



**SEVEN CORNERS**  
Travel Insurance

# Liaison<sup>®</sup> Travel Medical

COVERAGE OUTSIDE YOUR HOME COUNTRY FROM 5 DAYS TO 3 YEARS



For more than 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!

*The Right Way to Travel<sup>®</sup>*



## 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 them 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.

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

Travelers must be at least 14 days old to be covered by this plan. You may buy coverage for yourself, your legal spouse, domestic partner, or civil partner, your unmarried children under the age of 19, and your traveling companions.

### WHERE CAN I TRAVEL?

You are covered when traveling outside of your home country.\* United States citizens cannot buy a Liaison Travel Medical plan for travel to the United States and U.S. territories.

### Choosing a Coverage Area

You have two coverage area options.

#### 1) Worldwide coverage including the USA — Select this if you live outside the USA and:

- You're traveling to the USA.
- Your destination is not the USA, but you have a layover in the USA.
- You're traveling in the USA and abroad.

#### 2) Worldwide coverage excluding the USA — Select this if:

- You live outside the USA, and you won't enter the USA any time during your trip.
- You live in the USA, and you're traveling abroad (outside of the USA).

*\*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 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 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).

## Length of Coverage

**Coverage Length** — Your coverage length may vary from 5 days to 364 days, and Liaison Travel Elite is extendable for up to 3 years.

**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;
2. The moment you depart your home country;
3. 12 a.m. on the date you request.

**Expiration Date** — This is the date coverage for you ends, which is the earliest of the following:

1. The moment you return to your home (except for coverage through Incidental Trips to Home Country and Extension of Benefits in Home Country);
2. 11:59 p.m. on the date you reach the maximum period of coverage;
3. 11:59 p.m. on the date shown on your ID card;
4. 11:59 p.m. on the date that is the end of the period for which you paid; or
5. The moment you are no longer eligible for coverage.

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

## EXTENDING YOUR COVERAGE

**Liaison Travel Basic 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 and if maximum coverage amounts have been reached.

**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 apply beginning the 365<sup>th</sup> day and again the 729<sup>th</sup> day, but your original effective date (day one) is used to determine pre-existing conditions and if maximum coverage amounts have been reached. Your medical maximum does not begin again when you renew coverage.

We will email you an extension (renewal) notice before your coverage expires, giving you the option to extend your plan. A \$5 administrative fee is charged for each extension.

## 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.

## 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 Cuba, Islamic Republic of Iran, Syrian Arab Republic, United States Virgin Islands, Gambia, Ghana, Nigeria, Sierra Leone, and Democratic People's Republic of Korea (North Korea).

**Destination Restrictions** — We cannot cover trips to Antarctica, Islamic Republic of Iran, Syrian Arab Republic, Cuba, and Democratic People's Republic of Korea (North Korea).



## 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 children, and medical record transfers.

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

## FOR EMERGENCY TRAVEL ASSISTANCE, CLAIMS, AND BENEFIT QUESTIONS

**TOLL FREE**  
1-800-690-6295

**WORLDWIDE**  
317-818-2808

**COLLECT CALLS**  
317-818-2809

[customerservice@sevencorners.com](mailto:customerservice@sevencorners.com)

# Pre-Certification Requirements

The following expenses must always be pre-certified in the United States:

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. Physiotherapy;
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 services, 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 services are not pre-certified, we will review the expenses to determine if they are covered by the plan. If covered:**

1. Covered expenses will be reduced by 25%; and
2. The deductible will be subtracted from the remaining 75%; and
3. Coinsurance will be applied.

**Pre-certification does not guarantee coverage, payment, or reimbursement of expenses.**

## WellCard™ Discounts & Services

Lower your cost for these products and services incurred in the USA and receive cash rewards for:

- Prescription drugs — save up to 50%
- Dental services — save up to 45%
- Vision services — save up to 50%
- Diabetic care & supplies — save up to 75%
- Hearing aids
- Mail order vitamins
- Daily living products — discounted rates for medical supplies and equipment
- National network of over 59,000 pharmacies

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 directory of medical providers, and many of them will bill Seven Corners 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

### Does this plan cover Coronavirus?

This plan does not cover a claim in any way caused by or resulting from: 1) Coronavirus disease (COVID-19); 2) Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2); 3) Any mutation or variation of SARS-CoV-2; or 4) Any fear or threat of 1, 2, or 3.

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

This brochure is 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 and age and provide necessary documents to Seven Corners to verify your eligibility for coverage.**

### PPACA DISCLAIMER

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

## Schengen Visa

Do you need a Schengen visa for travel to Europe? Choose either Liaison Travel Choice or Liaison Travel Elite and select a \$0 deductible to be certain you meet minimum requirements. Members who are 80 years and older will not meet the minimum requirements for a Schengen visa on the Liaison Travel Series plans. Contact your sales agent for the best option for them.

