

**iNEXT PROGRAM  
INDIVIDUAL COMPREHENSIVE PLUS PLAN  
SUMMARY OF COVERAGE**

**SCHEDULE OF BENEFITS:**

All Coverages and Benefits are in U.S. Dollar Amounts	
<b>SECTION 1: INTERNATIONAL MEDICAL</b>	
Medical Maximums: Accident Medical; Sickness Medical	Per Injury or Sickness: Class 1 \$250,000; Class 2 \$50,000
Deductible per Injury or Sickness	\$0
Coinsurance	100% to Plan Maximum
Benefit Period	Period of Coverage
Extension of Coverage	Up to a maximum of 30 days
Maternity	Covered as any other Sickness
Mental Illness	Inpatient: Payable at 100% up to \$10,000, up to a maximum of 30 days Outpatient: Payable at 100% up to \$10,000
Alcohol and Drug Abuse	Inpatient: Payable at 100% up to \$10,000, up to a maximum of 30 days Outpatient: Payable at 100% up to \$10,000
Spinal Manipulation	Up to \$350, \$35 per visit to a maximum of 10 visits
Unexpected Recurrence of a Pre-Existing Condition	Up to \$5,000
Dental (Emergency)	Up to \$250 per tooth to a maximum of \$2,000
Dental (Palliative)	Up to \$250
Emergency Medical Evacuation	Up to \$1,000,000
Return of Mortal Remains/Cremation	Up to \$50,000
Emergency Reunion	Up to \$5,000
Return Ticket as the result of a Quarantine	Up to \$2,500
Accidental Death & Dismemberment	Principal Sum: Class 1 \$20,000; Class 2 \$5,000
Aggregate Limit of Indemnity per Accident	Five times the Principal Sum
Interscholastic Sports-related Injuries	Up to \$100,000
Intramural, Club and Recreational Sports	Up to \$100,000
Home Country Coverage – Incidental trips to the Insured's Home Country	30 days of coverage up to a maximum of \$5,000
Home Country Extension of Benefits	Up to \$5,000, expenses must be incurred within 30 days of returning to your Home Country
Assistance including Searchlight Network	24 hours – Worldwide
<b>SECTION 2: TRAVEL SERVICES</b>	
Trip Cancellation / Interruption	100% of Trip Cost up to \$5,000
Trip Delay	\$50 / Day - \$200 Maximum
Trip Delay – Due to Quarantine	\$250 / Day - \$2,500 Maximum
Baggage/Personal Effects	\$2,000* / Maximum benefit per article \$250; combined max. \$500 for jewelry, furs, watches, personal computers, cameras
Baggage Delay	\$200
Accidental Death and Dismemberment – Air Only	\$100,000 / Aggregate per Occurrence: \$1,000,000

**COVERAGE SECTION 1: INTERNATIONAL MEDICAL**

**The following is the wording for all benefits with the exception of Trip Cancellation/Interruption, Trip Delay, Trip Delay due to Quarantine, Baggage/Personal Effects, Baggage Delay and Accidental Death and Dismemberment – Air Only.**

**Important Notice:** Please keep this document as a general summary of the Insurance. This Summary of Coverage is a brief summary of filed form number IN/OUT-EOC (01/2004) which contains complete details of the coverage. A copy of the Evidence of Coverage (EOC) is available for inspection at the Plan Administrator's office. The Summary of Coverage shall control in the event of any conflict between this Summary of Coverage and the Evidence of Coverage.

**Eligibility:**

Class 1: Participants over the age of thirteen (13) who are temporarily residing outside their Home Country.

Class 2: Eligible individuals may also purchase coverage for their eligible dependents. An Eligible Dependent Child shall mean Class 1's unmarried children over thirty (30) days and under nineteen (19) years of age or under twenty-five (25) years of age if they are attending an accredited institution of higher learning on a regular full-time basis and/or wholly dependent upon the Insured Person for maintenance and support.

Newborn Coverage: This plan will provide coverage to newborns for the first thirty-one (31) days of life, provided; 1) coverage is in effect at the time the delivery takes place; and 2) the mother of the newborn is a covered participant under the plan at the time the delivery takes place; and 3) the pregnancy is a covered expense as defined hereunder.

**Period of Coverage:**

No Insured person may have a single period of coverage longer than twelve (12) months. At the end of the Insured Person's Period of Coverage, they may enroll for additional Coverage Period.

For each Insured Person benefits will begin on the latest of the following:

1. The Date the Company receives a completed application and premium for the Policy Period; or
2. The Effective Date requested on the application; or
3. The moment the Insured Person departs their Home Country airspace.

For each Insured Person benefits will terminate on the earlier of the following:

1. The moment the Insured Person returns to their Home Country, except as provided under the Home Country Coverage benefit; or
2. The expiration of twelve (12) months from the Effective Date of Coverage; or
3. The date shown on the Certificate issued by the Company; or
4. The end of the period for which premium has been paid; or
5. The Date the Insured Person fails to be considered an Eligible Person; or
6. The maximum benefit amount has been paid.

**DESCRIPTION OF BENEFITS**

**Medical Expenses:**

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

Only such expenses which are specifically enumerated in the following list of charges, are incurred within the Period of Coverage, and which are not excluded, shall be considered Covered Expenses:

- 1) Charges made by a Hospital for semi-private room and board, floor nursing and other services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital's average charge for semi-private room and board accommodation.
- 2) Charges made for Intensive Care or Coronary Care charges and nursing services.
- 3) Charges made for diagnosis, Treatment and Surgery by a Physician.
- 4) Charges made for an operating room.
- 5) Charges made for Outpatient Treatment, same as any other Treatment covered on an Inpatient basis. This includes ambulatory surgical centers, Physicians' Outpatient visits/examinations, clinic care, and surgical opinion consultations.
- 6) Charges made for the cost and administration of anesthetics.
- 7) Charges for Medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood, transfusions, iron lungs, and medical Treatment.
- 8) Charges for physiotherapy as the result of Covered Accident, to a maximum of \$500, if recommended by a Physician for the Treatment of a specific Disablement following hospitalization and administered by a licensed physiotherapist.
- 9) Charges for physiotherapy as the result of Covered Sickness, if recommended by a Physician for the Treatment of a specific Disablement following hospitalization and administered by a licensed physiotherapist.
- 10) Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Physician or Surgeon.
- 11) Local transportation to or from the nearest hospital or to and from the nearest hospital with facilities for required Treatment. Such transportation shall be by licensed ground ambulance only to a limit of \$350, within the metropolitan area in which You are located at that time the service is used. If You are in a rural area, then licensed ground ambulance transportation to the nearest metropolitan area shall be considered a Covered Expense.

**Extension of Benefits:**

Your coverage will be extended if you are Hospital confined for a Covered Injury or Sickness and under the care of a Physician on the termination date of your Period of Coverage. Coverage will terminate on the earlier of the following:

- 1) 30 days from the end of your Period of Coverage; or
- 2) The maximum benefit has been paid; or
- 3) Your release from the hospital or Physician care.

**Maternity:**

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

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

As stated in the Schedule of Benefits, benefits will be payable for covered expenses you incur before, during, and after delivery of a child, including physician, hospital, laboratory, and ultrasound services. Coverage for the Inpatient postpartum stay for you and your newborn child in

a hospital, will, at a minimum, be for the length of stay recommended by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists in their guidelines for perinatal care.

