



Asia Internship Program  
Group Number: LON22-220227-01TMP



**ENVISAGE**  
GLOBAL INSURANCE

# 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, as this will make the billing and payment process much smoother.

Here are some guidelines for choosing appropriate medical care.



## Non-Emergency Care

For immediate care in non-emergency situations, you **SHOULD** go to a Walk-in Clinic, Urgent Care center or local doctor. Urgent Care and Walk-in Clinics are often the best places to seek medical care as you can walk right in and they require no appointment.

You **SHOULD NOT** go to the Emergency Room (ER) for this type of care unless it is a real emergency situation!



## Emergency Care

The Emergency Room (ER) is designed for medical emergencies. If you need emergency care for any reason, please get to the nearest Emergency Room (ER) or call the emergency services (911 in the USA) for immediate treatment.

**PLEASE NOTE** – an additional \$250 Deductible will apply for each Emergency Room visit for an illness which does not result in a direct Hospital admission. Injuries are not subject to the deductible.



## ID Card

It is extremely important that you carry your insurance ID card with you at all times and make sure to show it when you seek treatment. Your ID card will be emailed to you before you travel and should be kept with you at all times.



## Doctor/Hospital Search

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, especially in the USA. This will allow direct billing and can remove the need for you to pay up front for medical expenses.

- Outside the USA, you can seek treatment from any provider of your choices, pay up front and then file a claim for reimbursement.

## Need Help?

You can either visit your Student Zone or call the 24-Hour assistance line:

### Student Zone

The Student Zone is your one-stop resource for information, advice and assistance with your insurance plan.

[Student Zone](#)

### 24-Hour Assistance

Seven Corners is available 24-hours a day to assist you with your insurance needs, including pre-certification, claims, emergency evacuation and much more.

You can contact Seven Corners at:

Toll-free: (800) 690-6295  
Direct Dial: + 1 (317) 818 2808  
[assist@sevendcorners.com](mailto:assist@sevendcorners.com)



# Benefit Summary

Plan Benefits	Coverage
US Coverage	Excluded
Lifetime Plan Maximum	\$3,000,0000
Medical Maximum	\$100,000 per person, per occurrence up to 74 years old; \$50,000 per person, per occurrence for 75-79 years old \$15,000 per person, per occurrence for 80+ years old
Deductible	\$0 per person, per occurrence
Emergency Room Services	100% of usual, reasonable and customary \$250 Copay for illness and not admitted
Coinsurance	After you pay the deductible, the plan pays 100% of eligible expenses, to the medical maximum
Outpatient Hospital / Clinical Services	100% of usual, reasonable and customary
Hospital Room and Board	100% of usual, reasonable and customary
Inpatient Hospital Services	100% of usual, reasonable and customary
Physician's Office Visits	100% of usual, reasonable and customary
Urgent Care Visits	100% of usual, reasonable and customary
Telehealth Consultations or Care	100% of usual, reasonable and customary
Home Health Care	100% of usual, reasonable and customary
Extended Care Facility	100% of usual, reasonable and customary
Local Ambulance	100% of usual, reasonable and customary
COVID-19 Treatment	Up to 74 years old: Usual, reasonable and customary up to \$100,000
Prescription Drugs	100% of usual, reasonable and customary
Dental (Accident Coverage)	To a maximum of \$2,000
Dental (Sudden Relief of Pain)	To a maximum of \$200
Emergency Medical Evacuation/ Repatriation	\$100,000 (in addition to medical maximum)
Return of Mortal Remains	\$25,000
Local Burial or Cremation	\$5,000
Emergency Medical Reunion	\$1,500 maximum \$200 per day, 10-day limit
Loss of checked baggage	\$50 per article, \$250 Per Occurrence
Trip Interruption	\$1,500
Personal Liability	\$50,000
Political Evacuation and Repatriation	\$5,000

Terrorist Activity	100% of usual, reasonable and customary
24/7 Travel Assistance Services	Included
Benefit Period	180 days



# Claims

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## 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

You will need to pay for any prescription medication up front and then submit the Rx information and receipt from the pharmacy with your claim to be reimbursed.

## Claim Forms

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

Email - [claims@sevencorners.com](mailto:claims@sevencorners.com) (recommended)

Fax: (+1) 317 575 2659

Seven Corners, Inc.  
303 Congressional Blvd.  
Carmel, IN 46032

## Claims Update

Your claims tracking portal, MyAccount, is available in your Student Zone and allows you to view your claims activity and contact the claims team directly with any questions.