## Schedule of Benefits

All benefits listed in this Schedule of Benefits are in United States dollar amounts. All medical and dental benefits are subject to deductible and/or copay and coinsurance. Unless otherwise stated, all benefits are per person, per period of coverage, and they are provided up to the amount shown.

|   | <b>Liaison® Travel Basic</b>   | <b>Liaison® Travel Choice</b><br><i>Recommended for Schengen visa!</i>  | <b>Liaison® Travel Elite</b><br><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 364 days  |                          |  |                     |  |                     |                                     |  |             |   |                          |  |                          |  |                     |                                     |  |             |                     |                          |   |                     |  |                          |  |                     |                     |                     |          |                     |          |
| Extension of Coverage   | Extendable for a total of up to 364 days.  | Extendable for a total of up to 364 days.   | Extendable for a total of up to 1,092 days.   |                          |  |                     |  |                     |                                     |  |             |   |                          |  |                          |  |                     |                                     |  |             |                     |                          |   |                     |  |                          |  |                     |                     |                     |          |                     |          |
| Coverage Area   | Worldwide including the United States<br>Worldwide excluding the United States   | Worldwide including the United States<br>Worldwide excluding the United States  | Worldwide including the United States<br>Worldwide excluding the United States  |                          |  |                     |  |                     |                                     |  |             |   |                          |  |                          |  |                     |                                     |  |             |                     |                          |   |                     |  |                          |  |                     |                     |                     |          |                     |          |
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| 65 to 79 years old:   | \$50,000; \$100,000  |   |   |                          |  |                     |  |                     |                                     |  |             |   |                          |  |                          |  |                     |                                     |  |             |                     |                          |   |                     |  |                          |  |                     |                     |                     |          |                     |          |
| 80 years and older:   | \$10,000   |   |   |                          |  |                     |  |                     |                                     |  |             |   |                          |  |                          |  |                     |                                     |  |             |                     |                          |   |                     |  |                          |  |                     |                     |                     |          |                     |          |
| Deductible Options<br>(You pay)   | <table border="0"> <tr> <td><b>Ages</b></td> <td><b>Deductibles</b></td> </tr> <tr> <td>14 days to 64 years old:</td> <td>\$0; \$100; \$250;<br/>\$500; \$1,000;<br/>\$2,500; \$5,000</td> </tr> <tr> <td>65 to 79 years old:</td> <td>\$250; \$500; \$1,000;<br/>\$2,500; \$5,000</td> </tr> <tr> <td>80 years and older:</td> <td>\$500; \$1,000;<br/>\$2,500; \$5,000</td> </tr> </table> | <b>Ages</b>   | <b>Deductibles</b>  | 14 days to 64 years old: | \$0; \$100; \$250;<br>\$500; \$1,000;<br>\$2,500; \$5,000                            | 65 to 79 years old: | \$250; \$500; \$1,000;<br>\$2,500; \$5,000 | 80 years and older: | \$500; \$1,000;<br>\$2,500; \$5,000 | <table border="0"> <tr> <td><b>Ages</b></td> <td><b>Deductibles</b></td> </tr> <tr> <td>14 days to 64 years old:</td> <td>\$0; \$100; \$250;<br/>\$500; \$1,000;<br/>\$2,500; \$5,000</td> </tr> <tr> <td>65 to 79 years old:</td> <td>\$250; \$500; 1,000;<br/>\$2,500; \$5,000</td> </tr> <tr> <td>80 years and older:</td> <td>\$500; \$1,000;<br/>\$2,500; \$5,000</td> </tr> </table> | <b>Ages</b> | <b>Deductibles</b>  | 14 days to 64 years old: | \$0; \$100; \$250;<br>\$500; \$1,000;<br>\$2,500; \$5,000                            | 65 to 79 years old:      | \$250; \$500; 1,000;<br>\$2,500; \$5,000             | 80 years and older: | \$500; \$1,000;<br>\$2,500; \$5,000 | <table border="0"> <tr> <td><b>Ages</b></td> <td><b>Deductibles</b></td> </tr> <tr> <td>14 days to 64 years old:</td> <td>\$0; \$100; \$250;<br/>\$500; \$1,000;<br/>\$2,500; \$5,000</td> </tr> <tr> <td>65 to 79 years old:</td> <td>\$250; \$500; \$1,000;<br/>\$2,500; \$5,000</td> </tr> <tr> <td>80 years and older:</td> <td>\$500; \$1,000;<br/>\$2,500; \$5,000</td> </tr> </table> | <b>Ages</b> | <b>Deductibles</b>  | 14 days to 64 years old: | \$0; \$100; \$250;<br>\$500; \$1,000;<br>\$2,500; \$5,000   | 65 to 79 years old: | \$250; \$500; \$1,000;<br>\$2,500; \$5,000 | 80 years and older:      | \$500; \$1,000;<br>\$2,500; \$5,000                  |                     |                     |                     |          |                     |          |
| <b>Ages</b>   | <b>Deductibles</b>   |   |   |                          |  |                     |  |                     |                                     |  |             |   |                          |  |                          |  |                     |                                     |  |             |                     |                          |   |                     |  |                          |  |                     |                     |                     |          |                     |          |
| 14 days to 64 years old:  | \$0; \$100; \$250;<br>\$500; \$1,000;<br>\$2,500; \$5,000  |   |   |                          |  |                     |  |                     |                                     |  |             |   |                          |  |                          |  |                     |                                     |  |             |                     |                          |   |                     |  |                          |  |                     |                     |                     |          |                     |          |
| 65 to 79 years old:   | \$250; \$500; \$1,000;<br>\$2,500; \$5,000   |   |   |                          |  |                     |  |                     |                                     |  |             |   |                          |  |                          |  |                     |                                     |  |             |                     |                          |   |                     |  |                          |  |                     |                     |                     |          |                     |          |
| 80 years and older:   | \$500; \$1,000;<br>\$2,500; \$5,000  |   |   |                          |  |                     |  |                     |                                     |  |             |   |                          |  |                          |  |                     |                                     |  |             |                     |                          |   |                     |  |                          |  |                     |                     |                     |          |                     |          |
| <b>Ages</b>   | <b>Deductibles</b>   |   |   |                          |  |                     |  |                     |                                     |  |             |   |                          |  |                          |  |                     |                                     |  |             |                     |                          |   |                     |  |                          |  |                     |                     |                     |          |                     |          |
| 14 days to 64 years old:  | \$0; \$100; \$250;<br>\$500; \$1,000;<br>\$2,500; \$5,000  |   |   |                          |  |                     |  |                     |                                     |  |             |   |                          |  |                          |  |                     |                                     |  |             |                     |                          |   |                     |  |                          |  |                     |                     |                     |          |                     |          |
| 65 to 79 years old:   | \$250; \$500; 1,000;<br>\$2,500; \$5,000   |   |   |                          |  |                     |  |                     |                                     |  |             |   |                          |  |                          |  |                     |                                     |  |             |                     |                          |   |                     |  |                          |  |                     |                     |                     |          |                     |          |
