WANDER®
FREQUENT TRAVELER

SPECIALIZED MEDICAL INSURANCE FOR BUSINESS TRAVELERS
Annual Coverage for Families & Individuals
**SCHEDULE OF COVERAGE**

All coverages and plan costs listed in this brochure are in U.S. Dollar amounts and are per period of coverage unless otherwise stated.

**MEDICAL MAXIMUM:** $1,000,000 medical maximum per person 
- Insureds age 65 to 75 traveling inside the United States are limited to $50,000. 
- Insureds age 70 to 75 traveling outside the United States are limited to $100,000.

**DEDUCTIBLE:** $250 per person per covered trip

**COINSURANCE:**
- **inside the united states and canada:** After you pay the deductible, we pay 90% of the next $5,000 of eligible expenses, then 100% to your medical maximum.
- **outside the united states and canada:** After you pay the deductible, we pay 100% to your medical maximum.

**HOSPITAL INDEMNITY:** $100/night for a maximum of 30 days per occurrence, when traveling outside the U.S. Canada.

**DENTAL (SUDDEN RELIEF OF PAIN):** $250

**DENTAL (ACCIDENT COVERAGE):** $500

**EMERGENCY MEDICAL EVACUATION/REPATRIATION:** $1,000,000 (in addition to the Medical Maximum)

**FOLLOW ME HOME COVERAGE:** $5,000

**RETURN OF MORTAL REMAINS:** $50,000

**POLITICAL EVACUATION AND REPATRIATION:** $50,000

**EMERGENCY REUNION:** $50,000

**RETURN OF MINOR CHILDREN:** $50,000

**INTERUPTION OF TRIP:** $5,000

**LOSS OF CHECKED LUGGAGE:** $500 per occurrence

**BAGGAGE DELAY:** $250 per occurrence

**LOCAL AMBULANCE EXPENSE:** $5,000

**EMERGENCY ROOM ILLNESS WITHOUT IN-PATIENT HOSPITALIZATION:** Usual, reasonable and customary to your medical maximum subject to an additional $250 deductible

**ACCIDENTAL DEATH DISMEMBERMENT (AD&D):** $25,000 for the primary insured or insured spouse, $5,000 for dependent children; $250,000 maximum per family

**COMMON CARRIER ACCIDENTAL DEATH:** $50,000 for insured or insured spouse, $25,000 per child under 19 years; $250,000 maximum per family

**HOSPITAL ROOM BOARD, INTENSIVE CARE, OUTPATIENT MEDICAL EXPENSES:** Usual, reasonable and customary to your medical maximum

**TERRORISM:**
- Usual, reasonable and customary to $50,000
- $100,000.
- $50,000.
- $1,000,000 (in addition to the Medical Maximum)

**WHY SHOULD YOU BUY?**

Did you know your health insurance at home does not always follow you when you travel abroad? No matter where you go, Wander® Frequent Traveler goes with you, providing comprehensive medical coverage, an extensive network of providers, and 24-hour travel assistance. Make sure you receive the same level of care abroad that you have at home and let us take the worry out of your travel!

**WHY CHOOSE WANDER®?**

Wander® Frequent Traveler has strong financial backing. Coverage is provided by Certain Underwriters at Lloyd's, London.* In addition to being one of the largest insurance entities in the world, Lloyd's has over 300 years of experience in the international insurance business and an AM Best rating of "A" (Excellent). Please visit lloyds.com for details.

As your plan administrator, Seven Corners® handles all your insurance needs from start to finish. We will process your purchase, provide documents, and handle all claims. Seven Corners Assist, our own 24/7 in-house assistance team, will take care of your emergency and travel needs. With 20 years of experience in the travel insurance industry, we know how to provide the service you need.

*In specific scenarios, coverage is provided by Tramont Insurance Company Limited. Please visit tramontinsurance.com for more details.

**WHO CAN BUY WANDER®?**

You may buy coverage for yourself, your legal spouse, your unmarried dependent children over 14 days old and under 19 years. All applicants must maintain continuous medical insurance which provides coverage in his or her home country.

You are covered when traveling outside of your home country* on a covered trip. You may select Plan A which allows trips** of up to 30 days or Plan B which allows trips** of up to 45 days.

*Your home country is the country where you have your true, fixed and permanent residence. For United States citizens, the home country is always the United States.

**A trip must have defined departure and return dates. It starts when you depart your home country and ends when you return to your home country or the 31st day of your trip (Plan A) or the 46th day of your trip (Plan B).

**LENGTH OF COVERAGE -** Your period of coverage is 364 days.

**Coverage Start Date** - Your plan begins on the latest of the following: 1) The date you request or 2) The date we receive and approve your application and payment.

**Coverage End Date** - Your plan ends on the earlier of the following: 1) 364 days after the effective date; 2) the date you are no longer eligible for Wander; 3) when the maximum benefit has been paid.

It is your responsibility to maintain all records regarding travel history, age, student status, and provide necessary documents to Seven Corners to verify eligibility if needed.

