

FMCA

International Travel Insurance



Apply online at
sevencorners.com/fmca-international-travel-insurance
1-877-202-4176 or 317-582-2619



TRUSTED TRAVEL PROTECTION

DID YOU KNOW?

Your health insurance at home (including Medicare) may not cover you when you travel abroad, and medical providers in foreign countries may require you to pay for services before they treat you.

Protection — The FMCA International Travel plan follows you wherever you go. You are covered for injuries and illnesses which occur when you're traveling outside your home country.* You receive:

- Comprehensive medical coverage
- An extensive network of medical providers
- 24/7 travel assistance

Experience — Seven Corners will handle your plan needs from start to finish. With more than 25 years of experience servicing travelers worldwide, we know how to help!

Immediate Coverage — Purchasing your travel plan is easy. There are no medical questions to answer. When you buy online, you receive your plan documents immediately. This includes an I.D. card with contact details for our team.

**Your home country is the country where you have your true, fixed and permanent home and principal establishment.*

YOUR ELIGIBILITY

FMCA Members — You are eligible for this plan if you are a traveling outside of your home country and you are a current Charter, Full, Life, Full Lifetime and Member Emeritus/Family Associate member of FMCA. Also, spouses, family members and dependents who are traveling with eligible FMCA members are eligible as well.

YOUR UNDERWRITER

You can feel confident with the coverage provided by your plan. It is underwritten by Certain Underwriters at Lloyd's, London, an established organization with an AM Best rating of "A" (excellent).

WHAT HAPPENS IF YOU ARE SICK OR HURT IN AN AREA WITHOUT SPECIALIZED MEDICAL CARE?



We will make sure you receive the care you need!

24/7 Travel Assistance – We can provide currency rates, embassy contact information, interpreter referrals, help with lost passport recovery, and pre-trip information.

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, transportation for unaccompanied children, and much more.

FILING A CLAIM

Simply send the itemized bill to Seven Corners within 90 days, along with a completed claim form.



IMPORTANT INFORMATION

When paying for your trip, save all documents, as this information will be required to process any claim.

Please understand this is not a general health insurance policy but an interim, limited benefit period, travel medical program intended for use while away from your home country.

Read your plan document carefully. This brochure is 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 a difference between this summary and your plan document, the plan document will prevail. Benefits and premiums are subject to change.

GEOGRAPHIC RESTRICTIONS

State Restrictions – We cannot accept an address in Maryland, Washington, New York, South Dakota, and Colorado.

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

YOUR BENEFITS

All benefits are in U.S. Dollar amounts and are per coverage period and per person unless otherwise stated.

Plan	Silver	Gold	Platinum
U.S. Coverage (available if the U.S. is not your home country)	Optional	Optional	Optional
Medical Maximums (Per Period of Coverage)	\$25,000	\$100,000	\$250,000
Medical Maximum Age 80+	\$15,000	\$15,000	\$15,000
Deductible (Per Occurrence)	\$75	\$50	\$0
Coinsurance	100%	100%	100%
Hospital Indemnity	\$150 per night, up to a maximum of 30 days	\$150 per night, up to a maximum of 30 days	\$150 per night, up to a maximum of 30 days
Dental (Accident Coverage)	To a maximum of \$500	To a maximum of \$500	To a maximum of \$500
Dental (Sudden Relief of Pain)	To a maximum of \$250	To a maximum of \$250	To a maximum of \$250
Emergency Medical Evacuation/Repatriation	\$300,000 (in addition to the Medical Maximum)	\$300,000 (in addition to the Medical Maximum)	\$300,000 (in addition to the Medical Maximum)
Return of Mortal Remains	\$50,000	\$50,000	\$50,000
Return of Minor Child(ren)	\$3,000	\$4,000	\$5,000
Emergency Medical Reunion	\$1,000	\$5,000	\$10,000
Natural Disaster Evacuation/Repatriation	\$10,000	\$10,000	\$10,000
Political Evacuation & Repatriation of Remains*	\$10,000	\$10,000	\$10,000
Local Ambulance Benefit	\$5,000	\$5,000	\$5,000
Accidental Death & Dismemberment (AD&D) Principal Sum	\$2,000 for Insured/Insured Spouse/Insured Dependent	\$10,000 for Insured/Insured Spouse \$5,000 for Insured Dependent	\$25,000 for Insured/Insured Spouse \$5,000 for Insured Dependent
AD&D Age 80+	\$1,000	\$1,500	\$2,000
Loss of Checked Baggage	\$150	\$200	\$250
Interruption of Trip	\$3,000	\$4,000	\$5,000
Unexpected Recurrence of a Pre-existing Condition**	Up to \$10,000 Age 65+, up to \$2,500	Up to \$15,000 Age 65+, up to \$2,500	Up to \$20,000 Age 65+, up to \$2,500
Hospital Room & Board	URC	URC	URC
Intensive Care	URC	URC	URC
Outpatient Medical Expenses	URC	URC	URC
Hazardous Sports Coverage	Optional	Optional	Optional
Maximum Coverage Period	30 days	60 days	364 days
24/7 Assistance Services	Included	Included	Included
Benefit Period	180 Days	180 Days	180 Days

URC means Usual, Reasonable and Customary to the selected Medical Maximum. Unless otherwise stated, all benefits are subject to the deductible.

