



# Liaison<sup>®</sup> Travel Medical

Coverage Outside Your Home Country from 5 Days to 3 Years



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 international health insurance?

Your health insurance at home may not cover you when you travel abroad. That means you could be responsible for the bill if you get sick or hurt on your trip. Also, medical providers in foreign countries may require you to pay money upfront before they will treat you.

No matter where you go, Liaison® Travel Medical plans follow you with comprehensive medical coverage, an extensive network of providers, and 24-hour travel assistance. Make sure you receive the same level of care abroad that you receive at home, and let us take the worry out of your travel!

### WHO CAN BUY A LIAISON TRAVEL MEDICAL PLAN?

You may buy coverage for yourself, your spouse, your children, and your traveling companions (including children).

### WHERE CAN I TRAVEL?

All covered travelers must travel outside of their home country. United States citizens cannot buy a Liaison plan for travel to the United States and U.S. territories.

*What is my home country? For non-United States citizens, it is the country where you have your permanent residence. For United States citizens, including those with dual citizenship, it is always the United States.*

Coverholder at **LLOYD'S**



### Underwriter

You can feel confident with Liaison Travel Medical's strong financial backing through Certain Underwriters at Lloyd's, London<sup>1</sup> an established organization with an AM Best rating of A (Excellent). Your coverage will be there when you need it.

### Administrator

Seven Corners<sup>2</sup> will handle your insurance needs from start to finish. We will 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 handle your emergency or travel needs.

<sup>1</sup>In specific scenarios, coverage is provided by Tramont Insurance Company Limited. For details regarding Tramont, visit [tramontinsurance.com](http://tramontinsurance.com).

<sup>2</sup>Seven Corners operates under the name, Seven Corners Insurance Services, in California.

## Length of Coverage

**Coverage Length** – Your coverage length may vary from 5 to 364 days for Liaison Travel Economy and Liaison Travel Choice and from 5 days to 1,092 days (3 years) for Liaison Travel Elite.

**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; 4) 12 a.m. on the date you request on your application.

**Expiration Date** – The date coverage for you terminates, which is the earliest of the following: 1) The moment you return to your home on the date of attainment of the maximum period of coverage; 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 the Plan premium has been paid; or 4) The moment you fail to be eligible.

*All times above refer to United States Eastern Time.*

## EXTENDING YOUR COVERAGE

**Liaison Travel Economy and Liaison Travel Choice** – If you initially buy less than 364 days of coverage, you may buy additional time, to a total of 364 days. Your original effective date is used to calculate your deductible and coinsurance and to determine pre-existing conditions.

**Liaison Travel Elite** – If you initially buy less than 364 days of coverage, you may buy additional time, to a total of 1,092 days (three 364-day periods). A new deductible and coinsurance applies beginning the 365th day and again the 729th day, but your original effective date is used to determine pre-existing conditions. Your medical maximum does not begin again when you renew coverage.

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.

## 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.

## Filing a Claim

Send your itemized bill to Seven Corners within 90 days of service, along with a completed claim form. Payments can be converted to a currency of your choosing. You are responsible for your deductible and coinsurance and any non-eligible expenses. To find appropriate claims forms online visit [sevencorners.com/claims](http://sevencorners.com/claims)

## 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 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.



## 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](mailto:assist@sevencorners.com)





## Pre-Certification

The following expenses must always be pre-certified:

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;
8. Home Health Care.

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.

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 [sevendcorners.com/well-card](https://sevendcorners.com/well-card) to learn more, locate participating providers and determine the available discounts. Information about WellCard will be included with your purchase documents.

*This card is not insurance and does not replace our existing networks.*

## Finding Medical Providers

Network providers can be located at: [sevendcorners.com/help/find-a-doctor](https://sevendcorners.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 plan document. If there is any difference between this brochure and your plan document, the provisions of the plan document will prevail. Benefits and premiums are subject to change.

**It is your responsibility to maintain all records regarding travel history, 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.

## Schengen Visa

Do you need a Schengen visa for travel to Europe? Choose either Liaison Choice or Liaison Elite and select at least a \$50,000 medical maximum and a \$0 deductible to be certain you meet minimum requirements.

## Schedule of Benefits

All coverages and plan costs are shown in United States dollar amounts and are per person and period of coverage unless otherwise noted.

