

# MCIS FLEXIBLE TRAVEL INSURANCE<sup>SM</sup>



**CUSTOMIZABLE MEDICAL INSURANCE THAT COVERS YOU OUTSIDE YOUR HOME COUNTRY**

Coverage available for 5 days to 364 days



**SEVEN CORNERS**

# Choosing MCIS Flexible Travel Insurance

## Why Choose MCIS Flexible Travel Insurance?

If you are traveling outside your home country,\* your health insurance at home may not follow you abroad. MCIS Flexible Travel Insurance travels with you and offers customizable medical benefits, optional emergency services and benefit enhancements, and 24-hour travel assistance, all for a few dollars a day.

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

## Why Should You Buy?

**Your Underwriter** - MCIS Flexible Travel Insurance has 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.

**Your Plan Administrator** - As your plan administrator, Seven Corners\*\* will handle all of 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 emergency or travel needs. We have 20 years of experience with travel insurance, and we are here to help.

\*In specific scenarios, coverage provided by Tramont Insurance Company Limited. For more information regarding Tramont, please visit [tramontinsurance.com](http://tramontinsurance.com)

\*\*In California, Seven Corners operates under the name Seven Corners Insurance Services.

## Who Can Buy?

You may buy coverage for yourself and your eligible dependents, including your legal spouse, domestic partner or civil partner and your unmarried dependent children over 14 days old and under 19 years. All applicants must be traveling outside of their home country.

## Length of Coverage

Your coverage length may vary from 5 to 364 days.

**Coverage Start Date** - This is the start date of your plan. Coverage begins at 12:01 AM North American Eastern Time on the later of the following dates:

1) the day after we receive your application and correct premium if you apply online; or 2) the moment you depart your home country; or 3) the date request on your application.

**Coverage End Date** - Your coverage ends on the earlier of the following: 1) your return to your home country (except for Home Country Coverage); 2) or the expiration of 364 days from your coverage start date; or 3) the date shown on your ID card; or 4) the end of the coverage period purchased; or 5) the date you are no longer eligible for coverage; or 6) when the maximum benefit amount has been paid.

**Continuing Coverage** - If you initially buy less than 364 days of coverage, you may purchase additional time, to a total of 364 days. Your initial coverage start date is used to calculate your deductible and coinsurance and to determine pre-existing conditions. We will send a renewal notice to your email address giving you the option to extend your plan. A \$5.00 administrative fee is included for each renewal.

## Important Information

### PRE-CERTIFICATION

Pre-certification requirements apply for treatment in the United States only. The following expenses must always be pre-certified:

- Inpatient Treatment and/or supplies of any kind.
- Any surgery or surgical procedure
- Treatment in an Extended Care Facility
- Home Nursing Care
- Durable Medical Equipment
- Artificial limbs
- Computerized Axial Tomography (CAT Scan)
- Magnetic Resonance Imaging (MRI)

To comply with the pre-certification requirements, you must do the following:

1. Contact Seven Corners Assist at the telephone number on your ID card as soon as possible before the expense is incurred;
2. Comply with Seven Corners Assist's instructions and submit any information or documents they require;
3. Notify all physicians, hospitals and other providers that this insurance contains pre-certification requirements and ask them to fully cooperate with Seven Corners Assist.

If you comply with the above requirements and the expenses are pre-certified, we will review the medical expenses to determine if they are covered according to the terms of the plan document.

If you do not comply with the pre-certification requirements or if the expenses are not pre-certified, we will review the medical expenses to determine if they are covered according to the plan document. If covered:

1. Eligible medical expenses will be reduced by 50%; and
2. The deductible will be subtracted from the remaining amount; and
3. The coinsurance will be applied.

**Emergency Pre-certification** – For an emergency hospital admission, pre-certification must be made within 48 hours, or as soon as reasonably possible.

**Pre-certification Does Not Guarantee Benefits** – The fact that expenses are pre-certified does not guarantee coverage for, or payment of the service or procedure reviewed. Eligibility for and payment of benefits are subject to the terms, conditions, provisions and exclusions in the plan document.

