SEVEN CORNERS

Liaison® Student

Specialized Health Insurance Plans for Students, Faculty, Scholars, and their Families



For 25 years, Seven Corners has protected travelers all over the world. We deliver health, safety and security to you when you are away from home. Take us on your next trip!



Why do I need student travel medical insurance?

Many schools, visa programs, and countries require you to have student travel insurance when you arrive.

In addition, your health insurance at home may not cover you when you travel abroad, which means you may be responsible for the bill if you get sick or hurt when traveling. Some foreign medical providers will even require you to pay for services upfront before they treat you.

WHY BUY A LIAISON® STUDENT PLAN?

You're busy studying or teaching abroad, and you need reliable protection. No matter where you go, our Liaison Student plans follow you with comprehensive medical coverage, an extensive network of providers, and 24-hour travel assistance. Make sure you're covered before you leave home!

WHO CAN BUY A LIAISON STUDENT PLAN?

Requirements for the primary participant – The person listed first on the policy (primary participant) must be a full-time student, faculty member, or scholar between 12 and 64 years of age, who is engaged in full-time educational or research activities while residing outside their home country.[1] They must also meet these requirements:

- **U.S. citizens traveling outside the United States** – You must have a valid visa issued by your host country, if required. U.S. citizens cannot buy a Liaison Student plan for travel to the United States and/or U.S. territories.
- **Non-U.S. citizens traveling to the United States** – You are required to have a valid J-1, H-3, F-1, M-1 or Q-1 visa or similar appropriate visa and may participate in an OPT program.
- **Non-U.S. citizens traveling outside the United States** – You must have a valid visa issued by your host country, if required.

Requirements for dependents – The primary participant can buy coverage for their legal spouse (your legal domestic partner or legal civil partner) and unmarried children (over 13 days and under 19 years or under 26 years if attending an accredited institution full-time).

[1]For non-U.S. citizens, home country is the country where you have your permanent residence. For U.S. citizens, home country is always the United States.

Coverholder at LLOYD'S

Underwriter

You can feel confident with Liaison Student's strong financial backing through Certain Underwriters at Lloyd's, London an established organization with an AM Best rating of A (Excellent). Rest assured, your coverage will be there when you need it.

SEVEN CORNERS

Administrator

Seven Corners[2] handles your insurance needs from start to finish. We process your purchase, provide all documents, and handle any claims. In addition, our own 24/7 in-house travel assistance team, Seven Corners Assist, will take care of your travel needs, including emergency situations.

[2]Seven Corners operates under the name, Seven Corners Insurance Services, in California.

Length of Coverage

Coverage Length – Your coverage length may vary from 5 days to 364 days and is renewable as long as the primary participant is eligible for the plan.

Effective Date – This is the start date of your plan, on the later of the following: 1) 12 a.m. the day after we receive your application and correct payment if you apply online or by fax; 2) 12 a.m. the day after the postmark date of your application and correct payment if you apply by mail; 3) The moment you depart your home country; or 4) 12 a.m. on the date you request on your application.

Expiration Date – The date coverage for you ends, which is the earliest of the following: 1) The moment you return to your home country (except for Extension of Benefits in Home Country and Incidental Trips to Home Country); 2) 11:59 p.m. on the date shown on your ID card; 3) 11:59 p.m. on the date that is the end of the period for which you paid premium; or 4) The moment you fail to be eligible for the plan.

All times above refer to United States Eastern Time.

EXTENDING YOUR COVERAGE

You can extend coverage as long as the primary participant is eligible for the plan. If you initially buy less than 364 days of coverage, you may buy additional time, from a minimum of 5 days to a total of 364 days. We will email you a renewal notice before your coverage expires, giving you the option to renew your plan. A $5 administrative fee is charged for each renewal.

When we receive your payment for the extension, we will extend your plan's expiration date. A new coinsurance will apply beginning the 365th day of continuous coverage and beginning each additional 365th day thereafter.