You can also email the claims team at [claims@sevencorners.com](mailto:claims@sevencorners.com) for an update on any claims that have been submitted.

# Medical Expenses

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Subject to the terms of the Certificate, the Company will reimburse You for Covered Expenses up to the Medical Maximum set forth in the Schedule of Benefits for the following medical Expenses that are incurred as the result of and within the Benefit Period:

1. Hospital Expenses for room and board that do not exceed the Hospital's average charge for semi-private accommodations, Inpatient Treatment, Surgery, operating room, Intensive Care, nursing services, and services and supplies routinely provided by the Hospital to Inpatients;
2. Outpatient Treatment or Surgery;
3. Administration of anesthetics;
4. Medication, x-ray services, laboratory tests and services, use of radium and radioactive isotopes, oxygen, blood transfusions, and iron lungs;
5. Dressings, drugs, and Medicines that can only be obtained upon a written prescription of a Physician or Surgeon;
6. Hotel room when the Insured Person, otherwise necessarily confined in a Hospital, is under the care of a duly qualified Physician in a hotel room due to unavailability of a Hospital room due to capacity or distance or to any other circumstances beyond the reasonable control of the Insured Person;
7. Artificial limbs, eyes, larynx, and orthotic appliances other than for replacement of such items;
8. Home Health Care in bed if recommended by the attending Physician, provided by a Home Health Care agency upon direct transfer from an acute care Hospital and only in lieu of Medically Necessary Inpatient hospitalization; and
9. Care in a licensed Extended Care Facility upon direct transfer from an acute care Hospital.
10. Telehealth Consultation or Care.

# Coinsurance

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When a covered Injury or Illness is incurred by the Insured Person, the Company will pay 100% of Reasonable and Customary medical charges for Covered Expenses, excess of the Policy Period Deductible as stated on the ID Card, up to the Medical Maximum as stated on the ID Card. In no event shall the Company's maximum liability exceed the Medical Maximum as stated on the ID Card. The Deductible and Coinsurance amount consists of Covered Expenses which would otherwise be payable under this Policy. These expenses must be borne by each Insured Person.

# Emergency Room COPAY

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An additional \$250 Copay 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 Copay.

# COVID-19 Treatment

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Subject to the terms of the Certificate, the Company will reimburse You for Covered Expenses, up to the amount set forth in the Schedule of Benefits, for Medically Necessary Treatment only for the following:

1. COVID-19;
2. SARS-CoV-2; and
3. Any mutation or variation of SARS-CoV-2.

# Dental (Accident Coverage)

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The Company will reimburse You up to the amount set forth in the Schedule of Benefits for Covered Expenses exceeding the Deductible and Coinsurance for emergency Treatment to repair or replace Sound Natural Teeth damaged as the result of an Accidental Injury caused by external contact with a foreign object. Coverage does not apply if You break a Sound Natural Tooth while eating or biting into a foreign object.

# Dental (Sudden Relief of Pain)

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The Company will reimburse You up to the amount set forth in the Schedule of Benefits for Covered Expenses exceeding the Deductible and Coinsurance for emergency Treatment for the relief of pain to Sound Natural Teeth.

\*Only available to programs purchased for one (1) month or more.

# Emergency Medical Evacuation/ Repatriation

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The Company will pay transportation and related medical Expenses incurred during such transportation up to the amount set forth in the Schedule of Benefits if any covered Injury or Illness commences while You are outside Your Home Country during the Period of Coverage and results in Your Medically Necessary (i) Emergency Medical Evacuation or (ii) Emergency Medical Repatriation. All transportation arrangements must be by the most direct and economical route. This benefit applies regardless of whether Your transportation is related to a Pre-Existing Condition. The Emergency Medical Evacuation or Emergency Medical Repatriation must be arranged by Seven Corners Assist in consultation with Your local attending Physician. Failure to utilize Seven Corners Assist will result in the denial of benefits.

# Return of Mortal Remains

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The Company will pay up to the amount set forth in the Schedule of Benefits for the reasonable expenses incurred for embalming, a minimally-necessary container appropriate for transportation, shipping costs, and the necessary government authorizations to return Your remains to Your Home Country if You die while outside Your Home Country during the Period of Coverage from an Illness or Injury covered under this Insurance. This benefit applies regardless of whether the death is related to a Pre-Existing Condition. The return of mortal remains must be arranged by Seven Corners Assist. Failure to utilize Seven Corners Assist will result in the denial of benefits.