**Concurrent Review** – For inpatient stays, Seven Corners will pre-certify a limited number of days of confinement. Additional inpatient days may later be pre-certified if you receive prior approval.

**Refund of Premium/Cancellation** - Refund of total plan cost will be considered if written request is received by Seven Corners prior to the start date of your coverage. If your request is received after the start date, the unused portion of the plan cost may be refunded minus a cancellation fee, if you have not submitted any claims to Seven Corners.

**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 and coinsurance and any non-eligible expenses. To learn more about filing a claim, visit [sevendcorners.com/claims](http://sevendcorners.com/claims)

## Important Information Regarding Your Coverage

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

It is your responsibility to maintain all records regarding travel history, age, and provide necessary documents to Seven Corners to verify your eligibility for coverage.

**Attention:** Certain Underwriters at Lloyd's of London operates as an approved surplus lines market in the United States. The plan cost includes a trust fee.

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

**Country Restrictions:** We cannot accept an address in Islamic Republic of Iran, Syrian Arab Republic, U.S. Virgin Islands, Gambia, Ghana, Nigeria, and Sierra Leone.

**Destination Restrictions:** We cannot cover travel to Islamic Republic of Iran and Syrian Arab Republic.



# Schedule of Benefits

All benefits and plan costs listed in this brochure are in U.S. Dollar amounts and are per person and per period of coverage, unless otherwise stated. All benefits are subject to deductible and coinsurance unless otherwise stated.

## General Provisions

<b>U.S Coverage</b>	Optional
<b>Medical Maximum</b>	\$25,000; \$50,000; \$100,000; \$500,000; \$1,000,000 Age 65-79 limited to \$50,000 Age 80+ limited to \$15,000
<b>Deductible (per person)</b>	\$0; \$100; \$250; \$500; \$1,000; \$2,500
<b>Coinsurance</b>	<b>Traveling Outside the United States:</b> After you pay the deductible, the plan pays 100% to the medical maximum.  <b>Traveling Inside the United States:</b> <b>For Treatment received within the UHC network:</b> After you pay the deductible, the plan pays 80% of eligible expenses up to the medical maximum. <b>For Treatment received outside the UHC network:</b> After you pay the deductible, the plan pays 80% of the next \$5,000 of eligible expenses, then 100% to the medical maximum.
<b>Pre-certification Requirements (only applicable inside the U.S.)</b>	Failure to follow Pre-certification Requirements will result in a 50% reduction of benefits. (See Pre-certification Requirements.)
<b>Benefit Period</b>	180 Days
<b>Assistance Services</b>	Included

## Base Medical Benefits and Services: Injuries Only

<b>Hospital Room &amp; Board, Intensive Care, &amp; Outpatient Medical Expenses</b>	Reasonable & customary to the medical maximum
<b>Local Ambulance Benefit</b>	Reasonable & customary to the medical maximum
<b>Hospital Indemnity</b>	\$150 per night, up to a maximum of 30 days per person per occurrence (For individuals traveling outside the U.S. only.)
<b>Emergency Room visit due to Injury</b>	Reasonable & customary to the selected medical maximum
<b>Coma Benefit</b>	\$50,000 (in addition to the medical maximum)
<b>Loss or Theft of Passport or Travel Documents</b>	Up to \$100 per policy for administrative expenses (Requires proof of loss/theft from hotel, carrier or police report)
<b>Accidental Death &amp; Dismemberment (AD&amp;D)</b>	\$50,000 principal sum for insured or insured spouse \$5,000 principal sum for dependent child Aggregate limit of \$250,000 per family Note: In the event of a Common Carrier Accidental Death, this benefit will not be paid.
<b>Common Carrier Accidental Death</b>	\$100,000 principal sum for insured or insured spouse
<b>Home Country Coverage</b>	Incidental Trips to The Home Country: \$50,000 Home Country Extension of Benefits: \$5,000

## Optional: Crisis Event Rider

<b>Terrorism</b>	Reasonable & customary to the medical maximum
<b>Political Evacuation</b>	\$10,000
<b>Felonious Assault</b>	\$10,000 (in addition to the medical maximum)
<b>Natural Disaster Benefit</b>	\$200 per day for 5 days
<b>Natural Disaster Evacuation/Repatriation</b>	\$10,000 (only available for travel outside the United States)

## Optional: Trip Benefit Rider

<b>Interruption of Trip</b>	\$5,000
<b>Loss of Checked Baggage</b>	\$250 per person per occurrence.