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

1. In the opinion of Your attending physician, the newborn child meets the criteria for medical stability in the guidelines for perinatal care prepared by the Academy of Pediatrics and the American College of Obstetricians and Gynecologists that determine the appropriate length of stay based upon the evaluation of:
  - a. The antepartum, intrapartum, postpartum course of the mother and infant;
  - b. The gestational stage, birth weight, and clinical condition of the infant;
  - c. The demonstrated ability of the mother to care for the infant after discharge; and
  - d. The availability of post discharge follow up to verify the condition of the infant after discharge; and
2. One (1) at-home post delivery care visit is provided to you at your residence by a physician or nurse performed no later than forty-eight (48) hours following discharge for you and your newborn child from the hospital. Coverage for this visit includes, but is not limited to:
  - a. Parent education;
  - b. Assistance and training in breast or bottle feeding; and

Performance of any maternal or neonatal tests routinely performed during the usual course of Inpatient care for you or your newborn child, including the collection of an adequate sample for the hereditary and metabolic newborn screening. (At your discretion, this visit may occur at the physician's office.)

#### **Mental Illness:**

For the purpose of this section, only such expenses, incurred as the result of Treatment or Medication for Mental Illness, which are specifically enumerated in the following list of charges, and which are not excluded, shall be considered as Covered Expenses:

1. Inpatient Care:
  - a. Charges made by a Hospital or mental institution for room and board, floor nursing and other services inclusive of charges for professional service and with the exception of personal services of a non-medical nature, provided, however, that expenses do not exceed the Hospital's or mental institution's average charge for semiprivate room and board accommodation.
  - b. Charges made for diagnosis and Treatment by a Physician.
  - c. Charges made for the cost and administration of anesthetics.
  - d. Charges for Medication, x-ray services, laboratory tests and services, oxygen, and medical Treatment.
  - e. Drugs and Medicines that can only be obtained upon a written prescription of a Physician.
2. Outpatient care:
  - a. Charges made for diagnosis and Treatment by a Physician.
  - b. Charges made for the cost and administration of anesthetics.
  - c. Charges for Medication, x-ray services, laboratory tests and services, oxygen, and medical Treatment.
  - d. Drugs and Medicines that can only be obtained upon a written prescription of a Physician.

Only those expenses specifically described above which are incurred within the following Limits from the onset of the Mental Illness and which are not excluded are considered Covered Expenses. Mental Illness must first manifest itself during the Period of Coverage. Benefits are payable as outlined in the Schedule of Benefits.

#### **Alcohol and Drug Abuse:**

Benefits paid for Treatment or Medication for Alcohol and Drug Abuse, which are not excluded and covered under this Plan, shall be considered a Covered Expense. Benefits are payable as outlined in the Schedule of Benefits.

#### **Emergency Dental Treatment:**

Benefits are paid for Reasonable and Customary expenses in excess of the Deductible and Coinsurance up to the Plan Maximum as stated in the Schedule of Benefits, for the emergency repair or replacement to sound, natural teeth damaged as the result of a Covered Accident.

**Dental (Palliative) – Emergency Relief of Pain:** This plan shall pay up to the Plan Maximum as stated in the Schedule of Benefits, for emergency treatment for the relief of pain to natural teeth.

#### **Emergency Medical Evacuation:**

Benefits are paid for Covered Expenses incurred up to the Plan Maximum as stated in the Schedule of Benefits, for any covered Injury or Sickness commencing during the Period of Coverage that result in a Medically Necessary Emergency Medical Evacuation. The decision for an Emergency Medical Evacuation must be pre-approved and arranged by the assistance company in consultation with your local attending physician.

Emergency Medical Evacuation means: a) Your medical condition warrants immediate transportation from the place where You are located (due to inadequate medical facilities) to the nearest adequate medical facility where medical Treatment can be obtained; or b) after being treated at a local medical facility, Your medical condition warrants transportation with a qualified medical attendant to Your Home Country to obtain further medical Treatment or to recover; or c) both a) and b) above.

Covered Expenses are expenses for transportation, medical services and medical supplies necessarily incurred in connection with Emergency Medical Evacuation. All transportation arrangements must be by the most direct and economical route. Expenses for special transportation and medical supplies and services must be: a) pre-approved and ordered by the assistance company and b) required by the standard regulations of the conveyance transportation. Transportation means any land, water or air conveyance required to transport you. Special transportation includes, but is not limited to, licensed ground and air ambulances, commercial airlines, and private motor vehicles.

**Return of Mortal Remains:**

Should death occur, benefits will be paid for Reasonable and Customary Covered Expenses incurred up to the plan maximum as stated in the Schedule of Benefits, to return your remains to Your Home Country. Covered Expenses include, but are not limited to, expenses for embalming or cremation, a minimally necessary container appropriate for transportation, shipping costs, and the necessary government authorizations. All Covered Expenses in connection with a Return of Mortal Remains or cremation must be pre-approved and arranged by the assistance company.

**Emergency Medical Reunion:**

If you are hospitalized for more than five (5) days, or if you are eligible for a covered Emergency Medical Evacuation or Repatriation, the Company will arrange and pay for round-trip economy-class transportation for one individual selected by you from your Home Country to the location where you are hospitalized and then return to the current Home Country. The benefits payable will include:

- 1) The cost of a round trip economy air fare up to the maximum stated in the Schedule of Benefits;
- 2) Reasonable and Customary travel and accommodation expenses incurred in relation to the Emergency Medical Reunion up to the maximum stated in the Schedule of Benefits;
- 3) Meals and accommodations subject to a daily maximum of up to \$150, up to a maximum of five (5) days.

All transportation in connection with an Emergency Medical Reunion must be pre-approved and arranged by the Assistance Provider.

**Return Ticket due to Quarantine:**

The Plan shall pay up to the maximum as stated 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 if Your trip is interrupted by you being quarantined as the result of an Sickness.

**Accidental Death & Dismemberment:**

Benefits shall be paid to you if you sustain an accidental Injury. The Injury must occur during the Period of Coverage and death or dismemberment as a result of that accident must occur within 365 days from the date of Accident. Benefits payable for any such loss shall be in accordance with the following table: If you incur more than one Loss stated in the following Table as the result of one Accident, only the largest amount, shall be payable.

Description of Loss	Percent of Principal Sum
Life	100%
Both Hands or Both Feet or Sight of Both Eyes	100%
One Hand and One Foot	100%
Either Hand or Foot and Sight of One Eye	100%
Either Hand or Foot	50%
Sight of One Eye	50%
Quadriplegia	100%
Paraplegia (total paralysis of both lower limbs)	75%
Hemiplegia (total paralysis of upper and lower limbs of one side of the body)	50%
Uniplegia (total paralysis of one limb)	20%

**Interscholastic Sports Coverage:**

This Plan shall pay up to the maximum as stated in the Schedule of Benefits for Injury which occurs while you are participating in an interscholastic sports program.

**Unexpected Recurrence of a Pre-existing Condition:**

This Plan shall pay up to the maximum as stated in the Schedule of Benefits for Covered Expenses resulting from a sudden, unexpected recurrence of a Pre-Existing Condition.

**Home Country Coverage:**

**Incidental Trips to the Home Country** – During the Period of Coverage, you may return to your Home Country for incidental visits of up to thirty (30) days. If during an incidental trip home, you suffer an Injury or Sickness, this Plan shall pay up to the maximum as stated in the Schedule of Benefits Covered Expenses for that Injury or Sickness. Treatment for this Injury or Sickness must occur within your Home Country while on the incidental visit.