| 80 years and older:   | \$500; \$1,000;<br>\$2,500; \$5,000  |   |   |                          |  |                     |  |                     |                                     |  |             |   |                          |  |                          |  |                     |                                     |  |             |                     |                          |   |                     |  |                          |  |                     |                     |                     |          |                     |          |
| <b>Ages</b>   | <b>Deductibles</b>   |   |   |                          |  |                     |  |                     |                                     |  |             |   |                          |  |                          |  |                     |                                     |  |             |                     |                          |   |                     |  |                          |  |                     |                     |                     |          |                     |          |
| 14 days to 64 years old:  | \$0; \$100; \$250;<br>\$500; \$1,000;<br>\$2,500; \$5,000  |   |   |                          |  |                     |  |                     |                                     |  |             |   |                          |  |                          |  |                     |                                     |  |             |                     |                          |   |                     |  |                          |  |                     |                     |                     |          |                     |          |
| 65 to 79 years old:   | \$250; \$500; \$1,000;<br>\$2,500; \$5,000   |   |   |                          |  |                     |  |                     |                                     |  |             |   |                          |  |                          |  |                     |                                     |  |             |                     |                          |   |                     |  |                          |  |                     |                     |                     |          |                     |          |
| 80 years and older:   | \$500; \$1,000;<br>\$2,500; \$5,000  |   |   |                          |  |                     |  |                     |                                     |  |             |   |                          |  |                          |  |                     |                                     |  |             |                     |                          |   |                     |  |                          |  |                     |                     |                     |          |                     |          |
| Coinsurance<br><i>Inside the United States</i><br>(The plan pays)   | <p><b>In PPO Network</b><br/>We pay 80% of the first \$5,000, then 100% to the medical maximum.</p> <p><b>Out of PPO Network</b><br/>We pay 70% of the first \$5,000, then 100% to the medical maximum.</p>  | <p><b>In PPO Network</b><br/>We pay 90% of the first \$5,000, then 100% to the medical maximum.</p> <p><b>Out of PPO Network</b><br/>We pay 80% of the first \$5,000, then 100% to the medical maximum.</p> | <p><b>In PPO Network</b><br/>We pay 100%.</p> <p><b>Out of PPO Network</b><br/>We pay 90% of the first \$5,000, then 100% to the medical maximum.</p> |                          |  |                     |  |                     |                                     |  |             |   |                          |  |                          |  |                     |                                     |  |             |                     |                          |   |                     |  |                          |  |                     |                     |                     |          |                     |          |
| Coinsurance<br><i>Outside the United States</i><br>(The plan pays)  | We pay 100%.   | We pay 100%.  | We pay 100%.  |                          |  |                     |  |                     |                                     |  |             |   |                          |  |                          |  |                     |                                     |  |             |                     |                          |   |                     |  |                          |  |                     |                     |                     |          |                     |          |
| <b>MEDICAL</b>  |  |   |   |                          |  |                     |  |                     |                                     |  |             |   |                          |  |                          |  |                     |                                     |  |             |                     |                          |   |                     |  |                          |  |                     |                     |                     |          |                     |          |
| Hospital Room & Board, Inpatient Hospital Services, Outpatient Hospital / Clinical Services, Doctor's Office Visits, Prescription Drugs, Home Health Care, Extended Care Facility | URC* to medical maximum  | URC to medical maximum  | URC to medical maximum  |                          |  |                     |  |                     |                                     |  |             |   |                          |  |                          |  |                     |                                     |  |             |                     |                          |   |                     |  |                          |  |                     |                     |                     |          |                     |          |
| Emergency Room Services   | URC to medical maximum<br>\$100 copay  | URC to medical maximum<br>\$100 copay   | URC to medical maximum<br>\$100 copay   |                          |  |                     |  |                     |                                     |  |             |   |                          |  |                          |  |                     |                                     |  |             |                     |                          |   |                     |  |                          |  |                     |                     |                     |          |                     |          |
| Urgent Care Visits  | URC to medical maximum<br>\$30 copay   | URC to medical maximum<br>\$20 copay  | URC to medical maximum<br>\$10 copay  |                          |  |                     |  |                     |                                     |  |             |   |                          |  |                          |  |                     |                                     |  |             |                     |                          |   |                     |  |                          |  |                     |                     |                     |          |                     |          |
| Physiotherapy   | N/A  | \$50 per visit, 10 visits maximum   | \$50 per visit, 10 visits maximum   |                          |  |                     |  |                     |                                     |  |             |   |                          |  |                          |  |                     |                                     |  |             |                     |                          |   |                     |  |                          |  |                     |                     |                     |          |                     |          |
| Chiropractic Care   | N/A  | \$50 per visit, 10 visits maximum   | \$50 per visit, 10 visits maximum   |                          |  |                     |  |                     |                                     |  |             |   |                          |  |                          |  |                     |                                     |  |             |                     |                          |   |                     |  |                          |  |                     |                     |                     |          |                     |          |
| Local Ambulance Benefit<br><i>Inside the United States</i>  | \$5,000  | \$10,000  | Up to medical maximum   |                          |  |                     |  |                     |                                     |  |             |   |                          |  |                          |  |                     |                                     |  |             |                     |                          |   |                     |  |                          |  |                     |                     |                     |          |                     |          |
| Local Ambulance Benefit<br><i>Outside the United States</i>   | Up to medical maximum  | Up to medical maximum   | Up to medical maximum   |                          |  |                     |  |                     |                                     |  |             |   |                          |  |                          |  |                     |                                     |  |             |                     |                          |   |                     |  |                          |  |                     |                     |                     |          |                     |          |

