

Liaison® Travel Medical

TRAVEL MEDICAL INSURANCE FOR
INTERNATIONAL TRAVELERS

Covers worldwide travel outside your home country.





Our Liaison® Travel Medical Plans

Comprehensive international health insurance is an important part of your travel plans to ensure you're protected if you become sick or hurt while abroad. Our Liaison family of plans includes customizable medical coverage, a network of medical providers, and 24-hour travel assistance, along with the option to add COVID-19 coverage through our Plus plan.

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. To review the plan benefits, obtain a quote, and purchase a plan, [visit our Liaison Travel Medical product page](#).

Who can purchase this plan?

Travelers must be at least 14 days old to be covered by this plan. To buy Liaison Travel Plus you must also be younger than 75 years.

Where can I travel?

You are covered when traveling outside of your home country, which is the country where you have your permanent residence. U.S. citizens, including those with dual citizenship, cannot buy this plan for travel to the United States and U.S. territories.

Coverage Length

You can buy up to 364 days of coverage. If you buy less than 364 days, we will email you an extension (renewal) notice before coverage ends. There is a \$5 fee for each extension.

Do you need a Schengen visa?

Choose either Liaison Travel Choice or Liaison Travel Plus and select a \$0 deductible to be certain you meet minimum requirements.

Insurance for Groups

We offer a group version of Liaison Travel Plus for groups of more than 10 travelers.

To purchase it, visit the Liaison Travel Medical page and complete the Quick Quote. You will then customize the plan, provide the name of a group contact, and enter details for the travelers, adding relationships for spouse and children.

ABOUT SEVEN CORNERS

Founded in 1993, Seven Corners, Inc. is an award-winning travel insurance provider that serves customers all over the world with our insurance products and non-insurance assistance services.

We will take care of your plan needs from start to finish — we don't outsource any services! We'll guide you through your purchase, provide your coverage information, answer your questions along the way, assist with your travel needs, and process your claims. Our goal is to provide you with outstanding service every step of your journey with us.

ABOUT SEVEN CORNERS *(continued)*

Seven Corners Assist

If you need travel assistance during your trip, our own in-house multilingual team, **Seven Corners Assist**, is available 24/7.

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 such as inoculation and visa requirements.

24/7 Medical Assistance — We can help you locate appropriate medical care through our provider directory, arrange second opinions, arrange emergency medical evacuations, medical transportation home after treatment, escorts and transportation for unaccompanied children, and medical record transfers.

YOUR UNDERWRITER

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

**In specific scenarios, coverage is provided by Tramont Insurance Company Limited. For details regarding Tramont, visit tramontinsurance.com.*

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.

	Liaison® Travel Basic <i>Essential Travel Medical Coverage</i>		Liaison® Travel Choice <i>Most Popular</i>		Liaison® Travel Plus <i>Includes COVID-19 Coverage</i>	
PLAN OPTIONS						
Benefit Period	180 days		180 days		180 days	
	Ages	Maximums	Ages	Maximums	Ages	Maximums
Medical Maximum Options Worldwide Including the United States	14 days to 64 years old:	\$50,000; \$100,000; \$500,000; \$1,000,000	14 days to 64 years old:	\$50,000; \$100,000; \$500,000; \$1,000,000	14 days to 64 years old:	\$50,000; \$100,000; \$500,000; \$1,000,000
	65 to 69 years old:	\$50,000; \$100,000	65 to 69 years old:	\$50,000; \$100,000	65 to 69 years old:	\$50,000; \$100,000
	70 to 79 years old:	\$50,000	70 to 79 years old:	\$50,000	70 to 74 years old:	\$50,000
	80 years and older:	\$10,000	80 years and older:	\$10,000		
Medical Maximum Options Worldwide Excluding the United States	14 days to 64 years old:	\$50,000; \$100,000; \$500,000; \$1,000,000; \$2,000,000; \$5,000,000	14 days to 64 years old:	\$50,000; \$100,000; \$500,000; \$1,000,000; \$2,000,000; \$5,000,000	14 days to 64 years old:	\$50,000; \$100,000; \$500,000; \$1,000,000; \$2,000,000; \$5,000,000
	65 to 79 years old:	\$50,000; \$100,000	65 to 79 years old:	\$50,000; \$100,000	65 to 74 years old:	\$50,000; \$100,000
	80 years and older:	\$10,000	80 years and older:	\$10,000		

Schedule of Benefits *(continued)*

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PLAN OPTIONS *(continued)*

	Ages 14 days to 64 years old:	Deductibles \$0; \$100; \$250; \$500; \$1,000; \$2,500; \$5,000	Ages 14 days to 64 years old:	Deductibles \$0; \$100; \$250; \$500; \$1,000; \$2,500; \$5,000	Ages 14 days to 64 years old:	Deductibles \$0; \$100; \$250; \$500; \$1,000; \$2,500; \$5,000
Deductible Options (You pay)	65 to 79 years old:	\$0; \$250; \$500; \$1,000; \$2,500; \$5,000	65 to 79 years old:	\$0; \$250; \$500; \$1,000; \$2,500; \$5,000	65 to 74 years old:	\$0; \$250; \$500; \$1,000; \$2,500; \$5,000
	80 years and older:	\$0; \$500; \$1,000; \$2,500; \$5,000	80 years and older:	\$0; \$500; \$1,000; \$2,500; \$5,000		
Coinsurance <i>Inside the United States</i> (The plan pays)	In PPO Network We pay 80% of the first \$5,000, then 100% to the medical maximum.		In PPO Network We pay 90% of the first \$5,000, then 100% to the medical maximum.		In PPO Network We pay 90% of the first \$5,000, then 100% to the medical maximum	
	Out of PPO Network We pay 70% of the first \$5,000, then 100% to the medical maximum.		Out of PPO Network We pay 80% of the first \$5,000, then 100% to the medical maximum.		Out of PPO Network We pay 80% of the first \$5,000, then 100% to the medical maximum	
Coinsurance <i>Outside the United States</i> (The plan pays)	We pay 100%.		We pay 100%.		We pay 100%.	