## Optional: Emergency Services & Assistance Rider

<b>Emergency Medical Evacuation/Repatriation</b>	\$1,000,000 (in addition to the medical maximum)
<b>Return of Minor Children</b>	\$50,000
<b>Return of Mortal Remains</b>	\$50,000
<b>Local Cremation or Burial</b>	\$5,000 for local cremation or burial
<b>Emergency Medical Reunion</b>	\$50,000
<b>Dental Emergency Treatment (Sudden Relief of Pain)</b>	\$100 (only available to programs purchased for 1 month or more)
<b>Dental Emergency Treatment (Accident Coverage)</b>	Up to the medical maximum (only available to programs purchased for 1 month or more)

## Optional: Illness Coverage Rider

Adds Base Medical Benefits and Services coverage for Eligible Medical Expenses due to an illness.

<b>Misuse of Emergency Room Deductible</b>	\$250 if the visit does not result in an inpatient admission.
<b>Waiver of Pre-existing Conditions</b>	Available only for U.S. Residents traveling outside the United States.  Age 64 and under: If the insured has a Primary Health Plan, the benefit covers to the medical maximum (for persons age 65 and over, the amount is limited to \$2,500). If the insured does not have a Primary Health Plan, the benefit covers the first \$20,000 in eligible medical expenses (for persons age 65 and over, the amount is limited to \$2,500).

## Acute Onset of Pre-existing Conditions

Available only for non-U.S. residents under age 70 traveling outside their home country. The benefit covers up to \$50,000 (Ages 70-79, up to \$15,000, Age 80+, no benefit).  
  
Up to an additional \$25,000 for Emergency Medical Evacuation for an Acute Onset of a Pre-Existing Condition.

## Optional: Benefit Enhancement Rider

Increases In-network Coinsurance to 100% and increases Acute Onset of Pre-existing Conditions.

<b>Coinsurance</b>	<b>Traveling Outside the United States:</b> After you pay the deductible, the plan pays 100% to the selected medical maximum.  <b>Traveling Inside the United States:</b> <b>For Treatment received within the UHC network:</b> After you pay the deductible, the plan pays 100% of eligible expenses up to the selected medical maximum. <b>For Treatment received outside the UHC network:</b> After you pay the deductible, the plan pays 80% of the next \$5,000 of eligible expenses, then 100% to the selected medical maximum.
<b>Acute Onset of Pre-existing Conditions</b>	Available only for non-U.S. residents under age 70 traveling outside their home country. This benefit adds an additional \$25,000 in medical coverage. (Ages 70-79, up to \$15,000, Age 80+, no benefit) The benefit adds an additional \$50,000 for Emergency Medical Evacuation for an Acute Onset of a Pre-Existing Condition.

## Optional: Hazardous Sports Rider

Covers motorcycle/motor scooter riding (as a passenger or driver), hang gliding, parachuting, zip lining, parasailing, bungee jumping, water skiing, wakeboard riding, jet skiing, windsurfing, snowmobiling, and spelunking.

## Optional: Personal Liability Rider

Up to \$100,000 for covered expenses

## Base Medical Benefits

**Medical Coverage** – With the base medical benefits and services, we cover injuries that occur during your period of coverage. If you need coverage for illnesses, choose the optional benefit labeled Illness Coverage Rider. Benefits are paid in excess of your deductible and coinsurance up to your medical maximum.