**Home Country Extension of Benefits** – The Plan shall pay up to the maximum as stated in the Schedule of Benefits Covered Expenses incurred in Your Home Country related to an Injury or Sickness which occurred, was diagnosed and treated outside your Home Country during your Period of Coverage. Only those covered expenses incurred within thirty (30) days of your return to Your Home Country shall be considered eligible.

**PLAN DEFINITIONS**

**Benefit Period** shall mean the allowable time period you have to receive treatment for a Covered Injury or Sickness.

**Coinsurance** shall mean the percentage amount of Covered Expenses, after the Deductible, which is your responsibility to pay.

**Company** shall mean Virginia Surety Company, Inc.

**Deductible** shall mean the amount of Covered Expenses which is your responsibility to pay before benefits under the Plan are payable.

**Home Country** shall mean the country where you have your true, fixed and permanent home and principal establishment.

**Inpatient** shall mean if you are confined in an institution and are charged for room and board.

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

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

**Pre-existing Condition** shall mean any condition for which a licensed Physician was consulted, or for which Treatment or Medication was prescribed, or for which symptoms would have caused a person to seek medical advice twelve (12) months prior to the Effective Date of coverage under the Policy, except If the Injured Person is covered under the Policy for twelve (12) consecutive months, the Pre-existing Condition exclusion will no longer apply and any eligible expenses incurred thereafter will be considered for reimbursement.

**Reasonable and Customary** shall mean the maximum amount that the Plan determines is Reasonable and Customary for Covered Expenses you receive, up to but not to exceed charges actually billed. The determination considers: 1) amounts charged by other Service Providers for the same or similar service in the locality where received, considering the nature and severity of the bodily Injury or Sickness in connection with which such services and supplies are received; 2) any usual medical circumstances requiring additional time, skill or experience; and 3) other factors included but not limited to, a resource based relative value scale.

**Treatment** means a specific in-office or Hospital physical examination of or care rendered to you, consultation, diagnostic procedures and services, Surgery, medical services and supplies including medication prescribed or provided by a Service Provider.

**You, Your or Insured** shall mean Insured Person.

## **EXCLUSIONS AND LIMITATIONS**

No Benefit shall be payable for Accident Medical, Sickness Medical, Mental Illness, Alcohol and Drug Abuse, Dental, Emergency Medical Evacuation/Repatriation, Return of Mortal Remains and Emergency Medical Reunion, as the result of:

1. Any Pre-Existing Condition as defined hereunder. This exclusion does not apply to Emergency Evacuation/Repatriation or Return of Mortal Remains.
2. Injury or Sickness which is not presented to the Company for payment within three (3) months of receiving treatment;
3. Charges for treatment which is not Medically Necessary;
4. Charges provided at no cost to you;
5. Charges for Treatment which exceeds Reasonable and Customary charges;
6. Charges incurred for Surgery or treatments which are, Experimental/Investigational, or for research purposes;
7. Services, supplies or treatment, including any period of Hospital confinement, which were not recommended, approved and certified as Medically Necessary and reasonable by a Physician;
8. Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with:
  - a) war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war.
  - b) mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power.
  - c) acting on behalf of or in connection with any organization with activities directed towards the overthrow by force of the Government de jure or de facto or to the influencing of it by terrorism or violence.
  - d) martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege (hereinafter for the purposes of this Exclusion called the "Occurrences").Any consequence happening or arising during the existence of abnormal conditions (whether physical or otherwise), whether directly or indirectly, proximately or remotely occasioned by, or contributed to by, traceable to, arising in connection with, any of the said Occurrences shall be deemed to be consequences for which the Plan shall not be liable for except to the extent that you prove that such consequence happened independently of the existence of such abnormal conditions.
9. Injury sustained while participating in professional athletics;
10. Injury sustained while participating in Amateur Athletics.
11. Routine physicals, immunizations or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or x-ray examinations, except in the course of a Disablement established by a prior call or attendance of a Physician;
12. Treatment of the Temporomandibular joint;
13. Vocational, speech, recreational or music therapy;
14. Services or supplies performed or provided by a Relative of yours, or anyone who lives with you;
15. Cosmetic or plastic Surgery, except as the result of a covered Accident; for the purposes of this Plan, treatment of a deviated nasal septum shall be considered a cosmetic condition;
16. Elective Surgery which can be postponed until you return to your Home Country, where the objective of the trip is to seek medical advice, treatment or Surgery;
17. Treatment and the provision of false teeth or dentures, normal ear tests and the provision of hearing aids;
18. Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eyeglasses or for the fitting thereof, unless caused by Accidental bodily Injury incurred while covered hereunder;
19. Treatment in connection with alcoholism and drug addiction, or use of any drug or narcotic agent, unless otherwise covered under this policy;
20. Any Mental and Nervous disorders or rest cures, unless otherwise covered under this Plan;
21. Congenital abnormalities and conditions arising out of or resulting there from;
22. Expenses which are non-medical in nature;
23. Expenses as a result of or in connection with the commission of a felony offense;

24. Injury sustained while taking part in mountaineering where ropes or guides are normally used; hang gliding, parachuting, bungee jumping, racing by horse, motor vehicle or motorcycle, snowmobiling, motorcycle riding, scuba diving involving underwater breathing apparatus, unless PADI or NAUI certified, spelunking and parasailing.
25. Treatment paid for or furnished under any other individual or group policy or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for treatment without any cost to you;
26. Dental care, except as the result of Injury to natural teeth caused by Accident and that provided by the palliative dental benefit;
27. Routine Dental Treatment;
28. For miscarriage resulting from Accident;
29. Drug, treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof;
30. Treatment for human organ tissue transplants and their related treatment;
31. Expenses incurred while in your Home Country, except as provided under the Home Country Coverage;
32. Expenses incurred during a Hospital emergency visit which is not of an emergency nature;
33. Injury sustained as the result of the Insured Person operating a motor vehicle while not properly licensed to do so in the jurisdiction in which the motor vehicle accident takes place;
34. Covered Expenses incurred for which the Trip to the Host Country or the United States was undertaken to seek medical treatment for a condition;
35. Covered Expenses incurred during a Trip after your Physician has limited or restricted travel;
36. Sex change operations, or for treatment of sexual dysfunction or sexual inadequacy;
37. Weight reduction programs or the surgical treatment of obesity.

No Benefit shall be payable for Accidental Death and Dismemberment as the result of:

1. Suicide or attempt thereof while sane or self destruction or any attempt thereof while insane;
2. Disease of any kind; Bacterial infections except pyogenic infection which shall occur through an accidental cut or wound;
3. Hernia of any kind;
4. Injury sustained while you are riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting from, any type of aircraft;
5. Injury sustained while you are riding as a passenger in any aircraft (a) not having a current and valid Airworthy Certificate and (b) not piloted by a person who holds a valid and current certificate of competency for piloting such aircraft;
6. Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with:
  - a) war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war.
  - b) mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power.
  - c) acting on behalf of or in connection with any organization with activities directed towards the overthrow by force of the Government de jure or de facto or to the influencing of it by terrorism or violence.
  - d) martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege (hereinafter for the purposes of this Exclusion called the "Occurrences").