	<b>Liaison Travel Economy</b>	<b>Liaison Travel Choice</b> <i>Recommended for Schengen visa!</i>	<b>Liaison Travel Elite</b> <i>Recommended for Schengen visa!</i>
<b>PLAN OPTIONS</b>			
Coverage Length	5 days to 364 days	5 days to 364 days	5 days to 1,092 days (Renewable up to 3 years)
Medical Maximum Options	<b>WORLDWIDE INCLUDING THE UNITED STATES</b> 14 days to 69: \$50,000; \$100,000; \$500,000; \$1,000,000; \$2,000,000; \$5,000,000 Ages 70-79: \$50,000 Ages 80+: \$15,000	<b>WORLDWIDE INCLUDING THE UNITED STATES</b> 14 days to 69: \$50,000; \$100,000; \$500,000; \$1,000,000; \$2,000,000; \$5,000,000 Ages 70-79: \$50,000 Ages 80+: \$15,000	<b>WORLDWIDE INCLUDING THE UNITED STATES</b> 14 days to 69: \$50,000; \$100,000; \$500,000; \$1,000,000; \$2,000,000; \$5,000,000 Ages 70-79: \$50,000 Ages 80+: \$20,000
	<b>WORLDWIDE EXCLUDING THE UNITED STATES</b> 14 days to 69: \$50,000; \$100,000; \$500,000; \$1,000,000; \$2,000,000; \$5,000,000 Ages 70-79: \$50,000, \$100,000 Ages 80+: \$15,000	<b>WORLDWIDE EXCLUDING THE UNITED STATES</b> 14 days to 69: \$50,000; \$100,000; \$500,000; \$1,000,000; \$2,000,000; \$5,000,000 Ages 70-79: \$50,000, \$100,000 Ages 80+: \$15,000	<b>WORLDWIDE EXCLUDING THE UNITED STATES</b> 14 days to 69: \$50,000; \$100,000; \$500,000; \$1,000,000; \$2,000,000; \$5,000,000 Ages 70-79: \$50,000, \$100,000 Ages 80+: \$20,000
Deductible Options (You pay)	\$0; \$100; \$250; \$500; \$1,000; \$2,500, \$5,000	\$0; \$100; \$250; \$500; \$1,000; \$2,500, \$5,000	\$0; \$100; \$250; \$500; \$1,000; \$2,500, \$5,000
Coinsurance Options Outside the United States	The plan pays 100%	The plan pays 100%	The plan pays 100%
Coinsurance Options Inside the United States (The plan pays)	<b>IN PPO NETWORK</b> We pay 80% of the first \$5,000, then 100% to the medical maximum. <b>OUT OF PPO NETWORK</b> We pay 70% of the first \$5,000, then 100% to the medical maximum.	<b>IN PPO NETWORK</b> We pay 90% of the first \$5,000, then 100% to the medical maximum. <b>OUT OF PPO NETWORK</b> We pay 80% of the first \$5,000, then 100% to the medical maximum.	<b>IN PPO NETWORK</b> We pay 100%.  <b>OUT OF PPO NETWORK</b> 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, Prescription Drugs	Usual, Reasonable and Customary to medical maximum	Usual, Reasonable and Customary to medical maximum	Usual, Reasonable and Customary to medical maximum
Home Healthcare	\$2,500	\$2,500	\$2,500
Local Ambulance Benefit	\$5,000	\$10,000	Medical maximum
Hospital Indemnity (outside the United States & Canada)	\$100/night to a maximum of 30 days (per occurrence)	\$150/night to a maximum of 30 days (per occurrence)	\$250/night to a maximum of 30 days (per occurrence)
Coma Benefit	\$10,000 (in addition to the medical maximum)	\$25,000 (in addition to the medical maximum)	\$50,000 (in addition to the medical maximum)
Extension of Benefits to Home Country	\$5,000	\$10,000	\$20,000
Incidental Trips to Home Country	\$5,000	\$10,000	\$20,000
Waiver of Pre-existing Condition: United States Residents outside the United States	Age 0-69: \$25,000 Age 70 & over: \$5,000 Emergency services & Assistance limit \$25,000	Age 0-69: \$50,000, Age 70 & over: \$10,000 Emergency services & Assistance limit \$25,000	<b>WITH A PRIMARY HEALTH PLAN</b> Age 0-64 To the medical maximum  <b>WITHOUT A PRIMARY HEALTH PLAN</b> Age 0-64 Up to \$50,000 / Ages 65+ \$2,500 Emergency services & assistance limit \$25,000
Acute Onset of a Pre-existing Condition: Non-United States Residents in the United States	Age 0-69: \$15,000 Age 70 & over: \$2,500 Emergency services & assistance limit \$25,000	Age 0-69: \$30,000 Age 70 & over: \$5,000 Emergency services & assistance limit \$25,000	Age 0-69: \$50,000 Age 70 & over: \$10,000 Emergency services & assistance limit \$25,000