Your original effective date is used to determine if the lifetime medical maximum amount has been reached and to determine pre-existing conditions.

Purchasing Liaison Student

You may purchase Liaison Student online. Once you complete your purchase, you will immediately receive a receipt, a summary of your benefits, an ID card, and a copy of the Certificate of Insurance. The certificate is the legal document that explains how your coverage works and describes all benefits and exclusions. We recommend you read your insurance certificate, so you understand how your Liaison Student insurance plan works.

Coverage Areas

You can choose from two coverage areas:

- Worldwide including the United States.
- Worldwide excluding the United States.

Refund of Premium/Cancellation

We will refund your payment if we receive your written request for a refund before your effective date of coverage. If your request is received after your effective date, the unused portion of the plan cost may be refunded minus a $25 cancellation fee, if you have not submitted any claims to Seven Corners. Please send your written request for cancellation to **policy@sevencorners.com**.



SEVEN CORNERS ASSIST

What happens if you are sick in an area without appropriate medical care?

If medically necessary, we will arrange and pay to evacuate you to the nearest appropriate medical facility.

24/7 Travel Assistance – We can provide local weather details, currency rates, embassy contact information, interpreter referrals, help with lost passport recovery, and pre-trip information including inoculation and visa requirements.

24/7 Medical Assistance – We can help you locate appropriate medical care and arrange second opinions, emergency medical evacuations, medical transportation home after treatment, escorts and transportation for unaccompanied child(ren) and medical record transfers.

Contact information for Seven Corners Assist is provided on your ID card.

TOLL FREE

1-800-690-6295

COLLECT CALLS

317-818-2808

assist@sevencorners.com



Pre-Certification (applies to travel in the U.S. only)

The following expenses must always be pre-certified in the U.S.

1. Outpatient surgeries or procedures;
2. Inpatient surgeries, procedures, or stays including those for rehabilitation;
3. Diagnostic procedures including MRI, MRA, CT, and PET Scans;
4. Chemotherapy;
5. Radiation therapy;
6. Physical and occupational therapies;
7. Home infusion therapy.

To comply with the pre-certification requirements, you must:

1. Contact Seven Corners Assist before the expense is incurred;
2. Comply with Seven Corners Assist's instructions;
3. Notify all medical providers of the pre-certification requirements and ask them to cooperate with Seven Corners Assist.

Once we pre-certify your expenses, we will review them to determine if they are covered by the plan.

Failure to comply with pre-certification requirements
If you do not comply with the pre-certification requirements or if the expenses are not pre-certified, we will review the expenses to determine if they are covered by the plan. If covered:

1. Eligible medical expenses will be reduced by 25%; and
2. The deductible will be subtracted from the remaining amount; and
3. Coinsurance will be applied.

Pre-certification does not guarantee benefits – Pre-certification does not guarantee coverage for, or payment of expenses.

WellCard™ Discounts & Services

Lower your cost for these products and services and receive cash rewards:

- Prescription drugs - save up to 50%
- Dental services - save up to 45%
- Vision services - save up to 50%
- Hearing aids
- Diabetic care & supplies
- Mail order vitamins
- Daily living products - discounted rates for medical supplies and equipment

Share your free card with friends and family and use it even after your coverage ends. Visit **sevencorners.com/well-card** to learn more, locate participating providers and determine the available discounts. Information about WellCard will be included with your purchase documents.

WellCard is not insurance and does not replace our existing networks.

Finding Medical Providers

Network providers can be located at: **sevencorners.com/help/find-a-doctor** or by contacting Seven Corners Assist.

Inside the United States – We offer an extensive network of providers with special network pricing and potential savings for you.

Outside of the United States – Seven Corners has a large international network of providers, and many of them have agreed to bill us direct for treatment they provide. We recommend you contact us for a referral, but you may seek treatment at any facility.