Any consequence happening or arising during the existence of abnormal conditions (whether physical or otherwise), whether directly or indirectly, proximately or remotely occasioned by, or contributed to by, traceable to, or arising in connection with, any of the said Occurrences shall be deemed to be consequences for which the Plan shall not be liable, except to the extent that you can prove that such consequence happened independently of the existence of such abnormal conditions.
7. Service in the military, naval or air service of any country;
8. Flying in any aircraft being used for or in connection with acrobatic or stunt flying, racing or endurance tests;
9. Flying in any rocket-propelled aircraft;
10. Flying in any aircraft being used for or in connection with crop dusting or seeding or spraying, fire fighting, exploration, pipe or power line inspection, any form of hunting or herding, aerial photography, banner towing or any experimental purpose;
11. Flying in any aircraft which is engaged in any flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even though granted;
12. Sickness of any kind;
13. Being under the influence of alcohol or having taken drugs or narcotics unless prescribed by a legally qualified Physician or surgeon;
14. Injury occasioned or occurring while you are committing or attempting to commit a felony or to which a contributing cause was you being engaged in an illegal occupation;
15. While riding or driving in any kind of competition;
16. This plan does not insure against loss or damage (including death or Injury) and any associated cost or expense resulting directly or indirectly from the discharge, explosion or use of any device, weapon or material employing or involving nuclear fission, nuclear fusion or radioactive force, or chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act, regardless or any other cause or event contributing concurrently or in any other sequence thereto.

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### **COVERAGE SECTION 1 – GENERAL PROVISIONS**

**REFUND OF PLAN COST:** The refund request must be in writing and your ID card must be returned with your request. Premium refunds will not be considered if a claim has been filed during the Period of Coverage. All refunds are subject to the approval of the administrator.

**NOTICE OF CLAIM:** Written notice of claim(s) must be given to the plan administrator, Seven Corners, Inc. within 30 days after the occurrence or commencement of any Disablement, or as soon thereafter as is reasonably possible. Notice given by someone on your behalf to Compass Benefits, with information sufficient to identify you shall be deemed sufficient notice to Seven Corners.

**CLAIM FORMS:** Upon receipt of a notice of claim, claim forms shall be furnished to You for filing Proof of Loss.

**PAYMENT OF CLAIMS:** Indemnity for loss of life will be payable in accordance with the beneficiary designation and the provisions respecting such payment which may be prescribed herein and effective at the time of payment. If no such designation or provision is then effective, such indemnity shall be payable to Your estate. If any indemnity of the Plan shall be payable to a minor, or one otherwise not competent to give a valid release, the Plan shall pay such indemnity, up to an amount not exceeding \$1,000, to any Relative by blood or connection by marriage to You who is deemed to be equitably entitled thereto. Any payment made by the Plan in good faith pursuant to this provision shall fully discharge the Plan to the extent of such payment. Subject to any written direction by You all or a portion of any indemnities provided by this Plan on account of Hospital, nursing, medical or Surgical service may, at the Plan's option and unless You request otherwise in writing not later than the time for filing proof of such loss, be paid directly to the Hospital or person rendering such services, but is not required the service be rendered by a particular Hospital or person.

In the event of Injury or Sickness, the Student should:

- 1) Contact your private Healthcare provider or hospital. **In an Emergency, Report Directly to the Nearest Emergency Room for Treatment.**
- 2) A Company claim form is required for filing a claim. Claim forms are available by calling the plan administrator, Seven Corners at (800) 683-1427. Mail to the address below all medical and hospital bills along with patient's name and Insured student's name, address, social security number and name of the University under which the student is insured.
- 3) File claims within 30 days of Injury or first Treatment for a Sickness. Bills should be received by the Company within 90 days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

Submit all claims or inquiries to:       Seven Corners, Inc.  
303 Congressional Blvd.  
Carmel, IN 46032  
Fax: 317-575-2256  
e-mail: [claims@sevencorners.com](mailto:claims@sevencorners.com)

**EXCESS BENEFITS:** All coverages, except Accidental Death and Dismemberment, shall be in excess of all other valid and collectible Insurance Indemnity, and shall apply only when such benefits are exhausted. Other valid and collectible Insurance Indemnity, for which benefits may be payable, are Insurance programs provided by:

- (a) Individual, group or blanket Insurance or coverage
- (b) Other pre-payment coverage provided on a group or individual basis
- (c) Any coverage under labor management trusted plans, union welfare plans, employer organizational plans, employee benefit organization plans, or other arrangement of benefits for individuals of a group
- (d) Any coverage required or provided by any state or socialized Insurance program
- (e) Any no-fault automobile Insurance
- (f) Any third party liability Insurance

**MONETARY LIMITS:** The monetary limits stated in this Plan and the Plan Cost shall be in U.S. dollars. For service outside of the territorial limits of the United States, the exchange rate date used to determine the amount of U.S. dollars to be paid is the exchange rate effective for the date the claims expense was incurred.

**SUBROGATION:** To the extent the Plan pays for a loss suffered by You, the Plan will take over the rights and remedies You had relating to the loss. This is known as subrogation. You must help the Plan to preserve its rights against those responsible for the loss. This may involve signing any papers and taking any other steps the Plan may reasonably require. If this Plan takes over Your rights, You must sign an appropriate subrogation form supplied to You.

**RENEWAL:** Coverage under this Plan is not renewable. If additional coverage time is needed, a new application must be completed and correct Premium submitted to Compass Benefits. A new Deductible, Coinsurance, and Pre-existing Condition Exclusion will apply at each succeeding or subsequent Period of Coverage.

**UNDERWRITER:** Products underwritten by: Virginia Surety Company, Inc. ("VSC"), 175 West Jackson Blvd. Chicago, IL 60604.

**IMPORTANT NOTICE:** Please keep this document as a general summary of the Insurance. This Summary of Coverage is a brief summary of filed form number IN/OUT-EOC (01/2004) which contains complete details of the coverage. A copy of the Evidence of Coverage (EOC) is available for inspection at the Plan Administrator's office. The Summary of Coverage shall control in the event of any conflict between this Summary of Coverage and the Evidence of Coverage.

**PRIVACY DISCLOSURE:** Under HIPAA's Privacy Rule, we are required to provide you with notice of our legal duties and privacy practices with respect to personal health information. You should receive a copy of this notice with your enrollment materials. If, at anytime, you wish to request a copy of VSC's HIPAA Privacy Notice write to: Compass Benefits Group, 26 Quincy Avenue, Suite 100, Braintree, MA 02184, or call (800) 767-0169.

**COVERAGE SECTION 2: TRAVEL SERVICES**

**The following is the wording for Trip Cancellation/Interruption, Trip Delay, Trip Delay due to Quarantine, Baggage/Personal Effects, Baggage Delay and Accidental Death and Dismemberment – Air Only:**

**IMPORTANT NOTICE:** This Summary of Coverage is a description of the group insurance policy (the Master Policy) terms and conditions. The complete provisions regarding this insurance are contained in the Master Policy that is on file with the trustee, Sun Trust Bank, Washington, D.C. In the event of any conflict between this Summary of Coverage and the Master Policy, this Summary of Coverage will apply.

The Company hereby insures all persons whose application has been accepted by the Administrator, on behalf of the Company, and whose name is identified on the program materials, subject to all of the exclusions, limitations and provisions as set forth herein. Coverage is afforded only with respect to the person, coverage, amounts and limits specified herein and as identified on the program materials for the Insurance afforded on such application.