**CLAIMS**

Filing a claim is easy! Simply send the itemized bill to Seven Corners within 90 days, along with a completed claim form. Payments can be converted to a currency of your choosing. You're only responsible for your deductible coinsurance any non-eligible expenses.
YOUR BENEFITS

IMPORTANT BENEFIT HIGHLIGHTS

MEDICAL COVERAGE - We cover injuries and illnesses which occur during your coverage period while you are traveling outside your home country. Benefits are paid in excess of your deductible and coinsurance, up to your medical maximum.

EMERGENCY MEDICAL EVACUATION - If medically necessary, we will:
1. Transport you to adequate medical facilities.
2. Transport you home after receiving medical treatment related to a medical evacuation.

EMERGENCY REUNION - If you require an emergency medical evacuation, we will send one person of your choice to be at your side while you are hospitalized.

RETURN OF MINOR CHILDREN - If you are traveling alone with minor children and are hospitalized because of a covered illness or injury, we will transport the children home with an escort.

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

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

RETURN OF REMAINS - We will return your remains to your home country if you should die while traveling.

ADD - Pays benefits for death, loss of limbs, or loss of sight due to an accident occurring while on your trip.

COMMON CARRIER ADD - Pays benefits for death occurring while riding as a passenger on a common carrier (motorized land, sea, or air conveyance operating to transport passengers for hire).

FOLLOW ME HOME - Covers expenses incurred in your home country for conditions first diagnosed and treated outside your home country while you are on a covered trip.

HOSPITAL INDEMNITY - If hospitalized while traveling outside the United States or Canada, you will receive $100 for each night you are in the hospital. You may use these incidental funds as you wish.

TERRORISM - If you are injured due to terrorist activity, we will provide benefits as stated. See your plan document for details.

OPTIONAL HAZARDOUS SPORT COVERAGE
To cover motorcycle/motor scooter riding (whether as a passenger or driver), hang gliding, parachuting, bungee jumping, water skiing, snow skiing, snowmobiling, spelunking, and snowboarding.

HEART ATTACK AND STROKE BENEFIT
Non-U.S. citizens traveling inside the U.S.
We pay the specified amount for each night you are hospitalized if you are admitted for a heart attack or stroke, regardless of whether the condition is pre-existing.

PRE-NOTIFICATION
To ensure that you obtain the best possible care, we require you or someone on your behalf to contact Seven Corners Assist prior to any medical treatment received worldwide. Our multilingual assistance team is available 24/7 to answer your questions and guide you to an appropriate facility. For an emergency admission, Seven Corners Assist must be contacted within 48 hours or as soon as reasonably possible. Pre-notification does not guarantee that benefits will be paid.

PRE-EXISTING CONDITIONS
Pre-existing conditions are normally not covered on travel medical plans. With Wander, we provide this coverage in two separate benefits explained below - Waiver of Pre-existing Conditions and Heart Attack and Stroke Benefit.

Pre-existing conditions are defined in detail in the plan document. A brief summary is shown here.

Pre-existing conditions include any medical condition, sickness, injury, illness, disease, mental illness or mental nervous disorder, that existed with reasonable medical certainty during the 36 months before your coverage with Wander began, whether or not it was 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 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 before the coverage start date.*12 months for insured persons traveling outside the U.S. Canada.

WAIVER OF PRE-EXISTING CONDITIONS
U.S. citizens traveling outside the U.S. and Canada
We pay up to the specified limit for a sudden, unexpected recurrence of a pre-existing condition. This benefit does not cover known, required, or expected treatment of any kind existent or necessary for 12 months before your coverage began.

REFUND OF PREMIUM/CANCELLATION
Refund of total plan cost is considered if you provide a written request to Seven Corners before your coverage start date. If your request is received after your coverage start date, the unused portion of the plan cost may be refunded, minus a cancellation fee, if you have not submitted a claim.

PROVIDER NETWORK
A network provider can be located at sevencorners.com/help/find-a-doctor or by contacting Seven Corners Assist. Inside the U.S., the network is not required although there are potential savings with its use. Outside of the U.S., we have a large network of providers, many of which have direct pay agreements. 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 that it is an eligible expense.

SEVEN CORNERS ASSIST

WE ARE HERE TO HELP

What happens if you become ill in a remote area without appropriate medical care? We will make sure you receive the care you need. If 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, arrange second opinions, arrange 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 shown on your ID card.
ANNUAL RATES

Based on a $250 Deductible per person per covered trip

$1,000,000 Medical Maximum*

Plan A - Maximum 30 Days Per Trip

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<thead>
<tr>
<th>Traveling Inside the U.S.</th>
<th>Traveling Outside the U.S.</th>
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<tbody>
<tr>
<td>Primary Insured</td>
<td>$265.00</td>
</tr>
<tr>
<td>Spouse and 2 Children**</td>
<td>+$135.00</td>
</tr>
<tr>
<td>Each Additional Child</td>
<td>+$51.00</td>
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Plan B - Maximum 45 Days Per Trip

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<thead>
<tr>
<th>Traveling Inside the U.S.</th>
<th>Traveling Outside the U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Insured</td>
<td>$320.00</td>
</tr>
<tr>
<td>Spouse and 2 Children**</td>
<td>+$165.00</td>
</tr>
<tr>
<td>Each Additional Child</td>
<td>+$65.00</td>
</tr>
</tbody>
</table>

* Insureds age 65 to 75 traveling inside the United States are limited to $50,000.