Utilizing the network does not guarantee benefits or that the treating facility will bill Seven Corners direct. We do not guarantee payment to a facility or individual until we determine the expense is covered by the plan.

Important Information Regarding Your Coverage

Please be aware this coverage is not a general health insurance plan, but an interim, limited benefit period, travel medical program intended for use while away from your home country.

This brochure is intended as a brief summary of benefits and services. It is not your certificate of insurance. If there is any difference between this brochure and your certificate, the provisions of the certificate will prevail. Benefits and premiums are subject to change.

It is your responsibility to maintain all records regarding travel history and age and provide necessary documents to Seven Corners to verify your eligibility for coverage.

PPACA DISCLAIMER

Patient Protection and Affordable Care Act: THIS IS NOT QUALIFYING HEALTH COVERAGE ("MINIMUM ESSENTIAL COVERAGE") THAT SATISFIES THE HEALTH CARE COVERAGE REQUIREMENT OF THE AFFORDABLE CARE ACT. IF YOU DON'T HAVE MINIMUM ESSENTIAL COVERAGE, YOU MAY OWE AN ADDITIONAL PAYMENT WITH YOUR TAXES.

J Visa Requirements

If you have a J visa, you need a plan that meets J visa insurance requirements.

Good news! All of our student plans meet J visa requirements if you choose a medical maximum of $100,000 or more and a deductible less than $500.

Schedule of Benefits

All benefits listed in this Schedule of Benefits are in United States Dollar (USD) amounts. All medical and dental benefits are subject to deductible or copay and coinsurance. All benefits are per person per disablement (injury or illness).

