recommended by the attending Legally Qualified Physician;
- b) Required by the standard regulations of the conveyance transporting the Insured Person(s); and
- c) Authorized in advance by the Company or its authorized representative.

Transportation of Dependent Children: If the Insured Person(s) is in the Hospital for more than seven (7) days following a covered Emergency Evacuation, the Company will return the Insured Person(s)' dependents, who are under 18 years of age and accompanying him/her on the scheduled Trip, to the domicile of a person nominated by the Insured Person(s) or their next of kin with an attendant if necessary. This does not include scheduled hospitalization or recovery from the Insured Person(s)' Eligible Scheduled Medical Treatment.

Transportation to Join the Insured Person(s): If the Insured Person(s) is traveling alone and is in a Hospital for more than seven (7) consecutive days or if the attending Physician certifies that due to the Insured Person(s)' Acute Injury or Sickness, the Insured Person(s) will be required to stay in the Hospital for more than seven (7) consecutive days, upon request the Company will bring a person, chosen by the Insured Person(s), for a single visit to and from the Insured Person(s)' bedside provided that repatriation is not imminent. This does not include scheduled hospitalization or recovery from the Insured Person(s)' Eligible Scheduled Medical Treatment. Transportation services are provided if authorized in advance by the assistance provider, and are limited to necessary economy fares less the value of applied credit from unused travel tickets, if applicable.

Transportation means any Common Carrier, or other land, water or air conveyance, required for an Emergency Evacuation and includes air ambulances, land ambulances and private motor vehicles.

The Company will not cover any expenses provided by another party at no cost to the Insured Person(s) or already included within the cost of the Trip.

medical coverage

excessive insurance limitations

The insurance provided by the Policy shall be in excess of all other valid and collectible insurance or indemnity. If at the time of the occurrence of any loss there is other valid and collectible insurance or indemnity in place, the Company shall be liable only for the excess of the amount of loss, over the amount of such other insurance or indemnity and applicable coinsurance.

repatriation of remains

The Company will pay the reasonable Covered Expenses incurred to return the Insured Person(s)' body to the Insured Person(s)' Home Country if the Insured Person(s) dies during the Trip. This will not exceed the maximum benefit amount listed in the Scheduled of Benefits. Covered Expenses include, but are not limited to, expenses for embalming, cremation, container for transport and transportation.

accidental death & dismemberment (ad&d)

The Insured Person(s) will receive benefits for loss of life or dismemberment due to an Accidental Injury while on their Trip.

optional flight accident plan

The Company will pay benefits for Accidental Injuries resulting in a loss that occurs while the Insured Person(s) are riding as a passenger in or on, boarding or alighting from, any air conveyance operated under a license for the transportation of passengers for hire during the Trip.

eligibility

when you are eligible for benefits

**Effective Date is 12:01 a.m. following the day the Administrator receives the Insured Person(s)' Application/ Enrollment Form with the proper Premium. The Trip must commence within twelve (12) months from the Effective Date. The Policy must be Effective prior to the Insured Person(s)' Scheduled Departure Date.*

trip cancellation and assistance services – the Insured Person(s)' eligibility begins on their Effective Date.

trip delay / missed connection – in force while the Insured Person(s) are en route to and from their covered Trip.

flight accident plan (if chosen) – begins on the Scheduled Departure Date or the date your completed Application/ Enrollment Form and Premium are transmitted via the Internet and ends when the Trip is completed or after sixty (60) days, whichever comes first.

all other coverages – benefits at 12:01 a.m. on the Insured Person(s) Scheduled Departure Date or their Effective Date whichever is later, and ends at the point and time of return on the Scheduled Return Date.

maximum trip length –sixty (60) days

when benefits do not apply

The following exclusions apply to all benefits listed in the Schedule of Benefits:

Loss caused by or resulting from:

Pre-Existing Conditions, as defined in the Policy Definitions section (except Emergency Medical Evacuation/ Repatriation and Repatriation of Remains); suicide, attempted suicide or any intentionally self-inflicted injury while sane or insane unless results in the death of a non-traveling immediate Family Member, and for an Insured Person(s)' suicide or any attempt at suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury or acts of autoeroticism; intentionally self-inflicted injuries; war, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), civil war; participation in any military maneuver or training exercise any loss starting while the Insured Person(s) are in the service of the armed forces of any country. Orders to active military service for training purposes of two (2) months or less will not constitute service in the armed forces. Upon notice to the Company of entering the armed forces, the Company will return to the Insured Person(s) pro-rata any Premium paid, less any benefits paid, for any period during which the Insured Person(s) are in such service; piloting or learning to pilot or acting as a member of the crew of any aircraft; mental or emotional disorders, unless hospitalized; participation as a professional in athletics;

eligibility

when benefits do not apply (cont.)