\*URC means Usual, Reasonable, and Customary. It is the maximum amount we will pay for covered expenses based on several factors. See the definition in the plan document for more details.

## Schedule of Benefits *(continued)*

All benefits listed in this Schedule of Benefits are shown in United States dollar amounts. All medical and dental benefits are subject to deductible and/or copay and coinsurance. Unless otherwise stated, all benefits are per person and per period of coverage, and they are provided up to the amount shown.

|   | <b>Liaison® Travel Basic</b>   | <b>Liaison® Travel Choice</b><br><i>Recommended for Schengen visa!</i>   | <b>Liaison® Travel Elite</b><br><i>Recommended for Schengen visa!</i>  |
|---|--|--|--|
| <b>MEDICAL</b> <i>(continued)</i>   |  |  |  |
| Hospital Indemnity<br><i>Outside the United States</i>  | N/A  | \$150 per day, 30-day limit  | \$250 per day, 30-day limit  |
| Coma  | \$10,000 (separate from medical maximum)   | \$25,000 (separate from medical maximum)   | \$50,000 (separate from medical maximum)   |
| Felonious Assault   | \$5,000 (separate from medical maximum)  | \$10,000 (separate from medical maximum)   | \$10,000 (separate from medical maximum)   |
| Extension of Benefits<br>to Home Country  | \$5,000  | \$10,000   | \$20,000   |
| Incidental Trip to<br>Home Country  | \$5,000  | \$10,000   | \$20,000   |
| Pre-certification — <b>25% penalty</b>  | Required inside the United States for specific types of treatment. Penalty does not apply to emergencies. See pre-certification section on page 4 for details. | Required inside the United States for specific types of treatment. Penalty does not apply to emergencies. See pre-certification section on page 4 for details. | Required inside the United States for specific types of treatment. Penalty does not apply to emergencies. See pre-certification section on page 4 for details.   |
| Acute Onset of<br>Pre-existing Conditions<br><i>Worldwide Including the<br/>United States</i>   | <b>Ages</b><br>14 days to 64 years old: \$5,000<br>65 to 79 years old: \$2,500<br>80 years and older: N/A  | <b>Ages</b><br>14 days to 64 years old: \$10,000<br>65 to 79 years old: \$5,000<br>80 years and older: N/A   | <b>Ages</b><br>14 days to 64 years old: \$15,000<br>65 to 79 years old: \$7,500<br>80 years and older: N/A   |
| Acute Onset of<br>Pre-existing Conditions<br><i>Worldwide Excluding the<br/>United States</i>   | <b>Ages</b><br>14 days to 64 years old: \$25,000<br>65 to 79 years old: \$5,000<br>80 years and older: N/A   | <b>Ages</b><br>14 days to 64 years old: \$50,000<br>65 to 79 years old: \$10,000<br>80 years and older: N/A  | <b>WITH A PRIMARY HEALTH PLAN</b><br><b>Ages</b><br>14 days to 64 years old: Up to medical maximum or \$1,000,000<br>65 years and older: N/A<br><br><b>WITHOUT A PRIMARY HEALTH PLAN</b><br><b>Ages</b><br>14 days to 64 years old: \$50,000<br>65 to 79 years old: \$2,500<br>80 years and older: N/A |
| <b>DENTAL</b>   |  |  |  |
| Dental — Sudden Relief of Pain  | \$100  | \$200  | \$250  |
| Dental — Accident   | \$250  | \$500  | \$1,000  |
| <b>VISION</b>   |  |  |  |
| Emergency Eye Exam  | N/A  | \$100 per occurrence<br>\$50 copay   | \$100 per occurrence<br>\$50 copay   |
| <b>EMERGENCY SERVICES AND ASSISTANCE</b>  |  |  |  |
| <i>All emergency services except Natural Disaster Daily Benefit and Terrorist Activity must be coordinated by Seven Corners Assist.</i> |  |  |  |
| Emergency Medical Evacuation<br>& Repatriation  | \$250,000<br>(separate from medical maximum)   | \$500,000<br>(separate from medical maximum)   | \$1,000,000<br>(separate from medical maximum)   |
| Emergency Medical Reunion   | \$200 per day, 10-day limit<br>\$25,000 maximum  | \$200 per day, 10-day limit<br>\$50,000 maximum  | \$200 per day, 10-day limit<br>\$100,000 maximum   |
| Return of Child(ren)  | \$25,000   | \$50,000   | \$100,000  |
| Return of Mortal Remains  | \$25,000   | \$50,000   | \$100,000  |
| Local Burial / Cremation  | \$5,000  | \$5,000  | \$5,000  |
| Natural Disaster Evacuation   | \$25,000   | \$50,000   | \$100,000  |
| Natural Disaster Daily Benefit  | \$50 per day, 5-day limit  | \$100 per day, 5-day limit   | \$250 per day, 5-day limit   |
| Political Evacuation & Repatriation   | \$10,000   | \$10,000   | \$10,000   |
| Terrorist Activity  | \$10,000   | \$25,000   | \$50,000   |
| 24/7 Travel Assistance Services   | Included   | Included   | Included   |