**Coma Benefit** – Pays benefits if you become comatose due to an accident.

**Accidental Death & Dismemberment (AD&D)** – Pays benefits for death, loss of limbs, or loss of sight due to an accident occurring on your trip.

**Common Carrier Accidental Death** – Pays benefits for death occurring while riding as a passenger on a common carrier (land, sea, and air conveyance transporting passengers for hire).

**Home Country Coverage** – Covers injuries (illnesses are covered if you buy the optional illness coverage rider) which occur in your home country in two ways.

**Incidental Trips** – Covers incidental trips to your home country. You earn covered days for incidental trips at approximately 5 days per month of purchased coverage.

**Extension of Benefits** – Covers expenses incurred in your home country for conditions first diagnosed and treated outside your home country for 180 days from the onset of the covered injury or illness.

## Optional Emergency Assistance and Services

**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.

**Return of Minor Children\*** – If you are traveling alone with minor children and are hospitalized because of a covered illness/injury, we will transport the children home with an escort.

**Return of Remains/Local Cremation of Burial\*** – We will return your remains to your home country if you should die while traveling or we will pay for cremation or burial in the country of your death.

**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.

## Optional Illness Coverage

Provides 1) base medical benefits and services coverage for an illness and 2) two different types of coverage for pre-existing conditions.

**What is a pre-existing condition?** It is any medical condition, sickness, injury, illness, disease, mental illness or mental nervous disorder, regardless of the cause, including congenital, chronic, subsequent, or recurring complications or consequences related to or resulting from that existed with reasonable medical certainty when you applied for this insurance and any time during the 36 months before the start date of this plan whether or not previously manifested, symptomatic, known, diagnosed, treated or disclosed.

**Waiver of Pre-Existing Conditions for U.S. Residents Traveling Outside the United States** – We pay up to the stated limit for a sudden, unexpected recurrence of a pre-existing condition. This waiver does not include coverage for known, scheduled, required, or expected medical care, drugs, or treatment existent or necessary prior to the start date of this plan.

**Acute Onset of Pre-Existing Conditions for Non-U.S. Residents Younger Than 80 Traveling in the United States**

We pay up to the stated amount for an acute onset of a pre-existing condition if it occurs during your coverage period while you are in the United States, and if you receive treatment in the United States within 24 hours of the sudden and unexpected recurrence. Coverage is provided until the earliest of: 1) The condition is no longer acute; or 2) You are discharged from the hospital. This benefit covers one acute episode per pre-existing condition. In addition, we provide up to the stated limit for emergency medical evacuation. An Acute Onset of a pre-existing condition is a sudden and unexpected outbreak or recurrence of a pre-existing condition which occurs spontaneously and without advance warning either in the form of physician recommendations or symptoms and requires urgent care. A pre-existing condition that is a congenital condition or that gradually becomes worse over time will not be considered an acute onset. A pre-existing condition will not be considered

an acute onset if during the 30 days prior to the acute event you had a change in prescription or treatment for a diagnosis related to the acute event. This benefit does not include coverage for known, scheduled, required, or expected medical care, drugs or treatments existent or necessary prior to arrival in the United States and prior to the coverage start date.

## Optional Benefit Enhancement

Increases in-network coinsurance to 100% and increases the limit for acute onset of pre-existing conditions.

**Coinsurance Increase** – For travel in the U.S. and treatment in the UHC network, coinsurance is increased from 80% to 100%. This means you pay less for eligible treatment in the network.

**Acute Onset of Pre-Existing Conditions Increase** – Limits are increased as shown in the schedule.

## Optional Crisis Event Coverage

Provides various crisis event benefits:

**Terrorism** – If you are injured due to terrorist activity, we will provide benefits 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 United States government has issued a travel warning within 6 months prior to your date of arrival.
3. You have not unreasonably failed or refused to depart a country or location following the date a warning is issued by the United States government.

**Political Evacuation & Return of Remains\*** – If a formal recommendation is made for you to leave your host country, we will transport you to the nearest safe place or to your home country.