### DENTAL

Dental - Sudden Relief of Pain	\$100	\$200	\$250
Dental - Accident	\$500	\$5,000	Medical maximum

### EMERGENCY SERVICES AND ASSISTANCE

Emergency Medical Evacuation & Repatriation	\$250,000 (in addition to medical maximum)	\$500,000 (in addition to medical maximum)	\$1,000,000 (in addition to medical maximum)
Emergency Medical Reunion	Up to \$200 per day / \$25,000 maximum	Up to \$200 per day / \$50,000 maximum	Up to \$200 per day / \$100,000 maximum
Return of Child(ren)	\$25,000	\$50,000	\$100,000
Return of Mortal Remains	\$25,000	\$50,000	\$100,000

(Schedule continues on next page.)

## Schedule of Benefits *(continued)*

All coverages and plan costs are shown in United States dollar amounts and are per person and period of coverage unless otherwise noted.

	<i>Liaison Travel Economy</i>	<i>Liaison Travel Choice</i>	<i>Liaison Travel Elite</i>
<b>EMERGENCY SERVICES AND ASSISTANCE</b>			
Local Burial / Cremation	\$5,000	\$5,000	\$5,000
Natural Disaster Evacuation	\$25,000	\$50,000	\$100,000
Natural Disaster Daily Benefit	\$50/day, 5-day limit	\$100/day, 5-day limit	\$250/day, 10-day limit
Political Evacuation & Repatriation	\$25,000	\$50,000	\$100,000
Felonious Assault	\$5,000 (in addition to the medical maximum)	\$10,000 (in addition to the medical maximum)	\$20,000 (in addition to the medical maximum)
Terrorism	\$25,000	\$50,000	Medical maximum
24/7 Travel Assistance Services	Included	Included	Included
<b>AD&amp;D</b>			
Accidental Death and Dismemberment (AD&D)	\$10,000 primary insured & travel companion; \$2,500 child Aggregate limit of \$250,000 for total number of insureds on plan	\$25,000 primary insured & travel companion; \$5,000 child Aggregate limit of \$250,000 for total number of insureds on plan	\$50,000 plan participant & travel companion; \$10,000 child Aggregate limit of \$250,000 for total number of insureds on plan
Common Carrier Accidental Death	\$20,000 primary insured & travel companion; \$5,000 child Aggregate limit of \$250,000 for total number of insureds on plan	\$50,000 primary insured & travel companion; \$10,000 child Aggregate limit of \$250,000 for total number of insureds on plan	\$100,000 plan participant & travel companion; \$20,000 child Aggregate limit of \$250,000 for total number of insureds on plan
<b>TRIP DELAY/INTERRUPTION</b>			
Loss of Checked Luggage	\$50 per article \$250 per occurrence maximum	\$50 per article \$500 per occurrence maximum	\$50 per article \$1,000 per occurrence maximum
Trip Interruption	\$2,500	\$5,000	\$10,000
Personal liability	\$25,000	\$50,000	\$100,000
<b>OPTIONAL COVERAGE</b>			
Hazardous Activities	Up to medical maximum	Up to medical maximum	Up to medical maximum

## Benefit Highlights

**Benefit Period** – 180 days. If your period of coverage ends during your benefit period, you can still receive treatment if you are outside your home country.

**Medical Coverage** – We cover injuries and illnesses which occur during your period of coverage. Benefits are paid in excess of your deductible and coinsurance up to your medical maximum.

**Hospital Daily Indemnity** – If you are hospitalized while traveling outside of the United States, we will pay you for each night you spend in the hospital, up to 30 days. This benefit is in addition to other covered expenses, and you may use these incidental funds as you wish.

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

**Extension of Benefits to Home Country** – Covers expenses incurred in your home country for conditions first diagnosed and treated outside your home country.

**Incidental Trips to Home Country** – Covers an illness/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.

**Emergency Medical Evacuation** – 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 Child(ren)** – If you are traveling alone with child(ren) and are hospitalized because of a covered illness/injury, we will transport the child(ren) home with an escort.