(Schedule of Benefits continues on next page.)

## Schedule of Benefits *(continued)*

All benefits listed in this Schedule of Benefits are shown in United States dollar amounts. All medical and dental benefits are subject to deductible and/or copay and coinsurance. Unless otherwise stated, all benefits are per person and per period of coverage, and they are provided up to the amount shown.

|  | <b>Liaison® Travel Basic</b> | <b>Liaison® Travel Choice</b><br><i>Recommended for Schengen visa!</i> | <b>Liaison® Travel Elite</b><br><i>Recommended for Schengen visa!</i> |
|--|------------------------------|--|---|
|--|------------------------------|--|---|

### AD&D

|  | <b>Who</b><br>Primary Insured or<br>Travel Companion                               | <b>Principal Sum</b><br>\$10,000 | <b>Who</b><br>Primary Insured or<br>Travel Companion                               | <b>Principal Sum</b><br>\$25,000 | <b>Who</b><br>Primary Insured or<br>Travel Companion                               | <b>Principal Sum</b><br>\$50,000 |
|--|--|----------------------------------|--|----------------------------------|--|----------------------------------|
| Accidental Death and<br>Dismemberment (AD&D) | Eligible Dependent<br>Child(ren)   | \$2,500                          | Eligible Dependent<br>Child(ren)   | \$5,000                          | Eligible Dependent<br>Child(ren)   | \$10,000                         |
|  | <i>(aggregate limit of \$250,000 for total number<br/>of insureds on the plan)</i> |                                  | <i>(aggregate limit of \$250,000 for total number<br/>of insureds on the plan)</i> |                                  | <i>(aggregate limit of \$250,000 for total number<br/>of insureds on the plan)</i> |                                  |
| Common Carrier Accidental Death              | Eligible Dependent<br>Child(ren)   | \$5,000                          | Eligible Dependent<br>Child(ren)   | \$10,000                         | Eligible Dependent<br>Child(ren)   | \$20,000                         |
|  | <i>(aggregate limit of \$250,000 for total number<br/>of insureds on the plan)</i> |                                  | <i>(aggregate limit of \$250,000 for total number<br/>of insureds on the plan)</i> |                                  | <i>(aggregate limit of \$250,000 for total number<br/>of insureds on the plan)</i> |                                  |

### OTHER TRAVEL BENEFITS

**Trip Interruption must be coordinated by Seven Corners Assist.**

|   |  |   |   |
|---|--|---|---|
| Loss of Checked Baggage   | \$50 per article, \$250 per occurrence | \$50 per article, \$500 per occurrence    | \$50 per article, \$1,000 per occurrence  |
| Trip Interruption   | \$2,500                                | \$5,000                                   | \$10,000                                  |
| Travel Delay  | N/A                                    | \$100 per day, 2-day limit per occurrence | \$100 per day, 2-day limit per occurrence |
| Lost or Stolen Travel Documents   | N/A                                    | \$100                                     | \$100                                     |
| Border Entry Protection<br><i>For Non-United State Residents<br/>traveling to the United States</i> | N/A                                    | \$500                                     | \$500                                     |
| Personal Liability  | \$25,000                               | \$50,000                                  | \$100,000                                 |

### OPTIONAL COVERAGE

|                      |                       |                       |                       |
|----------------------|-----------------------|-----------------------|-----------------------|
| Hazardous Activities | Up to medical maximum | Up to medical maximum | Up to medical maximum |
|----------------------|-----------------------|-----------------------|-----------------------|

### BENEFIT PERIOD

|                |          |          |          |
|----------------|----------|----------|----------|
| Benefit Period | 180 days | 180 days | 180 days |
|----------------|----------|----------|----------|

## Benefit Highlights

**Benefit Period** — This is the amount of time (180 days) you have from the date of your injury or illness to receive treatment. If your plan ends during your benefit period, you can still receive treatment if you are outside your home country.