# Local Burial or Cremation

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The Company will pay up to the amount set forth in the Schedule of Benefits for the reasonable Expenses incurred for preparation and either Your local burial or Your cremation if You die while outside Your Home Country during the Period of Coverage from an Injury or Illness covered under this Insurance. This benefit applies regardless of whether the death is related to a Pre-Existing Condition. This Insurance does not include the costs for the religious practitioners performing the service, flowers, music, food, or beverages. The local burial and cremation must be arranged by Seven Corners Assist. Failure to utilize Seven Corners Assist may result in the denial of benefits.

# Emergency Medical Reunion

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When an Emergency Medical Evacuation is occurring or has occurred or when an Emergency Medical Repatriation is to occur and provided, in each such case, that an Emergency Medical Reunion is recommended by Your attending Physician, the Company will arrange and pay up to the amount set forth in the Schedule of Benefits for (i) a round-trip economy class airfare for one (1) individual from Your Home Country selected by You to travel to and from the location where You are hospitalized and (ii) reasonable travel and accommodation expenses up to the amount set forth in the Schedule of Benefits. The period of Emergency Medical Reunion cannot exceed ten (10) days including travel days. This benefit applies regardless of whether Your hospitalization is related to a Pre-Existing Condition. The Emergency Medical Reunion must be arranged by Seven Corners Assist. Failure to utilize Seven Corners Assist will result in the denial of benefits.

# Loss of Checked Baggage

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The Company will reimburse You up to the amount set forth in the Schedule of Benefits for lost baggage and personal effects owned by You and checked with a Common Carrier provided You have taken all reasonable measures to protect, save, and recover the property at all times. Also, You must submit a copy of the Common Carrier's claim form and such other documentation as the Company may reasonably require. Reimbursement will be for the least of:

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

This coverage is secondary to any coverage provided by the Common Carrier, and You will be required to furnish proof to the Company that the Common Carrier has paid the full amount that it is legally required to pay.

The coverage provided by Loss of Checked Baggage does not cover animals, automobiles or automobile equipment, boats, motors, motorcycles, other conveyances or their appurtenances except bicycles while checked as baggage with a Common Carrier, household furniture, eyeglasses or contact lenses, artificial teeth or dental bridges, hearing aids, prosthetic limbs, musical instruments, money or securities, tickets or documents, or sporting equipment if loss or damage results from the use thereof. These benefits will not duplicate any other benefits payable under the Plan or any coverage(s) attached to the Plan.

# Trip Interruption

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The Company will reimburse You up to the amount set forth 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 home to Your area of principal residence if You are unable to continue the Trip due to the death of a parent, Spouse, sibling, or Your Child(ren) or due to serious damage to Your principal residence from fire or Natural Disaster. The Trip Interruption benefits must be arranged by Seven Corners Assist. Failure to utilize Seven Corners Assist will result in the denial of benefits.

# Political Evacuation and Repatriation

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The Company will arrange and pay up to the amount set forth in the Schedule of Benefits for reasonable and necessary expenses incurred for (i) Your Political Evacuation and/or (ii) Your Political Repatriation by means of a one-way economy class airfare. Political Evacuation and/or Political Repatriation must occur within ten (10) days of the events causing the necessity for such action. The means of transportation will be the most appropriate and economical under the circumstances for Your health and safety. Such expenses will be paid once for You per occurrence.

If You fail to heed a Level 3 Terrorism, Level 3 Civil Unrest, or any Level 4 Travel Advisory issued by the United States Department of State or similar warnings issued by other appropriate authorities of either Your Host Country or Your Home Country recommending that travelers avoid a certain country, region, or specific areas or locations within a country, benefits are not covered and will be denied. Additionally, the Political Evacuation or Political Repatriation must be arranged by Seven Corners Assist. Failure to utilize Seven Corners Assist will result in the denial of benefits.

The coverage provided by the Political Evacuation excludes Expenses:

1. Recoverable under any other insurance or through an employer;
2. Arising from or attributable to:
  - (i) Dishonest or criminal acts committed or attempted by You;
  - (ii) Alleged violation of the laws of the Host Country by You unless the Company, in its sole discretion, determines such allegations to be fraudulent;
  - (iii) Your failure to maintain required documents or visas;
  - (iv) Debt, insolvency, commercial failure, or the repossession of any property;
  - (v) Your non-compliance with a contract or license; and
  - (vi) Implementation of illegally contributed exchange rates.
3. Due to liability assumed or assumed by You under any contract; or
4. For arrangements not made by Seven Corners Assist.