	Liaison Student Economy	*Liaison Student Choice*	*Liaison Student Elite*
PLAN OPTIONS			
Coverage Length	5 days to 364 days Renewable as long as primary participant is eligible.	5 days to 364 days Renewable as long as primary participant is eligible.	5 days to 364 days Renewable as long as primary participant is eligible.
Coverage Area	Worldwide including & excluding the U.S.	Worldwide including & excluding the U.S.	Worldwide including & excluding the U.S.
Lifetime Medical Maximum	$5,000,000	$5,000,000	$5,000,000
Medical Maximum Options *(per person per disablement)*	Ages 14 days to 64: $50,000; $100,000; $250,000; $500,000; $1,000,000	Ages 14 days to 64: $50,000; $100,000; $250,000; $500,000; $1,000,000	Ages 14 days to 64: $50,000; $100,000; $250,000; $500,000; $1,000,000
Deductible Options *(You pay)* *(per person per disablement)*	$0, $50, $100, $250, $500, $1,000	$0, $50, $100, $250, $500, $1,000	$0, $50, $100, $250, $500, $1,000
Student Health Centers *(You pay)*	$5 copay per visit; *(not subject to deductible)*	$5 copay per visit; *(not subject to deductible)*	$5 copay per visit; *(not subject to deductible)*
Coinsurance Options Outside the United States	The plan pays 100% to the medical maximum.	The plan pays 100% to the medical maximum.	The plan pays 100% to the medical maximum.
Coinsurance Options Inside the United States *(The plan pays)*	**IN PPO NETWORK** We pay 80% of the first $5,000, then 100% to the medical maximum. **OUT OF PPO NETWORK** We pay 70% of the first $5,000, then 100% to the medical maximum.	**IN PPO NETWORK** We pay 90% of the first $5,000, then 100% to the medical maximum. **OUT OF PPO NETWORK** We pay 80% of the first $5,000, then 100% to the medical maximum.	**IN PPO NETWORK** We pay 100% to the medical maximum. **OUT OF PPO NETWORK** We pay 90% of the first $5,000, then 100% to the medical maximum.
MEDICAL Inside the United States failure to get pre-certification for treatment will result in a 25% penalty; penalty does not apply to emergencies.			
Hospital Room & Board, Inpatient Hospital Services, Outpatient Hospital/Clinic Services, Emergency Room, Doctor's Office Visits	Usual, Reasonable and Customary to the medical maximum.	Usual, Reasonable and Customary to the medical maximum.	Usual, Reasonable and Customary to the medical maximum.
Prescription Drugs	**INSIDE THE UNITED STATES** $10 copay for generic/$20 copay for brand name *(not subject to the deductible)* **OUTSIDE OF THE UNITED STATES** $0 copay *(deductible applies)*	**INSIDE THE UNITED STATES** $5 copay for generic/$10 copay for brand name *(not subject to the deductible)* **OUTSIDE OF THE UNITED STATES** $0 copay *(deductible applies)*	**INSIDE THE UNITED STATES** $0 copay *(not subject to the deductible)* **OUTSIDE OF THE UNITED STATES** $0 copay ((*deductible applies)*
Vaccinations *(in the U.S. only as required by school, university or visa program)*	$100 per 364 days of continuous coverage	$150 per 364 days of continuous coverage	$200 per 364 days of continuous coverage
Physical Therapy	$25 per day to a max of 60 days	$50 per day to a max of 60 days	$75 per day to a max of 60 days
Spinal Manipulation	$25 per day to a max of 60 days *(if prescribed by a physician for pain relief)*	$50 per day to a max of 60 days *(if prescribed by a physician for pain relief)*	$75 per day to a max of 60 days *(if prescribed by a physician for pain relief)*
Local Ambulance Benefit	**INSIDE THE UNITED STATES** $350 per disablement (injury/illness) **OUTSIDE OF THE UNITED STATES** Up to medical maximum	**INSIDE THE UNITED STATES** $500 per disablement (injury/illness) **OUTSIDE OF THE UNITED STATES** Up to medical maximum	**INSIDE THE UNITED STATES** $750 per disablement (injury/illness) **OUTSIDE OF THE UNITED STATES** Up to medical maximum
Coma Benefit	$10,000 (separate from the medical maximum)	$25,000 (separate from the medical maximum)	$50,000 (separate from the medical maximum)
Extension of Benefits to Home Country	$1,000	$5,000	$10,000
Incidental Trips to Home Country *(for minimum purchases of 30 days)*	$1,000	$5,000	$10,000
Waiver of Pre-existing Conditions	After a waiting period of 364 days of continuous coverage, pre-existing conditions are covered as any other disablement.	After a waiting period of 364 days of continuous coverage, pre-existing conditions are covered as any other disablement.	After a waiting period of 364 days of continuous coverage, pre-existing conditions are covered as any other disablement.
Acute Onset of a Pre-existing Condition *(during the initial 364 days of coverage)*	Medical covered expenses up to $5,000	Medical covered expenses up to $10,000	Medical covered expenses up to $25,000

(Schedule continues on next page.)

Schedule of Benefits *(continued)*

All benefits listed in this Schedule of Benefits are in United States Dollar (USD) amounts. All medical and dental benefits are subject to deductible or copay and coinsurance. All benefits are per person per disablement (injury or illness).