If you return to your home country, there is limited coverage under Extension of Benefits in Home Country.

**Medical Coverage** — We cover injuries and illnesses that occur during your period of coverage. Benefits are paid in excess of your deductible, copays, and coinsurance up to your medical maximum. Initial treatment must occur within 30 days of the date of injury or onset of illness.

**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** — This coverage can pay benefits if you become comatose due to an accident.

**Felonious Assault** — This can pay benefits if you are injured as the result of a felonious assault while traveling.

**Extension of Benefits to Home Country** — This can cover expenses incurred in your home country (including those following an emergency medical evacuation or repatriation), for conditions first diagnosed and treated outside your home country if you seek treatment within 180 days of the injury or illness. *There is no coverage for pre-existing conditions.*

**Incidental Trips to Home Country** — This can cover an illness or injury that occurs on an incidental trip to your home country. You receive five days of coverage for each month of coverage you purchased, up to 60 days. *There is no coverage if the illness or injury occurs while you are outside your home country, and there is no coverage for pre-existing conditions. Coverage is available if your period of coverage is greater than 30 days.*

**Dental Sudden Relief of Pain** — The plan can pay for emergency treatment for the relief of pain to sound natural teeth. *Coverage is available if your period of coverage is greater than 30 days.*

**Dental Emergency Accident** — The plan can pay for emergency treatment to repair or replace sound natural teeth damaged because of an accidental injury caused by external contact with a foreign object. You are not covered if you break a tooth while eating or biting into a foreign object.

## Benefit Highlights *(continued)*

**Emergency Eye Exam** — The plan can pay for an emergency eye exam if required to obtain a prescription for replacement corrective lenses if your prescription lenses are lost or damaged due to a covered accident. There is no coverage for the cost of the lenses or for contact lenses. *Coverage is available if your period of coverage is greater than 30 days.*

**Emergency Medical Evacuation and Repatriation\*\*** — If medically necessary, we will arrange and pay for transportation and related medical expenses during transportation to:

1. Transport you to the nearest adequate medical facilities.
2. Transport you to your home country for treatment or to recover after an emergency medical evacuation.

*This benefit applies regardless of whether your hospitalization is related to a pre-existing condition.*

**Emergency Medical Reunion\*\*** — If your physician recommends it, we will pay and arrange for one person of your choice to travel to the hospital where you are located when an emergency medical evacuation is occurring or has occurred or when an emergency medical repatriation is to occur. *This benefit applies regardless of whether your hospitalization is related to a pre-existing condition.*

**Return of Children\*\*** — If you are traveling alone with children and are hospitalized because of a covered illness or injury, we will arrange and pay for: 1) One-way economy airfare to return the children to their home country and 2) Attendant/escort services to ensure the children's safety. *This benefit applies regardless of whether your hospitalization is related to a pre-existing condition.*

**Return of Mortal Remains\*\*** — We can pay reasonable expenses for embalming, a minimally-necessary container for transportation, shipping costs, and government authorizations to return your remains to your home country if you die while outside your home country. You cannot use this benefit if you use the Local Cremation or Burial benefit. *This benefit applies regardless of whether your death is related to a pre-existing condition.*

**Local Cremation or Burial\*\*** — This benefit can pay reasonable expenses for the preparation and either your local burial or cremation if you die while outside your home country. You cannot use this benefit if you use the Return of Mortal Remains benefit. *This benefit applies regardless of whether your death is related to a pre-existing condition.*

**Natural Disaster Evacuation and Repatriation\*\*** — If you need an emergency evacuation due to a natural disaster, we will arrange and pay for: 1) Your natural disaster evacuation; 2) Lodging for five days if you are delayed at the safe location; and 3) Your return home by means of one-way economy class airfare. Seven Corners security personnel will determine the need for this evacuation in consultation with local governments and security analysts. *This benefit does not apply when you are in the U.S. and if the natural disaster precedes your arrival at the affected location. See plan document for additional details.*

**Natural Disaster Daily Benefit** — We can reimburse you for replacement accommodations for up to five days if you are displaced from planned, paid accommodations due to an evacuation from a forecasted natural disaster or following a natural disaster. You must provide proof of payment for the accommodations from which you were displaced.

**Political Evacuation and Repatriation\*\*** — We can arrange and pay for your political evacuation and/or return to your home country via one-way economy airfare if: 1) A formal recommendation is made for you to leave your host country; or 2) You are expelled or declared persona non-grata by the host country. *This benefit will not apply if you did not follow a Level 3 Terrorism, Level 3 Civil Unrest, or any Level 4 Travel Advisory from the U.S. Department of State or similar warnings from authorities of your host country or home country.*

**Terrorist Activity** — If you are injured as a result of terrorist activity, we will reimburse you for medical expenses 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 U.S. government issued a Level 3 Terrorism, Level 3 Civil Unrest, or any Level 4 Travel Advisory or the authorities of your host country or home country issued similar warnings, any of which were in effect within six months of your arrival.
3. You departed the country or location following the date a warning to leave was issued by the U.S. government or appropriate authorities of your host country or home country.