participation in underwater activities; Bankruptcy and/or Default of Your Travel Supplier, Medical Tour Provider, and/or Facility; being under the influence of drugs or Intoxicants, unless prescribed by a Legally Qualified Physician, unless resulting in the death of a non-traveling immediate Family Member, expenses for Treatment in connection with alcoholism and drug addiction, or use of any drug or narcotic agent; any Mental Illness disorders or rest cures; commission or the attempt to commit a criminal act; participating in bodily contact sports; skydiving; hang-gliding; parachuting; mountaineering; any race; bungee cord jumping; and speed contest -speed contest shall not include any of the regatta races, scuba diving, spelunking or caving, heliskiing, extreme skiing; dental treatment except as a result of an Accidental Injury to sound natural teeth within twelve (12) months of the Accidental Injury limited to the maximum benefit amount listed in the Schedule of Benefits, with the exception of the Insured Person(s)' Eligible Scheduled Medical Treatment which results in a Covered Complication(s); any non-emergency treatment or surgery, routine physical examinations, hearing aids, eye glasses or contact lenses; pregnancy and childbirth (except for complications of pregnancy) except if hospitalized; curtailment or delayed return for other than covered reasons; traveling for the purpose of securing medical treatment, unless for Eligible Scheduled Medical Treatment of the Insured Person(s); services not shown as covered; directly or indirectly, the actual, alleged or threatened discharge, dispersal, seepage, migration, escape, release or exposure to any hazardous biological, chemical, nuclear radioactive material, gas, matter or contamination; Confinement or Treatment in a government Hospital; however the United States government may recover or collect benefits under certain conditions; Care or Treatment that is not Medically Necessary; Care or Treatment for which compensation is payable under Worker's Compensation Law, any Occupational Disease law; or similar legislation or any other individual, government, or group policy or charges provided at no cost to the Insured Person; Care or Treatment that is payable under any Insurance policy that does not require deductible and/or coinsurance payments by the Insured Person(s); Injury or Sickness when traveling against the advice of a Legally Qualified Physician; Cosmetic surgery except for: reconstructive surgery incidental to or following surgery for trauma, or infection or other covered disease of the part of the body reconstructed, or to treat a congenital malformation of a child, with the exception of the Insured Person(s)' Eligible Scheduled Medical Treatment which results in a Covered Complication(s);

when "pre-existing" applies

"Pre-existing Conditions" as used and referenced in this Policy for all benefits listed in the Schedule of Benefits, with the exception of Medical Expenses for Covered Complication(s), shall mean any Accidental or Bodily Injury, Sickness or condition (including any condition from which death ensues) of the Insured Person(s), the Insured Person(s)' Family Member or Traveling Companion who is booked on the same Trip as the Insured Person(s), which within the sixty (60) day period prior to the Effective Date of the Policy: a) manifested itself, or exhibited symptoms which would have caused one to seek Diagnosis, care or Treatment; b) required taking of prescribed drugs or medicine, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; c) required Medical Treatment or Treatment was recommended by a Legally Qualified Physician or; d) the condition for which the Insured Person(s) has arranged for an Eligible Scheduled Medical Treatment.

when benefits do not apply for covered complication(s) from eligible scheduled medical treatment

The following additional exclusions apply to all benefits for Covered Complication(s)

1. Medical expenses that are a result of an Insured Person(s) dissatisfaction with the results of an Eligible Scheduled Medical Treatment.
2. Expenses that exceed the Usual and Customary Charges for the same medical issue; or
3. Expenses incurred inside the United States and not within a United States PPO Facility approved by the Administrator;
4. Traveling against the recommendation of the Insured Person(s)' Legally Qualified Physician before or after an Eligible Scheduled Medical Treatment;
5. Expenses incurred in the United States which have not been pre-notified to the Administrator;
6. Expenses for replacement or rectification of prostheses, corrective devices, medical appliances, and standard surgical implants, unless required for the Treatment of a Covered Complication(s);
7. Expense for postoperative stress, insomnia, or other sleep disorder, or other forms of psychological stress, including anguish, loss of enjoyment, or pain and suffering;
8. Expenses for vocational, occupational, speech, recreational, or music therapy;
9. Expenses resulting from the Insured Person's non-compliance with a Legally Qualified Physician's orders;

eligibility

when benefits do not apply for covered complication(s) from eligible scheduled medical treatment (cont.)