# Terrorist Activity

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The Company will reimburse You up to the amount set forth in the Schedule of Benefits for Your Covered Expenses incurred resulting from Terrorist Activity provided

1. You have no direct or indirect involvement in the Terrorist Activity.
2. The Terrorist Activity is not in a country or location where the United States government has issued a Level 3 Terrorism, Level 3 Civil Unrest, or any Level 4 Travel Advisory or the appropriate authorities of either Your Host Country or Your Home Country have issued similar warnings, any of which have been in effect within the six (6) months prior to Your date of arrival; and
3. You departed the country or location following the date a warning to leave that country or location is issued by the United States government or the appropriate authorities of either Your Host Country or Your Home Country.

# Personal Liability

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The Company will pay or reimburse You up to the amount set forth in the Schedule of Benefits and subject to the condition, restrictions, and exclusions and contained in this benefit for eligible court-entered judgments or Company-approved settlements arising as a result of or in connection with the personal liability You incurred for acts, omissions, and other occurrences covered under this Certificate for losses or damages solely, directly, and proximately caused by Your negligent acts or omissions during the Period of Coverage that result in the following:

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

The Maximum payable under this benefit is listed in the Schedule of Benefits. 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) The Company 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.

# Assistance Services:

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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.

## Exclusions

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Except as expressly provided for in the BENEFIT SUMMARY, all Charges, costs, expenses and/or claims incurred by the Insured Person, and any claim for death or dismemberment benefits, and directly or indirectly relating to or arising or resulting from or in connection with any of the following acts, omissions, events, conditions, Charges, consequences, claims, Treatment (including diagnoses, consultations, tests, examinations and evaluations related thereto), services and/or supplies are expressly excluded from coverage under this insurance, and the Company shall provide no benefits or reimbursements and shall have no liability or obligation for any coverage thereof or therefor:

1. Pre-existing Condition(s) except for Emergency Medical Evacuation/Repatriation, Return of Mortal Remains, Emergency Medical Reunion, Political Evacuation and Repatriation, and Terrorist Activity.
2. Claims not received by the Company or Administrator within ninety (90) days of the date of service;
3. Treatment that (i) exceeds Usual, Reasonable, and Customary Expenses; (ii) is Investigational, Experimental, or for research purposes; or (iii) received in a Hospital emergency room visit that is not a Medical Emergency;
4. Treatment, services, or supplies that are not administered by or under the supervision of a Physician or Surgeon and products that can be purchased without a Physician's or Surgeon's prescription;
5. Routine physicals, inoculations, or other examinations or tests conducted when there is no objective indications or impairments in normal health;
6. Acupuncture;
7. Services, supplies, medications, testing, or Treatment prescribed, performed, or provided by a Relative or Immediate Family Member;
8. Durable medical equipment;
9. False teeth, dentures, dental appliances, dental expenses, normal ear or hearing tests, hearing aids, hearing implants, eye refractions, eye examinations for prescribing corrective lenses or eyeglasses unless caused by Accidental Injury, eyeglasses, contact lenses, or eye surgery when the primary purpose is to correct nearsightedness, farsightedness, or astigmatism;
10. Replacement of artificial limbs, eyes, larynx, and orthotic appliances;
11. Custodial Care, Educational or Rehabilitative Care, or any Treatment in any establishment for the care of the aged;
12. Vocational, occupational, sleep, speech, recreational, or music therapy;
13. Pregnancy, Illness or complications from Pregnancy, childbirth, abortion, miscarriage including that resulting from an Accident, postpartum care, preventing conception or childbirth, artificial insemination, infertility, impotency, sexual dysfunction, or sterilization or reversal thereof;
14. Sleep apnea or other sleep disorders;
15. Mental Illness and Mental and Nervous Disorders unless specifically provided for in the Plan, Rest Cures, learning disabilities, attitudinal disorders, or disciplinary problems;
16. Congenital abnormalities and conditions arising out of or resulting therefrom;
17. Temporomandibular joint;
18. Occupational Diseases;
19. Exposure to non-medical nuclear radiation or radioactive materials;
20. Sexually transmitted diseases, venereal diseases, and conditions and any consequences thereof;
21. Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), or the Human Immunodeficiency Virus (HIV);
22. Human organ or tissue transplants;