MEDICAL

Hospital Room and 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
COVID-19 Treatment	N/A	N/A	URC up to medical maximum or \$100,000; whichever is less.
Emergency Room Services	URC to medical maximum \$100 copay	URC to medical maximum \$100 copay	URC to medical maximum \$100 copay
Urgent Care Visits	URC to medical maximum \$30 copay	URC to medical maximum \$20 copay	URC to medical maximum \$20 copay
Telehealth Consultations or Care	URC to medical maximum	URC to medical maximum	URC 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)*

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MEDICAL <i>(continued)</i>						
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 <i>Inside the United States</i>	\$5,000	\$10,000	\$10,000			
Local Ambulance Benefit <i>Outside the United States</i>	Up to medical maximum	Up to medical maximum	Up to medical maximum			
Hospital Indemnity <i>Outside the United States</i>	N/A	\$150 per day, 30-day limit	\$150 per day, 30-day limit			
Extension of Benefits to Home Country	\$5,000	\$10,000	\$10,000			
Incidental Trip to Home Country	\$5,000	\$10,000	\$10,000			
Pre-certification 25% penalty	Required inside the United States for specific types of treatment. Penalty does not apply to a medical emergency. See pre-certification section in the plan document for details.	Required inside the United States for specific types of treatment. Penalty does not apply to a medical emergency. See pre-certification section in the plan document for details.	Required inside the United States for specific types of treatment. Penalty does not apply to a medical emergency. See pre-certification section in the plan document for details.			
Acute Onset of Pre-existing Conditions <i>Worldwide Including the United States</i>	Ages 14 days to 64 years old:	Benefit \$5,000	Ages 14 days to 64 years old:	Benefit \$10,000	Ages 14 days to 64 years old:	Benefit \$10,000
	65 to 79 years old:	\$2,500	65 to 79 years old:	\$5,000	65 to 74 years old:	\$5,000
	80 years and older:	N/A	80 years and older:	N/A	80 years and older:	N/A
Acute Onset of Pre-existing Conditions <i>Worldwide Excluding the United States</i>	Ages 14 days to 64 years old:	Benefit \$25,000	Ages 14 days to 64 years old:	Benefit \$50,000	Ages 14 days to 64 years old:	Benefit \$50,000
	65 to 79 years old:	\$5,000	65 to 79 years old:	\$10,000	65 to 74 years old:	\$10,000
	80 years and older:	N/A	80 years and older:	N/A	80 years and older:	N/A
DENTAL						
Dental — Sudden Relief of Pain	\$100	\$200	\$200			
Dental — Accident	\$250	\$500	\$500			
VISION						
Emergency Eye Exam	N/A	\$100 per occurrence \$50 copay	\$100 per occurrence \$50 copay			

Schedule of Benefits *(continued)*

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EMERGENCY SERVICES AND ASSISTANCE

All emergency services except Natural Disaster Daily Benefit and Terrorist Activity must be coordinated by Seven Corners Assist. Failure to utilize Seven Corners Assist may result in a denial of benefits.

Emergency Medical Evacuation and Repatriation	\$250,000 (separate from medical maximum)	\$500,000 (separate from medical maximum)	\$500,000 (separate from medical maximum)
Emergency Medical Reunion	\$200 per day, 10-day limit \$25,000 maximum	\$200 per day, 10-day limit \$50,000 maximum	\$200 per day, 10-day limit \$100,000 maximum
Return of Child(ren)	\$25,000	\$50,000	\$50,000
Return of Mortal Remains	\$25,000	\$50,000	\$50,000
Local Burial or Cremation	\$5,000	\$5,000	\$5,000
Natural Disaster Evacuation	\$25,000	\$50,000	\$50,000
Natural Disaster Daily Benefit	\$50 per day, 5-day limit	\$100 per day, 5-day limit	\$100 per day, 5-day limit
Political Evacuation and Repatriation	\$10,000	\$10,000	\$10,000
Terrorist Activity	\$10,000	\$25,000	\$25,000
24/7 Travel Assistance Services	Included	Included	Included

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

OTHER TRAVEL BENEFITS

Trip Interruption must be coordinated by Seven Corners Assist. Failure to utilize Seven Corners Assist may result in a denial of benefits.

Loss of Checked Baggage	\$50 per article, \$250 per occurrence	\$50 per article, \$500 per occurrence	\$50 per article, \$500 per occurrence
Trip Interruption	\$2,500	\$5,000	\$5,000
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

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OTHER TRAVEL BENEFITS *(continued)*

Border Entry Protection <i>For Non-United State Residents traveling to the United States</i>	N/A	\$500	\$500
Personal Liability	\$25,000	\$50,000	\$50,000

OPTIONAL COVERAGE

Hazardous Activities	Up to medical maximum	Up to medical maximum	Up to medical maximum
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Please be aware this coverage is not a general health insurance plan; it is an interim, travel medical program intended for use while away from your home country.

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.

This brochure is intended as a brief summary of benefits and services. It is not your plan document and does not contain a complete list of the coverage, limitations, and exclusions of this coverage. If there is any difference between this brochure and your plan document, the provisions of the plan document will prevail. Benefits and plan costs are subject to change.

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.

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