* *The Political Evacuation and Repatriation of Remains Benefit will not pay if you fail to heed Level 3 Terrorism, Level 3 Civil Unrest or any Level 4 Travel Advisory issued by the State Department or similar warnings from other appropriate authorities.*

PRE-EXISTING MEDICAL CONDITIONS

A pre-existing condition is any medical condition which existed when you purchased this plan or any time during the six months before this plan began.

Unexpected Recurrence of a Pre-existing Condition — This coverage is provided for U.S. citizens traveling outside the U.S. This benefit does not include coverage for known, scheduled, required, or expected medical care, drugs or treatment existent or necessary prior to the start date of your coverage.

Hazardous Sports Coverage — This optional coverage is available for an additional charge and includes motorcycle/motor scooter riding (as driver or passenger), hang gliding, parachuting, bungee jumping, waterskiing, snow skiing, snowmobiling, snowboarding, and spelunking.

Natural Disaster — If you need emergency evacuation due to a natural disaster that makes your host country location uninhabitable, we will arrange and pay for evacuation to the nearest safe location. We will also pay up to 3 days of reasonable accommodations if you are delayed at the safe location as well as one-way economy airfare to return you to the United States. (See your plan document for details.)

PURCHASING COVERAGE

Visit sevendcorners.com/fmca-international-travel-insurance to purchase a plan. There are no medical questions to answer, and you will receive your coverage documents immediately. This includes an ID card with contact details for the Seven Corners team.

PLAN COST Amounts shown below are daily rates

Age	Silver Plan		Gold Plan		Platinum Plan	
	Excluding U.S.	Including U.S.	Excluding U.S.	Including U.S.	Excluding U.S.	Including U.S.
Under 50	\$2.06	\$3.09	\$3.09	\$4.12	\$4.12	\$5.15
50 – 69	\$3.09	\$4.12	\$4.12	\$6.18	\$5.15	\$7.21
70 – 79	\$5.15	\$8.24	\$8.24	\$9.27	\$10.30	\$11.33
80+	\$10.30	\$14.42	\$11.33	\$15.45	\$13.39	\$17.51

Attention: Certain Underwriters at Lloyd's, London, operates as an approved Surplus Lines market. in the United States. The premiums listed above include a trust fee.

EXCLUSIONS AND LIMITATIONS

No Benefit shall be payable for Accident Medical, Sickness Medical, Dental, Emergency Medical Evacuation/Repatriation, Return of Mortal Remains, Return of Minor Child(ren), Emergency Medical Reunion, as the result of:

1. Pre-existing Conditions which are excluded under this policy. This means that any claims for Pre-existing Conditions will not be covered for the duration of this policy. This exclusion does not apply to Emergency Evacuation/Repatriation or Return of Mortal Remains.
2. Injury or Illness which is not presented to the Underwriter for payment within ninety (90) days of receiving Treatment;
3. Charges for Treatment which is not Medically Necessary;
4. Charges provided at no cost to You;
5. Charges for Treatment which exceeds Reasonable and Customary charges;
6. Charges incurred for Surgery or Treatments which are, Experimental/Investigational, or for research purposes;
7. Services, supplies or Treatment, including any period of Hospital confinement, which were not recommended, approved and certified as Medically Necessary and reasonable by a Physician;
8. Suicide, or any attempt thereof, while sane or self-destruction or any attempt thereof, while sane;
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, Revolution, Overthrow of the legally constituted government, Civil commotion assuming the proportions of, or amounting to, an uprising, Military or usurped power, Explosions of war weapons, Utilization of Nuclear, Chemical or Biological weapons of mass destruction howsoever these may be distributed or combined, Murder or Assault subsequently proved beyond reasonable doubt to have been the act of agents of a state foreign to the nationality of the Insured Person whether war be declared with that state or not;
10. Terrorist Activity. For the purpose of this Exclusion, Terrorist Activity means an act, or acts, of any person, or group(s) of persons, committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public, or any section of the public, in fear. Terrorist Activity can include, but not be limited to, the actual use of force or violence and/or the threat of such use. Furthermore, the perpetrators of terrorist activity can either be acting alone, or on behalf of, or in connection with any organization(s) or governments(s). The Company shall not be liable for and will not provide coverage or benefits for any claim or charges, Illness, Injury or other consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to or arising in connection with any act of Terrorism; and provided, further, the Company shall not be liable for and will not provide any coverage or benefits for any claim, charges, Illness, Injury or other consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to or arising in connection with the following:
 - a. The Insured Person's direct or indirect involvement in the Terrorist Activity.
 - b. The Terrorist Activity takes place in a country or location where the United States government has issued a Level 3 Terrorism, Level 3 Civil Unrest or any Level 4 Travel Advisory that has been in effect within the six (6) months prior to the Insured Person's date of arrival.
 - c. The Insured Person unreasonably fails or refuses to depart a country or location following the date a warning to leave that country or location is issued by the United States government.
11. Also excluded hereon is any Loss or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, or suppressing any, or all, of the situations described above. In the event any portion of this exclusion is found to be invalid or unenforceable, the remainder shall remain in full force and effect;
12. 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;
13. Injury sustained while participating in amateur or interscholastic athletics, including but not limited to the event, games, practice, conditioning and any other activity related to amateur or interscholastic 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 grouping of people participating in one or multiple events that may/may not require a fee for participation;
14. Routine physicals, immunizations or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or x-ray examinations, except in the course of a Disablement established by a prior call or attendance of a Physician;
15. Treatment of the temporomandibular joint;
16. Vocational, speech, recreational or music therapy;
17. Services or supplies performed or provided by a Relative of Yours, or anyone who lives with You;
18. Cosmetic or plastic Surgery, except as the result of a covered Accident; for the purposes of this plan, treatment of a deviated nasal septum shall be considered a cosmetic condition;
19. Elective Surgery which can be postponed until You return to Your Home Country, where the objective of the trip is to seek medical advice, Treatment or Surgery;
20. Treatment and the provision of false teeth or dentures, normal ear tests and the provision of hearing aids;
21. Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eyeglasses or for the fitting thereof, unless caused by Accidental bodily Injury incurred while covered hereunder;
22. Treatment in connection with alcohol, drug or chemical abuse, misuse, illegal use, overuse or dependency or use of any drug or narcotic agent;
23. Injury sustained or Disablement due wholly or partly to the Insured being intoxicated as defined and determined by the laws of the state where the Injury occurred; or to the Insured being under the influence of any narcotic, unless administered on the advice of a Physician;
24. Any Mental and Nervous disorders or rest cures;
25. Congenital abnormalities and conditions arising out of or resulting there from;
26. Expenses which are non-medical in nature;
27. Expenses as a result of or in connection with intentionally self-inflicted Injury or Illness;
28. Expenses as a result of or in connection with the commission of a felony offense;
29. Injury sustained while taking part in mountaineering, hang gliding, parachuting, bungee jumping, racing by any animal or motor vehicle or motorcycle, snowmobiling, motorcycle/motor scooter riding, scuba diving involving underwater breathing apparatus (unless PADI or NAUI certified), water skiing, snow skiing and snowboarding (except for recreational downhill and/or cross-country snow skiing or snowboarding. No cover provided while skiing/boarding in any violation of applicable laws, rules or regulations, away from prepared and market in-bound territories; and/or against the advice of the local ski school or local authoritative body); and any sport or athletic activity which is undertaken for thrill seeking and exposes the insured to abnormal or extreme risk of injury; Hazardous Sport Coverage: the following are covered if the required premium has been paid: motorcycle/motor scooter riding (whether as a passenger or a driver), hang gliding, Parachuting, bungee jumping, water skiing, snow skiing, snowmobiling, snowboarding, and spelunking.
30. Treatment paid for or furnished under any other individual or group policy or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government plan or facility set up for Treatment without any cost to You;
31. Treatment and or diagnosis of venereal disease;
32. Dental care, except as the result of Injury to natural teeth caused by Accident, unless otherwise covered under this plan;
33. Routine Dental Treatment;
34. Pregnancy or Illness resulting from Pregnancy, childbirth, or miscarriage;
35. Miscarriage resulting from Accident;
36. Drug, treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof;
37. Treatment for human organ tissue transplants and their related treatment;
38. Expenses incurred while in Your Home Country;
39. Expenses incurred during a Hospital emergency visit which is not of an emergency nature;
40. Covered Expenses incurred for which the Trip to the Host Country was undertaken to seek medical treatment for a condition;
41. Covered Expenses incurred during a Trip after Your Physician has limited or restricted travel;
42. This plan does not insure against loss or damage (including death or Injury) and any associated cost or expense resulting directly from the discharge, explosion or use of any device, weapon or material employing or involving nuclear fission, nuclear fusion or radioactive force, or chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act.
43. Sex change operations, or for treatment of sexual dysfunction or sexual inadequacy;
44. Weight reduction programs or the surgical treatment of obesity;
45. Expenses resulting from Acquired Immune Deficiency Syndrome (AIDS), Aids-Related Complex (ARC) or the Human Immunodeficiency Virus (HIV).
46. Treatment for learning disabilities, altitudinal disorders, or disciplinary problems;
47. Expenses for Durable medical equipment;
48. Expenses incurred in the United States unless the option has been selected and applicable premium has been paid in full.

ADMINISTERED BY



303 Congressional Boulevard
Carmel, IN 46032
800-335-0611 • 317-575-2652 • Fax: 317-575-2659
www.sevencorners.com



FOR ADDITIONAL INFORMATION