23. Exercise programs whether prescribed or recommended by a Physician or therapist;
  24. Weight reduction programs or the surgical Treatment of obesity including, but not limited to, wiring of the teeth and all forms of intestinal bypass Surgery;
  25. Cosmetic or plastic Surgery including deviated nasal septum; modifications of Your physical body intended to improve Your psychological, mental, or emotional well-being including, but not limited to, sexual reassignment Surgery;
  26. Acne, moles, skin tags, disease of sebaceous glands, seborrhea, sebaceous cyst, unspecified disease of the sebaceous glands, hypertrophic and atrophic conditions of skin, nevus;
  27. Hazardous Activities;
  28. Injuries sustained while participating in professional Athletics, amateur Athletics, intercollegiate Athletics or interscholastic Athletics unless specifically provided for in the Plan including, but not limited to, events, games, matches, practice, training camps, sport camps, conditioning, and any other activity related thereto but excluding non competitive, recreational, or intramural activities;
  29. Abuse, misuse, illegal use, overuse, dependency upon, or being under the influence of alcohol, drugs, chemicals, or narcotic agents unless administered under the advice of a Physician and taken in accordance with the proper dosing as directed by the Physician;
  30. Suicide or any attempt thereof; self-destruction or any attempt thereof; or any intentionally self-inflicted Injury or Illness;
  31. Terrorist Activity except as provided under Terrorist Activity benefits, War, Hostilities, or War-like Operations;
  32. Commission of a criminal offense or any other criminal or illegal activity as defined by the local governing body;
  33. You unreasonably fail or refuse to depart a country or location following the date a warning to leave that country or location is issued by the United States government or similar warnings issued by other appropriate authorities of either Your Host Country or Your Home Country;
  34. Service in the military, naval, coast guard, or air service of any country or while on duty as a member of a police force or unit;
  35. Treatment paid for or furnished under any other individual, government, or group policy or Expenses incurred at no cost to You;
  36. You while in Your Home Country;
  37. Conditions for which travel was undertaken to seek Treatment;
  38. Travel after Your Physician has limited or restricted travel;
  39. Travel accommodations;
  40. 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;
  41. Injury sustained while You are riding as a passenger in any aircraft (i) not having a current and valid Airworthy Certificate and (ii) not piloted by a person who holds a valid and current certificate of competency for piloting such aircraft;
  42. Flying in any aircraft being used for acrobatic or stunt flying, racing, endurance tests, rocket-propelled aircraft, 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;
  43. Participating in contests of speed or riding or driving in any type of competition;
  44. Loss of life;
  45. Long-term disability;
  46. Financial guarantee, financial default, bankruptcy, or insolvency risks.
- For Personal Liability: The Member shall have no benefits or coverages for, and Underwriters shall have no liability or obligation of any kind to pay or reimburse the Member or any Third Person or Related Third Person for, any changes, fees (including attorneys' fees), costs, expenses, damages, losses, judgments, claims or other liabilities incurred or sustained by or assessed against a Member or any Third Person or Related Third Person, if directly or indirectly relating to, arising from or in connection with any of the following acts, omissions, events, conditions, charges, consequences, occurrences or circumstances, all of which are expressly excluded from coverage under this insurance and all of which Underwriters will provide no benefits or coverages for and shall have no liability or obligation for same, and Underwriters will not pay or reimburse the Member or any Third Person or Related Third Person for any claims of any kind arising directly or indirectly from, happening through or as a consequence of:
1. Any damages, losses or claims caused in whole or in part by the member during any hunt or as a result of hunting.
  2. Any criminal, fraudulent, deceptive, willful, reckless, malicious or other unlawful acts or omissions committed by the Member, or any acts or omissions committed by the Member in connection with the violation or breach of any laws, statutes, ordinances, legal orders, rules or regulations to which the Member is subject or by which the Member is bound.
  3. Any loss, damage or claim arising or resulting from the use of any firearms, fireworks, explosives, welding equipment, propane tanks, or other flammables, deadly weapons or hazardous implements.
  4. The pursuit of any trade, business, profession or employment activity.
  5. Ownership, possession, control or occupation of any land or building.
  6. Ownership, possession, control or use of any automobile, motorcycle, ATV, off-road vehicle, watercraft, aircraft, parachute, parasail, glider or any other motorized, gravity-induced, or self-propelled vehicle or craft of any kind.
  7. Resulting from any fire, flood, wind, hail, water leak, gas leak, explosion or other catastrophe or loss occurring in or about the residence or premises of any related third