**Note: All coverage and benefit amount herein are in United States Dollars. Limited Benefits, Read Carefully.**

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**Section 1. INDIVIDUAL INSURING PROVISIONS**

**Eligibility:** “Eligible Persons” are persons, who:

- 1. have been afforded coverage in the iNext program during the Policy Term.

**Effective Date of Individual Coverage**

Trip Cancellation coverage will take effect at 12:01 A.M. local time at the location of the Insured, on the Effective Date. Other Benefits will be Effective on the scheduled departure date.

**Expiration Date of Individual Coverage**

An Insured's coverage will end at 11:59 local time on the date that is the earliest of the following:

- (a) the date the Policy is terminated;
- (b) the Scheduled Return Date as stated on the travel tickets;
- (c) the date the Insured returns to his/her origination point if prior to the Scheduled Return Date;
- (d) the date the Insured leaves or changes his/her Covered Trip (unless due to unforeseen and unavoidable circumstances covered by the Policy);
- (e) If the Insured extends the return date, coverage will terminate at 11:59 P.M., local time, at the location of the Insured on the Scheduled Return Date;
- (f) The date the Insured cancels his or her Covered Trip.

**Extension of Individual Coverage**

Coverage will be extended under the following conditions:

- (a) When the Insured commences air travel from his/her origination point: within two (2) days before the commencement of the Land/Sea Arrangements, coverage shall apply from the time of departure from the origination point; or (ii) greater than two (2) days before the commencement of the Land/Sea Arrangements, the extension of coverage shall be provided only during his/her air travel.
- (b) If the Insured returns to his/her origination point: within two (2) days after the completion of the Land/Sea Arrangements, coverage shall apply until the time of return to the origination point; or (ii) greater than two (2) days after the completion of the Land/Sea Arrangements, the extension of coverage shall be provided only during his/her air travel; and
- (c) If the Insured is a passenger on a scheduled common carrier which is unavoidably delayed in reaching the final destination coverage will be extended for the period of time needed to arrive at the final destination.

**Section 2. BENEFITS OVERVIEW**

**Trip Cancellation:**

The Company will pay a benefit, up to the maximum shown on the Schedule, if the Insured is prevented from taking his/her Covered Trip.

**Trip Interruption:**

The Company will pay a benefit, up to the maximum shown on the Schedule, if the Insured is unable to continue on his/her Covered Trip.

**Trip Delay:**

The Company will reimburse the Insured up to the maximum shown on the Schedule for Trip Delay.

**Baggage/Personal Effects:**

The Company will reimburse the Insured up to the maximum shown on the Schedule, for loss, theft or damage to baggage and personal effects.

**Accidental Death and Dismemberment Common Carrier – Air Only:**

We will pay benefits for Accidental Injuries that occurs while the Insured is riding as a passenger in or on, boarding or alighting from, any air conveyance operated under a license for the transportation of passengers for hire during the Covered Trip.



### Section 3 - DEFINITIONS

"**Accident**" means a sudden, unexpected, unusual, specific event which occurs at an identifiable time and place, but shall also include exposure resulting from a mishap to a conveyance in which the Insured is traveling.

"**Accidental Injury**" means Bodily Injury caused by an accident (of external origin) being the direct and independent cause in the loss.

"**Actual Cash Value**" means purchase price less depreciation.

"**Additional Expense**" means any reasonable expenses for meals and lodging which were necessarily incurred as the result of a Hazard and which were not provided by the Common Carrier or other party free of charge.

"**Bodily Injury**" means identifiable physical injury which: (a) is caused by an Accident, and (b) solely and independently of any other cause, except Sickness resulting from, or medical or surgical treatment rendered necessary by such injury, is the direct cause of death or dismemberment of the Insured within twelve months from the date of the Accident.

"**Checked Baggage**" means a piece of baggage for which a claim check has been issued to the Insured by a Common Carrier.

"**Common Carrier**" means any land, sea, and/or air conveyance operating under a valid license for the transportation of passengers for hire.

"**Company**" means Virginia Surety Company, Inc.

"**Covered Expenses**" shall mean expenses which are for medically necessary services, supplies, care, or treatment; due to Injury or Sickness; prescribed, performed or ordered by a Physician; reasonable and customary charges; incurred while insured under this Policy; and which do not exceed the maximum limits shown in the schedule of benefits, under each stated benefit.

"**Covered Trip**" means any class of scheduled trips, tours or cruises shown in the Application for which the Participating Organization requests coverage.

"**Cruise**" means any prepaid sea arrangements made by the Participating Organization.

"**Economy Fare**" means the lowest published rate for an economy ticket.

"**Effective Date**" means the date and time an Insured's coverage begins, as outlined in the General Provisions section of this Policy.

"**Eligible Person**" means a citizen or resident of the United States, a person who is covered under a Class of Eligible Persons shown on the Application and who is scheduled to take a Covered Trip.

"**Family Member**" means the Insured's or Traveling Companion's legal or common law spouse, parent, legal guardian, step-parent, grandparent, parents-in-law, grandchild, natural or adopted child, step-child, children-in-law, brother, sister, step-brother, step-sister, brother-in-law, sister-in-law, aunt, uncle, niece or nephew, who reside in the United States.

"**Hazard**" means: a) Any delay of a Common Carrier (including Inclement Weather); b) Any delay by a traffic accident en route to a departure, in which the Insured or Traveling Companion is not directly involved; c) Any delay due to lost or stolen passports, travel documents or money, quarantine, hijacking, unannounced strike, natural disaster, civil commotion or riot.; d) A closed roadway causing cessation of travel to the destination of the Covered Trip (substantiated by the department of transportation, state police, etc.).

"**Hospital**" means a facility that: (a) holds a valid license if it is required by the law; (b) operates primarily for the care and treatment of sick or injured persons as in-patients; (c) has a staff of one or more Physicians available at all times; (d) provides 24 hour nursing service and has at least one registered professional nurse on duty or call; (e) has organized diagnostic and surgical facilities, either on the premises or in facilities available to the hospital on a pre-arranged basis; and (f) is not, except incidentally, a clinic, nursing home, rest home, or convalescent home for the aged, or similar institution.

"**Inclement Weather**" means any severe weather condition which delays the scheduled arrival or departure of a Common Carrier.

"**Individual Coverage Term**" means the period of time beginning when the Insured has been enrolled for coverage under the Policy.

"**Insured**" means an Eligible Person (as defined above and included in the Class of Eligible Persons on the Application) while covered under this Policy.

"**Land/Sea Arrangements**" means land and/or sea arrangements made by the Participating Organization.

"**Loss**" means injury or damage sustained by the Insured in consequence of happening of one or more of the occurrences against which the Company has undertaken to indemnify the Insured.

"**Maximum Benefit**" means the largest total amount of Covered Expenses that the Company will pay for the Insured.

"**Participating Organization**" means a travel agency, tour operator, cruise line, airline or other organization who applies for coverage under this Policy.

**"Physician"** means a licensed practitioner of medical, surgical or dental services acting within the scope of his/her license. The treating Physician may not be the Insured, a Traveling Companion or a Family Member.

**"Policy"** shall mean this document, the Application and any endorsements, riders or amendments that will attach during the period of coverage.

**"Pre-Existing Condition"** means any injury, sickness or condition of the Insured, Traveling Companion, or Family Member booked to travel with the Insured for which within the sixty (60) day period prior to the effective date of Trip Cancellation coverage under this Policy (a) exhibited symptoms which would have caused one to seek diagnosis, care or treatment; (b) required taking prescribed drugs or medicine, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or (c) required medical treatment or treatment was recommended by a Physician.