10. Expenses resulting from Post Operative Exams Visits, physical therapy, post operative care and medication recommended and prescribed by a Legally Qualified Physician for the Eligible Scheduled Medical Treatment;
11. Expenses resulting from Treatment which is Experimental/ Investigational and/or for Research purposes;
12. Expenses incurred when traveling against the advice of a Legally Qualified Physician who restricted travel;
 - a) associated with the Eligible Scheduled Medical Treatment; or
 - b) associated with Covered Complication(s) arising from the Eligible Scheduled Medical Treatment;

No coverage or Medical Expenses shall be eligible for the Covered Complication(s) benefit if the Eligible Scheduled Medical Treatment involves one of the following:

13. Expenses incurred for organ or tissue transplants;
14. Expenses for gender reassignment;
15. Expenses for any Treatments related to the cardiovascular system;
16. Expenses for pregnancy, complications of pregnancy or childbirth; expenses for fetal intervention surgery in-utero;
17. Expenses for Treatment involving the brain stem, spinal cord, or the central nervous system
18. Expenses incurred in the United States which have not been pre-notified to the Administrator;
19. Expenses for the Treatment of any cancer.
20. Expenses incurred when traveling against the advice of a Legally Qualified Physician who restricted travel; 1.) associated with the Scheduled Medical Treatment, or 2.) associated with Covered Complication(s) arising from the Scheduled Medical Treatment;
21. Expenses for onset of Covered Complication(s) arising from a Scheduled Medical Treatment performed in a Hospital, which is not Joint Commission International (JCI) accredited; recommended by a Physician.

definitions

definitions

adverse outcome shall mean an unintended or harmful physical effect resulting from an Eligible Scheduled Medical Treatment which presents a separate Diagnosis, related to and/or caused by the Eligible Scheduled Medical Treatment, and is not solely the result of an Insured Person(s)' dissatisfaction.

benefit period of covered complication(s) shall mean the number of days stated in the Schedule of Benefits, from the date of the Insured Person(s)' Eligible Scheduled Medical Treatment by a Legally Qualified Physician or Surgeon due to a Covered Complication(s).

common carrier means any land, sea, and/or air conveyance operating under a valid license for the transportation of passengers for hire.

covered complication(s) shall mean physical complications which are a result of a separate Diagnosis and not as a result of an Adverse Outcome (a) suffered by an Insured Person(s) as the result of an Eligible Scheduled Medical Treatment; (b) that first manifests with in the Incurral Period; (c) result in the Insured Person(s)' Treatment by a Legally Qualified Physician or Surgeon at a Facility within the Benefit Period for Covered Complication(s). Covered Complication(s) are as follows:

1. Cardiopulmonary Related: Myocardial Infarction, diagnostic testing and treatment to Rule Out Myocardial Infarction, Arrhythmia, Hypoxia, Pulmonary Dysfunction, diagnostic testing and treatment to Rule Out Deep Vein Thrombosis (DVT), diagnostic testing and treatment to Rule Out Pulmonary Embolus, Fluid Overload, Cardiac Arrest, Shock
2. Surgery Related: Hemorrhage, Hematoma, Foreign Objects left in patient after surgery, Infection
3. Anesthesia Related: Severe hypotension (systolic BP equal to or less than 80, three (3) hours after the Eligible Scheduled Medical Treatment), Severe hypertension (systolic BP equal to or greater than 200 or diastolic BP equal to or greater than 100, three (3) hours after the Eligible Scheduled Medical Treatment).
4. Post Operative: Pneumomediastinum, Iatrogenic Pneumothorax, Sepsis, Pneumonia, Urinary Tract Infections

covered expenses shall mean expenses incurred by the Insured Person(s) which are for Medically Necessary services, supplies, care, or Treatment; due to Illness or Injury; prescribed, performed or ordered by a Legally Qualified Physician; Usual and Customary Charges; incurred while insured under the Policy; and which do not exceed the maximum benefit amount listed in the Schedule of Benefits.

eligible scheduled medical treatment shall mean one or more elective procedures performed by a Surgeon at a Facility outside the United States. Any procedures performed in a Hospital must be recognized by the Joint Commission on the Accreditation of Hospitals and/ or Joint Commission International (JCI).