** Your spouse must be listed as an insured to select this price.

EXCLUSIONS & LIMITATIONS

For Medical benefits, this insurance does not cover:

1. Pre-existing Conditions which are excluded under this Certificate. This means that any claims for Pre-existing Conditions will not be covered for the duration of this Certificate.

2. Charges for treatment which exceed Reasonable and Customary charges, or Charges incurred for treatments which are Investigational, Experimental, or for research purposes, expenses which are non-medical in nature.

3. Items not received or delivered within ninety (90) days of the date of service.

4. Expenses for Vocational, occupational, sleep, Speech, Recreational or Music Therapy.

5. Durable medical equipment.

6. Expenses which were not recommended, approved and certified as Medically Necessary and reasonable by a Physician.

7. Treatment or attempted treatment, or self destruction or any attempted thereof, intentionally self inflicted injury or illness.

8. Expenses as a result of, or in connection with, the commission of a felony offense or any other criminal or illegal activity as defined by the local governing body.

9. War, hostilities or warlike operations (whether war be declared or not), Invasion, Act of an enemy foreign to the nationality of the Insured Person or the country in, or over, which the act occurs, Civil war, Riot, Rebellion, Insurrection, or domestic Civil war, Act of any state foreign to the nationality of the Insured Person whether war be declared or not and the purpose of this Exclusion includes, but is not limited to, the existence of nuclear weapons.

10. Treatment by agents of a state foreign to the nationality of the Insured Person whether war be declared or not and the reason or purpose of the act is to cause physical injury or death to the Insured Person.

11. Treatment(s) paid for or furnished under any other individual or group policy or other service or medical pre-certification, water skiing, wakeboard riding, jet skiing, windsurfing, snow skiing and snow boarding, and any sport which involves an athlete, and any injury sustained for or with the purpose of training or participating in said sport including

12. Eyeglasses, contact lenses; eye surgery when the primary purpose is to correct nearsightedness, farsightedness, or astigmatism.

13. Treatment in connection with alcohol, drug or chemical abuse, misuse, illegal use, overuse or dependency or overdose of any drug or narcotic sustained while under the influence of or Disability which is directly or indirectly a result of Disability by misuse, illegal use, overuse or dependency or overdose of any drug or narcotic, unless administered under the advice of a licensed physician and said narcotic was taken in accordance with the proper dosing as directed by the physician.

15. Treatment paid for or furnished under any other individual or group policy or other service or medical pre-certification, water skiing, wakeboard riding, jet skiing, windsurfing, snow skiing and snow boarding, and any sport which involves an athlete, and any injury sustained for or with the purpose of training or participating in said sport including

16. Surgery or treatments which are Investigational, Experimental, or for research purposes; expenses which are non-medical in nature.

17. Services, supplies, or treatment prescribed, performed or provided by a Relative of the Insured Person or anyone who lives with the Insured Person. This includes but is not limited to prescription medication and any diagnostic treatment.

18. Charges for travel accommodations, except as provided for in the Local Ambulance, Emergency Medical or Hospital blueprint.

19. Treatment for or in connection with, the commission of a felony offense or any other criminal or illegal activity as defined by the local governing body.

20. Expenses which were not recommended, approved and certified as Medically Necessary and reasonable by a Physician.

21. Expenses incurred during a Hospital emergency room visit which is not of an Emergency nature;

22. Injury sustained while participating in professional athletics, including but not limited to the event, games, practice, conditioning and any other activity related to professional athletics, this exclusion does not apply to non-competitive, recreational or intramural activities. Note A sponsored and/or organized Amateur or Interscholastic Athletic event includes training camps, team sports, or any formal, organized group of people participating in one or multiple events that may/may not require a fee for participation. Treatment(s) paid for or furnished under any other individual or group policy or other service or medical pre-certification

23. Expenses incurred while in Home Country (except when covered under the Employee benefits of an employer).

24. Treatment for or in connection with, the commission of a felony offense or any other criminal or illegal activity as defined by the local governing body.

25. Charges for travel accommodations, except as provided for in the Local Ambulance, Emergency Medical or Hospital blueprint.

26. Charges for treatment of any family member of the Insured Person or anyone who lives with the Insured Person. This includes but is not limited to prescription medication and any diagnostic treatment.
Wander® Frequent Traveler is underwritten by Certain Underwriters at Lloyd’s of London and Tramont Insurance Company Limited.

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.