**Accidental Death & Dismemberment (AD&D)** — This can pay benefits for death, loss of limbs, quadriplegia, paraplegia, hemiplegia, and uniplegia due to an accident occurring while on your trip. If benefits are payable under Common Carrier AD&D, this benefit will not be paid.

**Common Carrier AD&D** — This can pay benefits for death due to an accident that occurred while riding as a passenger on a common carrier (any public air conveyance operating under a valid license to transport passengers for hire).

**Loss of Checked Baggage** — This benefit can reimburse you for lost bags and personal items owned by you and checked with a common carrier, if you took reasonable measures to protect, save, and recover the property.

**Trip Interruption\*\*** — This benefit can reimburse you for the cost of economy travel to your home if you cannot continue your trip due to the death of a parent, spouse, sibling or child or due to serious damage to your principal residence from fire or natural disaster. *See the plan document for the definition of a natural disaster.*

**Travel Delay** — This benefit can reimburse you for accommodations, meals, and local transportation if you are delayed by your common carrier more than 12 hours while outside your home country, if the delay results in an unplanned overnight stay.

**Lost or Stolen Travel Documents** — This benefit can reimburse you for fees for replacement of your passport, visas and other travel documents if they are lost, stolen, damaged or destroyed during your covered trip.

**Border Entry Protection** — If you are traveling on a Visitor Visa B-2 and are denied entry to the U.S. at the border, this benefit can reimburse you for the cost of either: 1) An economy one-way ticket (air, land, or sea) to your country of origin or 2) A common carrier change fee to travel to your country of origin.

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

**Does this plan cover Coronavirus?** This plan does not cover a claim in any way caused by or resulting from: 1) Coronavirus disease (COVID-19); 2) Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2); 3) Any mutation or variation of SARS-CoV-2; or 4) Any fear or threat of 1, 2, or 3.

**\*\*These benefits must be arranged by Seven Corners Assist. Failure to use Seven Corners Assist will result in the denial of benefits.**



# Pre-existing Conditions

## What is a pre-existing condition?

Pre-existing conditions include any medical condition, sickness, injury, illness, disease, mental illness or mental or nervous disorder including congenital, chronic, subsequent, or recurring complications or resulting or related consequences that existed with reasonable medical certainty when you bought the plan or any time in the 36\* months before your coverage on this plan began, whether or not previously manifested, symptomatic, known, diagnosed, treated, or disclosed.

This includes, but is not limited to, any medical condition, sickness, injury, illness, disease, mental illness, or mental or nervous disorder for which medical advice, diagnosis, care, or treatment was recommended or received or for which a reasonably prudent person would have sought treatment during the 36\* months immediately preceding the start date of this plan.

*\*For insured persons traveling outside the United States, the period is 12 months instead of 36 months.*

## How do we cover pre-existing conditions?

Many travel insurance plans do not cover pre-existing conditions. Liaison Travel Medical covers them through the acute onset of pre-existing conditions benefit.

*Coverage amounts vary by age and plan. See the schedule of benefits for details.*

## ACUTE ONSET OF PRE-EXISTING CONDITIONS

### What is an acute onset of a pre-existing condition?

It is a sudden and unexpected outbreak or recurrence of a pre-existing condition:

- That occurs spontaneously and without advanced warning either in the form of physician recommendations or symptoms and requires urgent care;
- That occurs while you are covered, after the 72-hour (3-day) waiting period, and
- For which treatment is obtained within 24 hours of the sudden and unexpected outbreak or recurrence.

### A pre-existing condition is not an acute onset of a pre-existing condition if:

1. The condition is chronic, congenital, or gradually becomes worse over time; or
2. If, during the 30 days prior to the acute event, you had a change in prescription or treatment for a diagnosis related to the underlying pre-existing condition.

### Coverage ends on the earlier of:

1. The condition no longer being acute; or
2. Your discharge from the hospital.

There is no coverage for known, scheduled, required, or expected medical care, drugs, or treatments existent or necessary prior to departure from your home country and before your coverage begins.

There is no coverage for treatment for which you have traveled or conditions for which travel was undertaken after your physician limited or restricted travel.

## Optional Coverage

### Hazardous Activities

We cover typical vacation activities. If you plan to participate in more adventurous activities when you travel, consider buying this optional coverage.

It covers: 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.**

## Excess Insurance

All coverages except Accidental Death & Dismemberment are in excess of other insurance or similar benefit programs and apply only when such benefits are exhausted. This plan is secondary coverage to other insurance. Such other insurance or similar benefit programs may include, but are not limited to, membership benefits; workers' compensation benefits or programs; government programs; group or blanket coverage; prepayment coverage; union, labor, or employee plans; socialized insurance programs or program otherwise required by law or statute; automobile insurance; or third-party liability insurance.

## Filing a Claim

For a claim to be payable, it must meet the terms and conditions in the Liaison Travel Medical plan document. In addition, you must submit a completed claim form to us within 90 days of the date of service.

### Claims are paid two ways:

1. We pay your provider if they did not require you to pay up front. To do this, we need an itemized bill from the provider along with a claim form completed by you.
2. We reimburse you if you paid medical expenses up front. To do this, we need an itemized bill (showing you paid the expenses) along with a claim form completed by you.

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

Visit [sevendcorners.com/claims](https://sevendcorners.com/claims) to find forms and instructions on filing a claim.