definitions

definitions (cont.)

family member shall mean any of the following who resides in the Insured Person(s)' country of residence: The Insured Person(s)' legal or common law spouse, parent, legal guardian, step-parent, grandparent, parents-in-law, grandchild, natural or adopted child, step-child, children-in-law, brother, sister, step-brother, step-sister, brother-in-law, sister-in-law, aunt, uncle, niece or nephew.

home country shall mean the country where an Insured Person(s) has his or her true, fixed and permanent residence.

incurral period shall mean the sixty (60) day period immediately following the date the Insured Person(s)' Eligible Scheduled Medical Treatment.

insured person(s) shall mean a person eligible for benefits under this Policy. Individuals receiving Eligible Scheduled Medical Treatment, ages 18-64, and/or Traveling Companions who are not receiving Treatment, ages 0-80, who have applied for coverage and are named on the Application/ Enrollment Form and for whom the Administrator has accepted Premium.

medical tour provider shall mean any entity or organization that coordinates or supplies Eligible Scheduled Medical Treatment(s) performed outside the United States.

sickness shall mean an illness or disease which is diagnosed or treated by a Legally Qualified Physician after the Insured Person(s)' Effective Date under this Policy and prior to the Insured Person(s)' Scheduled Return Date.

travel arrangements shall mean: a) transportation; b) accommodations; and c) other specified services arranged by the Travel Supplier for the Trip.

traveling companion shall mean person(s) booked to accompany the Insured Person(s) on their Trip and are also an Insured Person(s) as defined in this Policy.

Travel Supplier shall mean any Medical Tour Provider, hotel, entity or organization that coordinates or supplies travel services or Travel Arrangements for the Insured Person(s).

travel supplier shall mean any Medical Tour Provider, hotel, entity or organization that coordinates or supplies travel services or Travel Arrangements for the Insured Person(s).

trip shall mean scheduled Travel Arrangements through a Travel Supplier, Medical Tour Provider, and/or Facility on behalf of the Insured Person(s) for purposes of having an Eligible Scheduled Medical Treatment performed outside of the United States. Maximum Trip duration is sixty (60) days.

additional information

claim questions & situations

After you have enrolled, you will receive Policy details and an ID Card, which will describe all aspects of the program, as well as who to contact in case of an emergency or if a claim should occur. The Assistance Company should be contacted if you require assistance while on your Trip. When purchasing your Trip, be sure to keep all documentation. This information will be required in order to process any claim.

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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.

travel assistance services

assistance with travel

- pre-trip information:** Provide information concerning inoculation and visa requirements for countries worldwide
- weather information:** Concerning local weather conditions
- exchange rate information:** Present-Day currency rates, etc.
- embassy referral:** Providing contact information for the nearest embassies around the world
- interpreter referral:** Contact information for interpreters around the world
- lost passport:** Provide directions for lost passport recovery to insureds while traveling outside of their home country
- emergency message:** In the event of a medical emergency, assistance in relaying urgent messages to family, friends, or business associates at the insured's request
- hotel accommodation:** In case of insured's hospitalization outside of their home country, assistance in locating hotel accommodation for insured's traveling companion
- medical assistance while traveling**
 - 24-hour telephone contact:** Should medical emergencies arise, there is help in locating medical care
 - conference calls:** Arranging telephone conferences between Your attending and home physicians
 - second opinions:** Arranging second medical opinions in hospital cases
 - emergency messages:** Relaying emergency messages to family and employer during medical emergencies
 - payment guarantee:** Guarantee or payment of medical bills or authorizing medical benefits according to the program for eligible benefits only.
 - ticketing services:** 24-hour ticketing service to arrange emergency family visits
 - medical evacuations:** Arranging emergency medical evacuation from medically underserved areas
 - repatriation:** Arranging medical transportation home after treatment
 - medical / travel escorts:** Arranging escorts and transportation for unaccompanied children
 - medical records:** Arranging transfer of medical records
 - remains return:** Arranging repatriation of remains for deceased travelers

about seven corners



Since 1993, Seven Corners has provided medical insurance to corporations, international travelers, expatriates, students, overseas visitors, immigrants and global citizens. With expertise and efficiency, we've served clients in more than a hundred countries.

In California, operating under Seven Corners Insurance Services.

for questions and information

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insurance carrier

Certain Underwriters at Lloyd's of London

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for additional information

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