Taking maintenance medications for a condition that is considered stable shall not be cause for Exclusion.

**"Policyholder"** means the Policyholder shown on the face page of this Policy.

**"Schedule"** means the Benefit Schedule shown on the Application.

**"Scheduled Departure Date"** means the date on which the Insured is originally scheduled to leave on the Trip.

**"Scheduled Return Date"** means the date on which the Insured is originally scheduled to return to the point of origin or to a different final destination.

**"Sickness"** means an illness or disease which is diagnosed or treated by a Physician after the effective date of insurance and while the Insured is covered under this Policy.

**"Traveling Companion"** means a person or persons with whom the Insured has coordinated travel arrangement and intends to travel with during the Covered Trip. *Note: a group leader is not considered a Traveling Companion unless the Insured is sharing room accommodations with the group or tour leader.*

**"Travel Supplier"** means tour operator, cruise line, hotel etc. who has made the land and/or sea arrangements.

**"Trip"** means prepaid Land/Sea Arrangements and shall include flight connections to join or depart such Land/Sea Arrangements provided such flights are scheduled to commence within two days of the Land/Sea Arrangements.

#### **Section 4 - DESCRIPTION OF BENEFITS**

##### **Trip Cancellation:**

The Company will pay a benefit, up to the maximum shown on the Schedule, if the Insured is prevented from taking his/her Covered Trip due to:

- a) Sickness, Accidental Injury or death of the Insured, Traveling Companion or Family Member which results in medically imposed restrictions as certified by a Physician at the time of loss preventing your continued participation in the Trip. A Physician must advise cancellation of the Trip on or before the Scheduled Departure Date.
- b) Weather which causes complete cessation of services of the Common Carrier for at least 24 consecutive hours and prevents the Insured from reaching their destination
- c) Strike that causes complete cessation of services for at least 24 consecutive hours.
- d) An incident or situation in a country which is part of the Trip which leads the United States government to issue a general recommendation that an Insured should not travel within that country for a period that would include the Covered Trip, such recommendation being made after the effective date of coverage;

The Company will reimburse the Insured for the following:

- a) non refundable cancellation charges imposed by the Participating Organization or Travel Suppliers
- b) airfare cancellation charges for flights arranged by the Participating Organization in connection with the Insured's Trip commencing within two days of the Land/Sea Arrangements.

##### **SPECIAL CONDITIONS:**

The Insured must advise the Participating Organization and the Company as soon as possible in the event of a claim. The Company will not pay benefits for any additional charges incurred that would not have been charged had the Insured notified the Participating Organization as soon as reasonable possible.

##### **SINGLE OCCUPANCY COVERAGE:**

The Company will reimburse the Insured, up to the maximum shown on the Schedule, for additional cost incurred during the Covered Trip as a result of a change in the per person occupancy rate for prepaid travel arrangements if a person booked to share accommodations with the Insured has his/her Trip canceled for a covered reason and the Insured does not cancel.

##### **Trip Interruption:**

The Company will pay a benefit, up to the maximum shown on the Schedule, if the Insured is unable to continue on his/her Covered Trip due to:

- a) Sickness, Accidental Injury or death of the Insured, Traveling Companion or Family Member which results in medically imposed restrictions as certified by a Physician at the time of loss preventing your continued participation in the Trip. A Physician must advise cancellation of the Trip on or before the Scheduled Departure Date.
- b) Weather which causes complete cessation of services of the Common Carrier for at least 24 consecutive hours and prevents the Insured from reaching their destination
- c) Strike that causes complete cessation of services for at least 24 consecutive hours.

- d) An incident or situation in a country which is part of the Trip which leads the United States government to issue a general recommendation that an Insured should not travel within that country for a period that would include the Covered Trip, such recommendation being made after the effective date of coverage;

The Company will pay for the following:

- a) unused, non-refundable land or sea expenses prepaid to the Participating Organization or Travel Suppliers
- b) the airfare paid less the value of applied credit from an unused return travel ticket, to return home or rejoin the original Land/Sea Arrangements (limited to the cost of one-way economy airfare) by scheduled carrier, from the point of destination to the point of origin shown on the original travel tickets

The Company will pay for reasonable additional accommodation and transportation expenses incurred by the Insured (up to \$100 a day) if a Traveling Companion must remain hospitalized or if the Insured must extend the Trip with additional hotel nights due to a Physician certifying the Insured cannot fly home due to an Accident or a Sickness but does not require hospitalization.

In no event shall the amount reimbursed exceed the maximum benefit shown on the Schedule of Coverages.

**Trip Delay:**

The Company will reimburse the Insured for Covered Expenses on a one-time basis, up to the maximum shown in the Schedule, if the Insured is delayed en route to or from the Covered Trip for twelve (12) or more hours due to a defined Hazard. Covered Expenses Include:

- (a) Any reasonable additional expenses incurred;
- (b) An Economy Fare from the point where the Insured ended his/her Covered Trip to a destination where the Insured can catch up to the Covered Trip; or
- (c) A one-way Economy Fare to return the Insured to his/her originally scheduled return destination.

**Baggage/Personal Effects:**

The Company will reimburse the Insured up to the maximum shown on the Schedule, for loss, theft or damage to baggage and personal effects, provided the Insured has taken all reasonable measures to protect, save and/or recover his/her property at all times. The baggage and personal effects must be owned by and accompany the Insured during the Covered Trip.

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

There will be a per article limit shown on the Schedule.

There will be a combined maximum limit shown on the Schedule for the following:

jewelry; watches; articles consisting in whole or in part of silver, gold or platinum; furs; articles trimmed with or made mostly of fur; personal computers, cameras and their accessories and related equipment.

The Company will pay the lesser of the following:

Actual Cash Value at time of loss, theft or damage to baggage and personal effects, less depreciation as determined by the Company; or the cost of repair or replacement.

**Extension of Coverage**

If an Insured has checked his/her property with a Common Carrier and delivery is delayed, coverage for Baggage/Personal Effects will be extended until the Common Carrier delivers the property.

**Baggage Delay (Outward Journey Only):**

The Company will reimburse the Insured for the expense of necessary personal effects, up to the maximum shown on the Schedule, if the Insured's Checked Baggage is delayed or misdirected by a Common Carrier for more than twenty-four (24) hours, while on a Covered Trip. The Insured must be a ticketed passenger on a Common Carrier. Additionally, all claims must be verified by the Common Carrier who must certify the delay or misdirection and receipts for the purchases must accompany any claim.

**Accidental Death and Dismemberment Common Carrier – Air Only:**

We will pay benefits for Accidental Injuries resulting in a loss as described in the Table of Losses below that occurs while the Insured is riding as a passenger in or on, boarding or alighting from, any air conveyance operated under a license for the transportation of passengers for hire during the Covered Trip. The loss must occur within 180 days after the date of the Accident causing the loss. The Principal Sum is shown on the Schedule. The maximum benefits for any one single Accident is limited to \$1,000,000 for all Insureds.

If more than one loss is sustained as the result of an Accident, the amount payable shall be the largest amount shown in the Table of Losses.

**TABLE OF LOSSES**

<b>Loss of:</b>	<b>% of Principal Sum</b>
Life	100%
Both hands or both feet	100%
Sight of both eyes	100%
One hand and one foot	100%
Either hand or foot and sight of one eye	100%
Either hand or foot	50%
Sight of one eye	50%

"Loss" with regard to:

- 1. hand or foot, means actual complete severance through and above the wrist or ankle joints; and
- 2. eye means an entire and irrecoverable loss of sight.