# Exclusions

**The exclusions below apply to these benefits:** Medical Covered Expenses, Local Ambulance, Hospital Daily Indemnity (not provided by Liaison Travel Medical Basic), Coma, Extension of Benefits in Home Country, Incidental Trips to Home Country, Dental Emergency — Sudden Relief of Pain, Dental Emergency — Accident, Emergency Eye Exam (not provided by Liaison Travel Medical Basic), Emergency Medical Evacuation and Repatriation, Emergency Medical Reunion, Return of Child(ren), Return of Mortal Remains, Local Burial or Cremation, Natural Disaster Evacuation and Repatriation, Political Evacuation and Repatriation, Accidental Death and Dismemberment (AD&D), Common Carrier Accidental Death and Dismemberment, Trip Interruption, Travel Delay, and Optional Coverage — Hazardous Activities. **The availability of the benefits listed varies by plan. These exclusions exclude expenses that are for, resulting from, related to, or incurred for the following:**

- Pre-Existing Condition(s) except as waived under Acute Onset of Pre-existing Condition(s) and Emergency Medical Evacuation and Repatriation, Emergency Medical Reunion, Return of Child(ren), Return of Mortal Remains, Local Burial or Cremation;
- Claims not received by the Company or Administrator within ninety (90) days of the date of service;
- 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;
- 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;
- Routine physicals, inoculations, or other examinations or tests conducted when there is no objective indications or impairments in normal health;
- Acupuncture (physiotherapy and chiropractic care are excluded on the Liaison Travel Medical Basic plan);
- Services, supplies, medications, testing, or Treatment prescribed, performed, or provided by a Relative or Immediate Family Member;
- Durable medical equipment;
- False teeth, dentures, dental appliances, dental expenses, normal ear or hearing tests, hearing aids, hearing implants, eye refractions, eye examinations for prescribing corrective lenses or eyeglasses unless caused by Accidental Injury (eye examinations are not covered by the Liaison Travel Medical Basic plan), eyeglasses, contact lenses, or eye surgery when the primary purpose is to correct nearsightedness, farsightedness, or astigmatism;
- Replacement of artificial limbs, eyes, larynx, and orthotic appliances;
- Custodial Care, Educational or Rehabilitative Care, or any Treatment in any establishment for the care of the aged;
- Vocational, occupational, sleep, speech, recreational, or music therapy;
- Pregnancy, illness or complications from Pregnancy, childbirth, abortion, miscarriage including that resulting from an Accident, postpartum care, preventing conception or childbirth, artificial insemination, infertility, impotency, sexual dysfunction, or sterilization or reversal thereof;
- Sleep apnea or other sleep disorders;
- Mental Illness and Mental and Nervous Disorders, Rest Cures, learning disabilities, attitudinal disorders, or disciplinary problems;
- Congenital abnormalities and conditions arising out of or resulting therefrom;
- Temporomandibular joint;
- Occupational Diseases;
- Exposure to non-medical nuclear radiation or radioactive materials;
- Sexually transmitted diseases, venereal diseases, and conditions and any consequences thereof;
- Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), or the Human Immunodeficiency Virus (HIV);
- Human organ or tissue transplants;
- Exercise programs whether prescribed or recommended by a Physician or therapist;
- 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;
- Cosmetic or plastic Surgery including deviated nasal septum; modifications of Your physical body intended to improve Your psychological, mental, or emotional well-being including, but not limited to, sexual reassignment Surgery;
- Acne, moles, skin tags, disease of sebaceous glands, seborrhea, sebaceous cyst, unspecified disease of the sebaceous glands, hypertrophic and atrophic conditions of skin, nevus;
- Hazardous Activities unless You purchase optional Hazardous Activities coverage and then only for the activities covered under that option under Hazardous Activities coverage in the plan document;
- Injuries sustained 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;
- 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;
- Suicide or any attempt thereof; self-destruction or any attempt thereof; or any intentionally self-inflicted Injury or Illness;
- Terrorist Activity except as provided in the Terrorist Activity benefit; War, Hostilities, or War-like Operations;
- Commission of a criminal offense or any other criminal or illegal activity as defined by the local governing body;
- 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;
- 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;
- Treatment paid for or furnished under any other individual, government, or group policy or Expenses incurred at no cost to You;
- You while in Your Home Country unless covered under Extension of Benefits in Home Country or Incidental Trips to Home Country;
- Conditions for which travel was undertaken to seek Treatment after Your Physician has limited or restricted travel;
- Travel accommodations;
- 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;
- Injury sustained while You are riding as a passenger in any aircraft (i) not having a current and valid Airworthy Certificate and (ii) not piloted by a person who holds a valid and current certificate of competency for piloting such aircraft;
- 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;
- Participating in contests of speed or riding or driving in any type of competition;
- Loss of life;
- Long-term disability; or
- Financial guarantee, financial default, bankruptcy, or insolvency risks;
- Any claim in any way caused by or resulting from:
  1. Coronavirus disease (COVID-19);
  2. Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2);
  3. Any mutation or variation of SARS-CoV-2; or
  4. Any fear or threat of 1, 2, or 3.

# Liaison® Travel Medical

COVERAGE OUTSIDE YOUR HOME COUNTRY FROM 5 DAYS TO 3 YEARS

Disclaimer: 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.

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