	Liaison Student Economy	*Liaison Student Choice*	*Liaison Student Elite*
MEDICAL (CONTINUED)			
Inside the United States failure to get pre-certification for treatment will result in a 25% penalty; penalty does not apply to emergencies.			
Mental Illness including Alcohol & Substance Abuse	**INPATIENT:** $5,000 (45 days max) **OUTPATIENT:** 80% of URC to $500	**INPATIENT:** $10,000 (45 days max) **OUTPATIENT:** 80% of URC to $1,000	**INPATIENT:** $20,000 (45 days max) **OUTPATIENT:** $2,000
Motor Vehicle Accident	**INSIDE THE UNITED STATES** 50% up to $100,000 **OUTSIDE THE UNITED STATES** Up to medical maximum	**INSIDE THE UNITED STATES** 75% up to $100,000 **OUTSIDE THE UNITED STATES** Up to medical maximum	**INSIDE THE UNITED STATES** 100% up to $100,000 **OUTSIDE THE UNITED STATES** Up to medical maximum
Non-contact Amateur Sports	$2,500	$5,000	$10,000
Maternity Care *For a pregnancy to be covered, conception must occur 180 days after coverage begins.*	$500 Benefits reduced 25% for failure to notify us within the first 90 days of pregnancy.	**INSIDE THE UNITED STATES** **IN PPO NETWORK:** 80% up to $10,000 **OUT OF PPO NETWORK:** 60% up to $10,000 **OUTSIDE THE UNITED STATES** 80% up to $10,000 Benefits reduced 25% for failure to notify us within the first 90 days of pregnancy.	**INSIDE THE UNITED STATES** **IN PPO NETWORK:** 80% up to $25,000 **OUT OF PPO NETWORK:** 60% up to $25,000 **OUTSIDE THE UNITED STATES** 100% up to $25,000 Benefits reduced 25% for failure to notify us within the first 90 days of pregnancy.
Routine Newborn Care	$250 per newborn child	$500 per newborn child	$750 per newborn child
DENTAL			
Dental - Sudden Relief of Pain (*for minimum purchases of 30 days*)	$150	$250	$350
Dental - Accident	$500	$1,000	$2,500
EMERGENCY SERVICES AND ASSISTANCE			
Emergency Medical Evacuation & Repatriation	$100,000 (separate from the medical maximum)	$500,000 (separate from the medical maximum)	$750,000 (separate from the medical maximum)
Emergency Medical Reunion	Up to $200 per day/$15,000 maximum	Up to $200 per day/$25,000 maximum	Up to $200 per day/$50,000 maximum
Return of Child(ren)	$25,000	$40,000	$50,000
Return of Mortal Remains	$50,000	$50,000	$50,000
Local Burial/Cremation	$5,000	$5,000	$5,000
Natural Disaster Evacuation	$5,000	$10,000	$10,000
Natural Disaster Daily Benefit	$25 per day, 5-day limit	$50 per day, 5-day limit	$75 per day, 5-day limit
Political Evacuation & Repatriation	$10,000	$10,000	$10,000
Felonious Assault	$10,000 (separate from the medical maximum)	$15,000 (separate from the medical maximum)	$20,000 (separate from the medical maximum)
Terrorism	$25,000	$50,000	$100,000
24/7 Travel Assistance Services	Included	Included	Included
AD&D			
Accidental Death and Dismemberment (AD&D)	$25,000 for primary participant; $10,000 for plan participant spouse; $5,000 for plan participant child; Aggregate limit of $250,000 for total number of insureds on plan	$25,000 for primary participant; $10,000 for plan participant spouse; $5,000 for plan participant child; Aggregate limit of $250,000 for total number of insureds on plan	$25,000 for primary participant; $10,000 for plan participant spouse; $5,000 for plan participant child; Aggregate limit of $250,000 for total number of insureds on plan
Personal liability	$25,000	$50,000	$100,000
OPTIONAL COVERAGE			
Hazardous Activities	Up to medical maximum	Up to medical maximum	Up to medical maximum

Benefit Highlights

Lifetime Medical Maximum - This is the medical maximum for the length of time you have coverage, including all extensions of coverage that you buy. It is the overall limit for all disablements (injuries and illnesses) that occur while you are covered.

Medical Maximum Options - You select the dollar amount for this limit. It is the limit for each injury or illness (disablement) that occurs during your period of coverage. Benefits are paid up to the medical maximum after you pay your deductible and coinsurance or copay. *The initial treatment of an injury or illness must occur within 30 days of the date of injury or onset of illness.*

Deductible - Your deductible is applied per injury or illness (disablement).

Disablement - This is an illness or injury and includes all bodily disorders due to the same or related causes.