**Return of Mortal Remains** – We will return your remains to your home country if you should die while traveling.

**Local Cremation or Burial** – We will pay up to the amount set forth in the Schedule of Benefits for the reasonable expenses incurred for the preparation of either your local burial or cremation if you die while outside your home country during the period of coverage from an illness or injury covered under this insurance.

*(Highlights continue on next page.)*

## Benefit Highlights *(continued)*

**Natural Disaster Evacuation** – If you need an emergency evacuation due to a natural disaster which makes your host country location uninhabitable (as deemed by Seven Corners security personnel and as described in the plan document), we will arrange and pay for evacuation from a safe departure point to the nearest safe location. We will arrange and pay up to a maximum of 3 days for accommodations related to lodging if you are delayed at the safe location. We will also 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 needed because of a natural disaster. You must provide proof of payment for the accommodations from which you were displaced.

**Political Evacuation** – If a formal recommendation is made for you to leave the country, we will transport you to your home country. This benefit will not apply if a formal Travel Warning was issued by the State Department, and you did not follow it.

**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 has issued a travel warning within 6 months prior to your date of arrival.
3. You have not unreasonably failed or refused to depart a country or location following the date a warning is issued by the United States government.

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

**Common Carrier (AD&D)** – Pays benefits for death occurring while riding as a passenger on a common carrier (motorized land, sea, or air conveyance operating to transport passengers for hire).

**Trip Interruption** – If you cannot continue your trip due to an immediate family member's death or because of damage to your residence (fire, flood, tornado, or similar natural disaster), we will reimburse you for the cost of economy travel to your home.

**Personal Liability** – We will pay for eligible court-entered judgments or settlements (settlements must be approved by us) 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

We cover typical types of vacation activities in all three Liaison plans. However, if you plan to participate in more adventurous activities when you travel, consider buying this optional coverage for 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 that you are SSI, PADI or NAUI certified; snowmobiling; spelunking; 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 specific geographic area where you are located in the host country.

## Pre-existing Conditions

Any medical condition, sickness, injury, illness, disease, mental illness or mental nervous disorder whether or not previously manifested, symptomatic, known, diagnosed, treated or disclosed at the time of application.

### Waiver of Pre-existing Conditions

#### ***United States Residents traveling outside the United States***

We pay up to the specified limit for a sudden, unexpected recurrence of a pre-existing condition. This benefit does not cover known, required, or expected treatment of any kind existent or necessary for 12 months prior to your coverage.

### Acute Onset of a Pre-existing Condition

#### ***Non-United States Residents under age 70 traveling in the United States***

We pay up to \$50,000 (ages 70+ limited to \$10,000) for an acute onset of a pre-existing condition *if it occurs during your coverage period while you are in the United States, and if you receive treatment in the United States within 24 hours of the sudden and unexpected recurrence.*

Coverage is available for eligible medical expenses until the condition is no longer acute or you are discharged from the hospital. This benefit covers one acute episode per pre-existing condition. In addition, we provide up to \$25,000 for emergency medical evacuation.

An Acute Onset of a pre-existing condition is a sudden and unexpected outbreak or recurrence of a pre-existing condition which 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 a congenital condition or that gradually becomes worse over time will not be considered an acute onset. 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. This benefit does not include coverage for known, scheduled, required, or expected medical care, drugs or treatments existent or necessary prior to arrival in the United States and prior to the coverage start date.

## Exclusions

1. For Medical Benefits, this insurance does not cover: Pre-existing Conditions which are excluded under this Certificate. This means that any claims for Pre-existing Conditions will not be covered for the duration of this Certificate. This exclusion does not apply to emergency medical evacuation, emergency medical reunion, return of children, return of mortal remains, and local cremation/burial.
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 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, 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, 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 that option under Section 7;
28. Injuries sustain while participating in professional Athletics, amateur Athletics, or interscholastic Athletics 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 Section 5.10; 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. (ii) You while in Your Home Country unless covered under Section 3.8 or 3.9;
37. Conditions for which travel was undertaken to seek Treatment after Your Physician has limited or restricted travel;
38. Travel accommodations;
39. 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;
40. 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;
41. 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
42. Participating in contests of speed or riding or driving in any type of competition.
43. Loss of life;
44. Long-term disability; or
45. Financial guarantee, financial default, bankruptcy, or insolvency risks.



# Liaison® Travel Medical

Coverage Outside Your Home Country from 5 Days to 3 Years

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