## EXPOSURE

We will pay benefits for covered losses which result from an Insured being unavoidably exposed to the elements due to an Accident of an air conveyance operated under a license for the transportation of passengers for hire during the Covered Trip. The loss must occur within 365 days after the event which caused the exposure.

## DISAPPEARANCE

We will pay benefits for loss of life if an Insured's body cannot be located one year after the Insured's disappearance due to forced landing, stranding, sinking, or wrecking of an air conveyance operated under a license for the transportation of passengers for hire during the Covered Trip in which he/she was a passenger.

### **Section 5 - SCHEDULE OF BENEFITS FOR CLASSES OF ELIGIBLE INSUREDS (As defined in Section 3)**

**Please see page 2 of this quote for the Schedule of Benefits.**

This insurance is secondary to any other coverage provided by a common carrier or other valid and collectible insurance.

### **Section 6 - LIMITATIONS AND EXCLUSIONS**

The insurance provided by the Policy shall be in excess of all other valid and collectible insurance or indemnity. The Company shall be liable only for the excess of the amount of loss, over the amount of such other insurance or indemnity, and applicable deductible.

The following exclusions apply to Trip Cancellation, Trip Interruption and Trip Delay:

Loss caused by or resulting from:

1. Pre-Existing Conditions, as defined in the Definitions;
2. Suicide or attempted suicide, unless results in the death of a non-traveling immediate Family Member;
3. Intentionally self-inflicted injuries;
4. War, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), civil war;
5. Participation in any military maneuver or training exercise. Orders to active military service for training purposes of two months or less will not constitute service in the armed forces;
6. Piloting or learning to pilot or acting as a member of the crew of any aircraft;
7. Mental or emotional disorders, unless hospitalized;
8. Participation as a professional in athletics;
9. Participation in underwater activities;
10. Being under the influence of drugs or intoxicants, unless prescribed by a Physician, unless results in the death of a non-traveling immediate Family Member;
11. Commission or the attempt to commit a criminal act;
12. Participating in bodily contact sports; skydiving; hang gliding; parachuting; mountaineering; any race; bungee cord jumping; and speed contest (speed contest shall not include any of the regatta races), scuba diving, spelunking or caving, heliskiing, extreme skiing;
13. Any non-emergency treatment or surgery, routine physical examinations, hearing aids, eye glasses or contact lenses;
14. Pregnancy and childbirth (except for complications of pregnancy), except if hospitalized;
15. Curtailment or delayed return for other than covered reasons.

The following exclusions apply to Baggage/Personal Effects and Baggage Delay:

The Company will not provide benefits for any loss or damage to:

1. Animals;
2. Automobiles and automobile equipment;
3. Boats or other vehicles or conveyances;
4. Trailers;
5. Motors;
6. Motorcycles;
7. Aircraft;
8. Bicycles (except when checked as baggage with a Common Carrier);
9. Household effects and furnishing;
10. Antiques and collector's items;
11. Eye glasses, sunglasses or contact lenses;
12. Artificial teeth and dental bridges;
13. Hearing aids;
14. Prosthetic limbs;
15. Keys, money, securities and documents;
16. Tickets;
17. Credit cards;
18. Professional or occupational equipment or property;
19. Sporting equipment if loss or damage result from the use thereof.

Any loss caused by or resulting from the following is excluded:

1. Breakage of brittle or fragile articles;
2. Wear and tear or gradual deterioration;
3. Insects or vermin;
4. Inherent vice or damage while the article is actually being worked upon or processed;
5. Confiscation or expropriation by order of any government;
6. Radioactive contamination;
7. War or any act of war whether declared or not;
8. Theft or pilferage while left unattended in any vehicle;

9. Mysterious disappearance;
10. Property illegally acquired, kept, stored or transported;
11. Insurrection or rebellion;
12. Imprudent action or omission;
13. Property shipped as freight or shipped prior to the Scheduled Departure Date.

#### **Section 7 - CANCELLATION AND NON-RENEWAL.**

Cancellation by the Participating Organization or Insured:

The Participating Organization or Insured has the right to cancel insurance provided under the Policy at any time by giving advance notice to the Company (stating when thereafter the cancellation shall be effective).

#### **Cancellation by the Company:**

The Company has the right to cancel the Policy at any time and for any reason within the first sixty (60) days. The Company will mail all notice of cancellation thirty (30) days prior to the effective date of cancellation on a Policy that has been in force sixty (60) days or less. A specific explanation for cancellation will be given. On a Policy that has been in force sixty-one (61) days or more, the Company will mail advance notice of cancellation sixty (60) days prior to cancellation.

After the Policy has been in effect for sixty-(60) days, it may be cancelled only for one of the following reasons:

- (a) Non-payment of premium;
- (b) The Policy was obtained through a material misrepresentation;
- (c) Any Participating Organization or Insured violating any of the terms and conditions of the Policy;
- (d) The risk originally accepted has measurably increased;
- (e) Certification to the Director of the loss of reinsurance by the insurer which provided coverage to the Company for all or a substantial part of the underlying risk insured;
- (f) A determination by the Director that the continuation of the Policy could place the Company in violation of the insurance laws of this state.

All notices of cancellation will be mailed to the last mailing address known by the Company for the named Participating Organization or Insured. The Company will mail all notices of cancellation for nonpayment of premium ten (10) days in advance prior to cancellation.

#### **Non-renewal by the Company:**

The Company has the right to non-renew the Policy effective on any annual Policy anniversary date. All notices of non-renewal will be mailed to the Participating Organization or Insured at the last mailing address known to the Company, at least sixty (60) days prior to the effective date of non-renewal.

#### **Section 8 - GENERAL PROVISIONS**

**CLERICAL ERRORS:** The Company will not deny or cancel coverage on an Insured because of clerical error by the Participating Organization or by the Company. After an error is found, the Company will take appropriate action. This may include adjusting, collecting or refunding premium.

**ARBITRATION:** Notwithstanding anything in the Policy to the contrary, any claim arising out of or relating to this contract, or its breach, will be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial rules except to the extent provided otherwise in this clause. Judgment upon the award rendered in such arbitration may be entered in any court having jurisdiction thereof. All fees and expenses of the arbitration shall be borne by the parties equally. However, each party will bear the expense of its own counsel, experts, witnesses, and preparation and presentation of proofs. The arbitrators are precluded from awarding punitive, treble or exemplary damages, however so denominated. If more than one Insured is involved in the same dispute arising out of the same Policy and relating to the same loss or claim, all such Insureds will constitute and act as one party for the purposes of the arbitration. Nothing in this clause will be construed to impair the rights of the Insureds to assert several, rather than joint, claims or defenses.

**PREMIUM:** The required premium must be paid to the Participating Organization or its authorized representative prior to the Scheduled Departure Date of the Covered Trip.

**SUBROGATION:** To the extent the Company pays for a Loss suffered by an Insured Person, the Company will take over the rights and remedies the Insured Person had relating to the Loss. This is known as subrogation. The Insured Person must help the Company to preserve its rights against those responsible for the Loss and must do everything necessary to secure these rights and must do nothing that would jeopardize them. This may involve signing any papers and taking any other steps the Company may reasonable require. If the Company takes over an Insured Person's rights, the Insured Person may have to sign an appropriate subrogation form supplied by the Company.