Extension of Benefits to Home Country – Covers expenses incurred in your home country for conditions first diagnosed and treated outside your home country. You earn covered days at approximately 5 days per month of purchased coverage up to 60 days per 364 days of purchased coverage.

Incidental Trips to Home Country – Covers an illness or injury which occurs on an incidental trip in your home country. You earn covered days at home at approximately 5 days per month of purchased coverage up to 60 days per 364 days of purchased coverage.

Maternity - This benefit amount varies considerably by plan. Pregnancies are not covered unless conception occurs at least 180 days after the effective date of coverage. Also, there is a 25% reduction in benefits if you do not notify Seven Corners within 90 days of the pregnancy.

Newborn - Newborns who are born in the United States as a result of a covered pregnancy on Liaison Student are automatically covered by the plan for the first 30 days of life. You need to add them to the plan no later than the 31st day of life.

Emergency Medical Evacuation & Repatriation*
If medically necessary, we will:

1. Transport you to adequate medical facilities.
2. Transport you home after receiving medical treatment related to a medical evacuation.

Emergency Medical Reunion* – If you require an emergency medical evacuation, we will send one person of your choice to be at your side while you are hospitalized.

Return of Children* – If you are traveling alone with children and are hospitalized because of a covered illness or injury, we will transport the children home with an escort.

Return of Mortal Remains* – We will return your remains to your home country if you die while outside your home country during the period of coverage. If you choose this benefit you do not receive the Local Cremation or Burial benefit.

Local Cremation or Burial* – We will pay for the reasonable expenses for your local burial or cremation if you die while outside your home country during the period of coverage. If you choose this benefit you do not receive the Return of Mortal Remains benefit.

Natural Disaster Evacuation & Repatriation* – If you need an emergency evacuation due to a natural disaster, we will arrange and pay for evacuation from a safe departure point to the nearest safe location. Seven Corners security personnel will determine the need for this evacuation in consultation with local governments and security analysts. We will also arrange and pay for lodging if you are delayed at the safe location and arrange and pay for one-way economy airfare to return you to your home country following evacuation.

Natural Disaster Daily Benefit – We will pay for replacement accommodations if you are displaced from planned, paid accommodations due to a natural disaster. You must provide proof of payment for the accommodations from which you were displaced.

Political Evacuation & Repatriation*– We will arrange and pay for expenses for your political evacuation and/or return you to your home country via one-way economy airfare. This benefit will not apply if you did not follow a Level 3 Civil Unrest or any Level 4 Travel Advisory issued by the U.S. State Department or similar warnings from other authorities of your host country or your home country.

Coma Benefit – Pays benefits if you become comatose due to an accident.

Felonious Assault – Pays benefits if you are injured as the result of a felonious assault while traveling.

Terrorism – If you are injured as a result of terrorist activity, we will provide benefits if the following conditions are met:

1. You have no direct or indirect involvement.
2. The terrorist activity is not in a country or location where the United States government issued a Level 3 Terrorism, Level 3 Civil Unrest or any Level 4 Travel Advisory or similar warnings from your host country or home country within 6 months prior to your date of arrival.
3. You have not failed to depart a country or location following the date a warning is issued by the U.S. government or appropriate authorities of your host country or home country.

Accidental Death & Dismemberment (AD&D) – Pays benefits for death or loss of limbs due to an accident occurring while on your trip.

Personal Liability – We will pay for eligible court-entered judgments or settlements approved by Seven Corners that are related to the personal liability you incur for acts, omissions, and other occurrences for losses or damages caused by your negligent acts or omissions that result in: 1) injury to a third person; 2) damage or loss to a third person's personal property; 3) damage or loss to a related third person's personal property.