- Person, or in or about the residence or any other premises of which the Member is the owner, lessee, invitee, licensee, occupant or resident, or in or about any residence or premises which are contiguous or adjacent to any of the foregoing residences or premises.
8. The consequences of any breach, violation or failure to perform any contractual undertakings or obligations of the Member, whether verbal or in writing.
  9. Criminal or disciplinary proceedings, charges, arrests, indictments, or arraignments of any kind.
  10. Shoplifting, vandalism, theft, conversion, misappropriation, public drunkenness, fighting or brawling, arson, or any malicious or intentional activity resulting in personal injury or destruction of property.
  11. Gross negligence, fraud, bad faith, assault and battery, domestic disputes, and all other intentional torts or actions based or sounding in tort without regard to how named or presented.
  12. Any collusion, conspiracy, deceit or other fraudulent scheme or artifice to defraud or other fraudulent means or methods.
  13. Fines, penalties, assessments or claims by any governmental authorities or regulatory bodies, including traffic fines or traffic violations or parking tickets, and the costs, fees or expenses incurred by the Member as a witness, custodian, or in any other non-party status in connection with responding to any order to appear in court, subpoena, subpoena duces tecum, notice of deposition, or any other nonparty legal or administrative proceeding or activity.
  14. All non-compensatory damages, including without limitation, damages imposed as a punishment, punitive or exemplary damages, consequential damages, lost profits, criminal damages, excessive damages, expectancy damages, incidental damages, liquidated damages, presumptive damages, prospective damages, special damages, speculative damages, statutory damages, double, treble or other multiples of damages, and/or unliquidated damages, and all claims and damages for pain and suffering, loss of consortium, physical discomfort, mental or emotional distress, trauma, disfigurement, dismemberment, loss of use, or scarring.
  15. Contractual or employer's liability or workman's compensation claims.
  16. Animals or pets belonging to the Member or any Related Third Person, or in the care, custody or control of the Member or any Related Third Person.
  17. Intentionally committed acts caused or brought about by the Member.
  18. Arising or occurring while the Member is to any extent under the influence of alcohol or drugs, or due to the Member's use of drugs, prescription medicines, narcotics or tranquilizers not medically prescribed for the Member by a licensed physician.
  19. Caused by suicide or attempted suicide of the Member.
  20. Participation of the Member in gambling, gaming, or betting of any kind.
  21. Participation of the Member in any fights, brawls, criminal activity or other unlawful activity.
  22. During the practice or participation of sports, recreational endeavors, or athletic activities either as a professional, amateur or novice, unless performed solely for recreational purposes or during high school activities.
  23. Hazardous sports of any kind, including but not limited to, American football, boxing, bungee jumping, mountaineering, martial arts, skiing beyond one's abilities, outside of marked boundaries, in violation of rules or regulations, or on unmarked slopes, sky diving, scuba diving, hang gliding, ski jumping, bobsledding, offshore boating, caving and spelunking, polo, fighting sports, parachuting, hunting, piloting an aircraft, wind-surfing, professional sporting activities of any kind, racing activity of any kind, and any attempt to make or set sporting records.
  24. Occurring when the Member is a passenger in an aircraft other than a commercial aircraft.
  25. War, military action or terrorism as defined herein.
  26. Thermal, mechanic, radioactive and other effects due to any modification of the atomic structure of matter or the artificial acceleration of atomic particles or due to radiation from radio-isotopes, or the use of nuclear or chemical materials.
  27. Judgments or damage awards that have not been ordered, declared or entered within twelve (12) months from the date of the act, omission, occurrence or event causing personal injury or property damage, or within twelve (12) months from the date of termination of group coverage under a Certificate issued under the Master Policy, whichever is earlier.
  28. Any lawsuit, claim for benefits, enforcement action, complaint, or other civil or administrative proceeding of any kind brought by or on behalf of the Member or any Third Person or Related Third Person against Underwriters, the Plan Administrator, and/or the Participating Organization, including without limitation any lawsuit or proceeding alleging breach of contract, bad faith, or any tortious conduct of any kind, seeking equitable or declaratory relief, or otherwise seeking the recovery, enforcement or effectuation of any benefits or coverages under this insurance.
  29. Any loss, personal injury, property damage or other claim arising or resulting from any act, omission, failure to act, event or other occurrence committed or occurring at any time prior to or subsequent to the Certificate Period.
  30. Any personal injury, medical expense, damage or other loss suffered by a Related third Person, except for damage to a Related Third Person's personal property which shall be limited to put a maximum of \$2,500 and subject to the per Injury/Illness deductible set forth in the Schedule of Benefits and Limits.



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