**LEGAL ACTIONS:** No legal action for a claim can be brought against the Company until sixty (60) days after the Company receives proof of loss. No legal action for a claim can be brought against the Company more than three years after the time required for giving proof of loss.

**SALVAGE:** If salvage is requested, it must be remitted to the Administrator at the Eligible Person's expense. Failure to remit requested salvage may result in denial of the claim.

**NOTICE OF CLAIM:** Written notice of claim must be given by the Claimant (either the Insured or someone acting for the Insured) to the Company or its designated representative within twenty (20) days after a covered loss first begins or as soon as reasonably possible. Notice should include the Insured's name, the Participating Organization's name and the Policy number. Notice should be sent to the Company's administrative office, at the address shown on the cover page of the Policy, or to the Company's designated representative.

If the Insured's property covered under the Policy is lost, stolen or damaged, the Insured must:

- a) notify the Company, or its authorized representative as soon as possible;
- b) take immediate steps to protect, save and/or recover the covered property;
- c) give immediate notice to the carrier or bailee who is or may be liable for the loss or damage;
- d) notify the police or other authority in the case of robbery or theft within twenty-four (24) hours.

**PROOF OF LOSS:** The Claimant must send the Company, or its designated representative, proof of loss within ninety (90) days after a covered loss occurs or as soon as reasonably possible. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

**PAYMENT OF CLAIM:** Claims for damage and/or destruction shall be paid after acceptable proof of the damage and/or destruction is presented to the Company and the Company has determined the claim is covered. Claims for lost property will be paid after the lapse of a reasonable time if the property has not been recovered. The Insured must present acceptable proof of loss and the value involved to the Company.

**PHYSICAL EXAMINATION AND AUTOPSY:** The Company, or its designated representative, at their own expense, have the right to have the Insured examined as often as reasonable necessary while a claim is pending. The Company, or its designated representative, also have the right to have an autopsy made unless prohibited by law.

**VALUATION:** The Company will not pay more than the actual cash value of the property at the time of loss. Damage will be estimated according to actual cash value with proper deduction for depreciation as determined by the Company. At no time will payment exceed what it would cost to repair or replace the property with material of like kind and quality.

**NO BENEFIT TO OTHERS:** This insurance will in no way inure directly or indirectly to the benefit of any carrier or other bailee.

**CONFORMITY OF STATUTE:** Terms of this Summary of Coverage that are in conflict with the statutes of the State in which it is issued are automatically changed to conform to minimum requirements of such statutes.

**DISAGREEMENT OVER SETTLEMENT OF CLAIM:** If there is a disagreement about the amount of the loss either the Insured or the Company can make a written demand for an appraisal. After the demand, the Insured and the Company will each select their own competent appraiser. After examining the facts, each of the two appraisers will give an opinion on the amount of the loss. If they do not agree, they will select an arbitrator. Any figure agreed to by 2 of the 3 (the appraisers and the arbitrator) will be binding. The appraiser selected by the Insured is paid by the Insured. The Company will pay the appraiser they choose. The Insured will share equally with the Company the cost for the arbitrator and the appraisal process.

The following provisions apply to Baggage/Personal Effects and Baggage Delay coverages:

**NOTICE OF CLAIM:** If the Insured's property covered under this Policy is lost, stolen or damaged, the Insured must:

- a) notify the Company, or its authorized representative as soon as possible;
- b) take immediate steps to protect, save and/or recover the covered property;
- c) give immediate notice to the carrier or bailee who is or may be liable for the loss or damage;
- d) notify the police or other authority in the case of robbery or theft within twenty-four (24) hours.

**PROOF OF LOSS:** The Insured must furnish the Company, or its designated representative, with proof of loss. This must be a detailed sworn statement. It must be filed with the Company, or its designated representative within ninety (90) days from the date of loss. Failure to comply with these conditions shall invalidate any claims under this Policy.

**PAYMENT OF CLAIM:** Claims for damage and/or destruction shall be paid after acceptable proof of the damage and/or destruction is presented to the Company and the Company has determined the claim is covered. Claims for lost property will be paid after the lapse of a reasonable time if the property has not been recovered. The Insured must present acceptable proof of loss and the value involved to the Company.

Time of Payment of Claims: Indemnities payable under the Policy for any Loss other than Loss for which the Policy provides any periodic payment will be paid immediately upon receipt of due written proof of such Loss. Subject to due written Proof of Loss, all accrued indemnities for Loss for which the Policy provides periodic payment will be paid, failure to pay within such period shall entitle the Insured to interest at the rate of 9 percent per annum at the expiration of each four weeks during the continuance of the period for which the Company is liable, provided that interest amounting to less than one dollar need not be paid. Any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof.

**VALUATION:** The Company will not pay more than the actual cash value of the property at the time of loss. Damage will be estimated according to actual cash value with proper deduction for depreciation as determined by the Company. At no time will payment exceed what it would cost to repair or replace the property with material of like kind and quality.

**DISAGREEMENT OVER SETTLEMENT OF CLAIM:** If there is a disagreement about the amount of the loss either the Insured or the Company can make a written demand for an appraisal. After the demand, the Insured and the Company will each select their own competent appraiser. After examining the facts, each of the two appraisers will give an opinion on the amount of the loss. If they do not agree, they will select an arbitrator. Any figure agreed to by 2 of the 3 (the appraisers and the arbitrator) will be binding. The appraiser selected by the Insured is paid by the Insured. The Company will pay the appraiser they choose. The Insured will share equally with the Company the cost for the arbitrator and the appraisal process.

**BENEFIT TO BAILEE:** This insurance will in no way inure directly or indirectly to the benefit of any carrier or other bailee.

**UNDERWRITER:** International Medical, Travel Services and Personal Liability Products underwritten by: Virginia Surety Company, Inc. ("VSC"), 175 West Jackson Blvd. Chicago, IL 60604.

**IMPORTANT NOTICE:** This Summary of Coverage is a description of the group insurance policy (the Master Policy) terms and conditions. The complete provisions regarding this insurance are contained in the Master Policy that is on file with the trustee, Sun Trust Bank, Washington, D.C. In the event of any conflict between this Summary of Coverage and the Master Policy, this Summary of Coverage will apply.

Submit all claims or inquiries to: Seven Corners, Inc.  
303 Congressional Blvd.  
Carmel, IN 46032  
Fax: 317-575-2256  
e-mail: [claims@sevencorners.com](mailto:claims@sevencorners.com)

**ASSISTANCE SERVICES**

This Plan provides 24-hour worldwide assistance services for an emergency anywhere in the world. The assistance service provider is On Call International and can be reached toll-free at (877) 318-6897; or collect at (603) 328-1907. The following additional services provided are not considered insured benefits:

Medical Assistance

Medical, Dental and Pharmacy Referrals  
Medical Monitoring  
Emergency Medical Payments  
Replacement of Medication and Eyeglasses  
Hotel Convalescence Arrangements  
Medical Insurance Assistance

Pre-trip Assistance

Passport and Visa Information  
Health Hazards Advisory  
Inoculation Requirements  
Weather Information  
Currency Exchange Information  
Consulate and Embassy Locations  
Translation and Interpreter Services  
Travel Locator Service

Additional Services

Emergency Message Assistance  
Emergency Cash Assistance  
Emergency Ticket Replacement  
Emergency Card Replacement  
Baggage Assistance  
Replacement of Lost Travel Documents

Legal Assistance

Legal Referrals