Optional Coverage – Hazardous Activities
If you plan to participate in adventurous activities while you are covered by a Liaison Student plan, you must buy this optional coverage to be protected for these activities: bungee jumping; caving; hang gliding; jet skiing; motorcycle or motor scooter riding whether as a passenger or a driver; Parachuting; parasailing; scuba diving only to a depth of 10 meters with a breathing apparatus provided You are SSI, PADI orNAUI certified; snowmobiling; spelunking; surfing; wakeboard riding; water skiing; windsurfing; or zip lining. *You must purchase this optional coverage if you wish to be covered while riding a motorcycle, motor scooter, or similar transportation when such transportation is an established and accepted routine means of public transportation for hire in the area where you are located in your host country.*

Benefit Period – This is the amount of time you have from the date of your injury or illness to receive treatment, and it corresponds with your period of coverage. After your coverage ends on your expiration date, you can no longer receive treatment. Remember, you must seek initial treatment of an injury or illness within 30 days of the date of injury or onset of illness.

Seven Corners Assist arranges these benefits: Emergency Medical Evacuation & Repatriation, Emergency Medical Reunion, Return of Children, Return of Mortal Remains, Local Burial/Cremation, Natural Disaster Evacuation & Repatriation, and Political Evacuation & Repatriation. Failure to use Seven Corners Assist will result in the denial of benefits.

Mental Illness Including Alcohol & Substance Abuse
Medical expenses for inpatient and outpatient treatment of mental illness, alcohol, and substance abuse expenses are covered as shown in the schedule. For all plan options, inpatient treatment is limited to 45 days.

Non-contact Amateur Sports
Medical expenses are covered as shown in the schedule if you are injured while participating in a non-contact amateur sport. These sports include: high school, interscholastic, intercollegiate, intramural or club sports exclusive to the following list of covered sports: tennis, squash, ultimate frisbee, kickball, volleyball, track & field, water-polo, baseball, basketball, aerobics, dancing, sailing, sea kayaking/canoeing, horseback riding, surfing, snow skiing, snowboarding, roller skating, rollerblading and swimming.

Filing a Claim

For a claim to be payable, it must meet the terms and conditions in the Liaison Student Certificate of Insurance. In addition, you must submit a complete claim form to us within 90 days of the date of service. Claims are paid two ways:

1) We pay your provider if they did not require you to pay upfront. To do this, we need an itemized bill from the provider along with a claim form completed by you.

2) We reimburse you if you paid medical expenses upfront. To do this, we need an itemized receipt (showing you paid the expenses) along with a claim form completed by you.

Important: If you are traveling in the U.S. and visit a provider in network, please do not pay for services upfront and instead allow the provider to bill Seven Corners. Your ID card will provide information about the PPO network in the United States.

Visit **sevencorners.com/claims** to find forms and instructions on filing a claim.

Geographic Restrictions

State Restrictions – We cannot accept an address in Maryland, Washington, New York, South Dakota, and Colorado.

Country Restrictions – We cannot accept an address in Canada, Australia, Switzerland, Islamic Republic of Iran, Syrian Arab Republic, United States Virgin Islands, Gambia, Ghana, Nigeria, and Sierra Leone.

Destination Restrictions – We cannot cover trips to Islamic Republic of Iran and Syrian Arab Republic.

Please contact your agent for other coverage options.

Coverage for Pre-existing Conditions

This includes any medical condition, sickness, injury, illness, disease, mental Illness or mental or mental nervous disorder whether or not previously manifested, symptomatic, known, diagnosed, treated or disclosed during the 36-month period immediately before your coverage begins.

Pre-existing conditions are covered in two ways:

Acute Onset of a Pre-existing Condition

This coverage is provided during your first 364 days of coverage.

We pay up to the amount shown in the Schedule of Benefits for an acute onset of a pre-existing condition *if it occurs during the initial 364 days of your coverage period and if you receive treatment within 24 hours of the sudden and unexpected recurrence. We pay for one acute onset per pre-existing condition.*

Coverage is available for eligible medical expenses until the condition is no longer acute or you are discharged from the hospital.