This benefit will not apply if Travel Warnings were issued by the State Department or other appropriate authorities recommending travelers avoid the host country, and you did not follow it.

**Felonious Assault** – Pays benefits if you are hurt due to a felonious assault while traveling.

**Natural Disaster** – We will pay for replacement accommodations needed because of a natural disaster. You must provide proof of payment for the accommodations from which you were displaced.

**Natural Disaster Evacuation\*** – If you need an emergency evacuation due to a natural disaster which makes your host country location uninhabitable (as deemed by Seven Corners security personnel and as described in the plan document), we will arrange and pay for evacuation from a safe departure point to the nearest safe location. We will arrange and pay up to a maximum of 3 days for accommodations for lodging if you are delayed at the safe location. We will also arrange and pay for one-way economy airfare to return you to your home country after evacuation.

## Optional Trip Benefits

**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.

*\*Failure to use Seven Corners Assist to arrange these services will result in the denial of benefits.*

## Optional Hazardous Sports

Provides coverage for the sports listed in the schedule of benefits.

## Optional Personal Liability

We will pay for eligible court-entered judgments or settlements (settlements must be approved by us) 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 related third person's personal property.

# Exclusions

For Medical and Dental Benefits, Emergency Medical Evacuation/Repatriation, Return of Mortal Remains, Local Cremation/Burial, Emergency Medical Reunion, and Return of Minor Children, 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. Any expenses related to Illness (unless the Optional: Illness Coverage Rider is purchased)
3. Injury or Illness which is not presented to the Underwriter for payment within 90 days of receiving Treatment;
4. Charges for Treatment which is not Medically Necessary
5. Charges provided at no cost to You;
6. Charges for Treatment which exceeds Reasonable and Customary charges;
7. Charges incurred for Surgery or Treatments which are, Experimental/ Investigational, or for research purposes;
8. 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;
9. Suicide, or any attempt thereof, while sane or self destruction or any attempt thereof, while sane;
10. 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. For the purpose of this Exclusion; ii) Utilization of Nuclear weapons of mass destruction means the use of any explosive nuclear weapon or device or the emission, discharge, dispersal, release or escape of fissile material emitting a level of radioactivity capable of causing incapacitating disablement or death amongst people or animals (including in connection with Terrorist Activity). iii) Utilization of Chemical weapons of mass destruction means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing incapacitating disablement or death amongst people or animals (including in connection with Terrorist Activity). iv) Utilization of Biological weapons of mass destruction means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which are capable of causing incapacitating disablement or death amongst people or animals (including in connection with Terrorist Activity). 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;
11. 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 in excess of the maximum stated in the SCHEDULE OF 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 travel warning 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.
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/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 alcoholism and drug addiction, 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, paragliding, Parachuting, paragliding, zip lining, parasailing, bungee jumping, racing by any animal or motor vehicle or motorcycle, snowmobiling, motorcycle/motor scooter riding (whether as a passenger or driver), scuba diving involving underwater breathing apparatus (unless SSI, PADI or NAUI certified), water skiing, wakeboard riding, jet skiing, windsurfing, 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 Plan Participant to abnormal or extreme risk of injury; Hazardous Sports 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, zip lining, parasailing, bungee jumping, water skiing, wakeboard riding, jet skiing, windsurfing, snowmobiling, 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 of venereal disease, including all sexually transmitted diseases and conditions, and any and all consequences thereof;
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. For Pregnancy or Illness resulting from Pregnancy, childbirth, or miscarriage;
35. For miscarriage resulting from Accident or complications of Pregnancy;
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, except as provided under the Home Country Coverage;
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. Services not shown as covered.

## AGENT INFORMATION

MCIS Multichoice Insurance Services, LLC  
38350 Fremont Blvd., Ste # 200  
Fremont, CA 94536  
855-444-6247 • 510-353-1180 • Fax: 510-402-4743  
multichoiceinsurance.com

## ADMINISTERED BY



**SEVEN CORNERS**

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



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.