This benefit does not include coverage for known, scheduled, required, or expected medical care, drugs or treatments existent or necessary prior to the date your coverage began.

What is an Acute Onset of a Pre-existing Condition?
It is a sudden and unexpected outbreak or recurrence of a pre-existing condition that occurs spontaneously and without advance warning either in the form of physician recommendations or symptoms and requires urgent care. A pre-existing condition that is congenital or that gradually becomes worse over time will not be considered an acute onset. Also, a pre-existing condition will not be considered an acute onset if during the 30 days prior to the acute event you had a change in prescription or treatment for a diagnosis related to the acute event.

Waiver of Pre-existing Conditions
After you have been continuously covered for 364 days under a Liaison Student plan, we waive the pre-existing condition exclusion, so that pre-existing conditions are covered the same as other conditions with applicable copay, deductible, and coinsurance.

Exclusions

The exclusions below apply to these benefits: Medical Covered Expenses, Coma, Extension of Benefits in Home Country, Incidental Trips to Home Country, Dental Emergency - Sudden Relief of Pain, Dental Emergency - Accident, Emergency Medical Evacuation and Repatriation, Emergency Medical Reunion, Return of Minor Children, Return of Mortal Remains, Local Burial/Cremation, Natural Disaster Evacuation and Repatriation, Political Evacuation and Repatriation, Accidental Death and Dismemberment, Personal Liability, and Optional Coverage - Hazardous Activities.

These exclusions exclude expenses that are for, resulting from, related to, or incurred for the following:

1. Pre-Existing Condition(s) except as waived for Waiver of Pre-existing Conditions, Acute Onset of Pre-existing Conditions, Emergency Medical Evacuation and Repatriation, Emergency Medical Reunion, Return of Mortal Remains, and Local Burial or Cremation;
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. Chiropractic care unless specifically provided for in the Plan or 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 eye-glasses 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, unless a Covered Pregnancy, and Illness or complications from Pregnancy, childbirth, abortion, miscarriage including that resulting from an Accident, postnatal 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 and Nervous Disorder 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, sex-change 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 unless You purchase optional hazardous activities coverage and then only for the activities covered under Optional Coverage – Hazardous Activities
28. Injuries sustained while participating in professional Athletics, amateur Athletics, intercollegiate Athletic 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. Any Illness or Injury sustained while participating in an athletic activity that is sponsored or sanctioned by the National Collegiate Athletic Association (and/or any other collegiate sanctioning or governing body), or the International Olympic Committee;
30. 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;
31. Suicide or any attempt thereof; self-destruction or any attempt thereof; or any intentionally self-inflicted Injury or Illness;
32. Terrorist Activity except as provided under the sections Terrorist Activity, War, Hostilities, or War-Like Operations;
33. Commission of a criminal offense or any other criminal or illegal activity as defined by the local governing body;
34. 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;
35. 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;
36. Treatment paid for or furnished under any other individual, government, or group policy or Expenses incurred at no cost to You;
37. You while in Your Home Country unless covered under Extension of Benefits in Home country and Incidental Trips to Home Country;
38. Conditions for which travel was undertaken to seek Treatment 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 (i) 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; and
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;
47. Charges for pre-natal care, delivery, post-natal care, and care of Newborns, unless they are for a Covered Pregnancy;
48. Injury sustained or Disablement due wholly or partly to the effects of intoxicating liquor or drugs other than drugs taken in accordance with the proper dosing as directed by a Physician;
49. Injury sustained as the result of You operating a Motor Vehicle while not properly licensed to do so in the jurisdiction in which the Motor Vehicle Accident takes place.

Liaison® Student

Specialized Health Insurance Plans for Students, Faculty, Scholars, and their Families

Disclaimer: This brochure is intended as a brief summary of benefits and services. It is not your certificate of insurance. If there is any difference between this brochure and your certificate, the provisions of the certificate will prevail. Benefits and premiums are subject to change.

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