

## Liaison® International Program Summary

Administered By:  
Seven Corners, Inc.  
303 Congressional Blvd.  
Carmel, IN 46032 USA

### Quick Contacts

**Hospital and Doctor Network in the U.S.** - To locate a network facility in the United States, search online at [www.sevencorners.com/findproviders](http://www.sevencorners.com/findproviders) or contact Seven Corners Assist at 800-690-6295. Advise Seven Corners Assist once you have established an appointment. Use of the network does not guarantee benefits. Please see Pre-Notification / Referral section for additional details and requirements.

**Claims** – It is important to submit your claims to Seven Corners quickly. To be considered, all claims must be submitted to the Seven Corners Claim Department within 90 days after the date of service.

The Company hereby insures all persons whose Application has been accepted by the Administrator, Seven Corners, Inc., on behalf of the Company and whose name is identified on the ID Card, subject to all of the exclusions, limitations and provisions as set forth herein and in the Master Policy of insurance issued by the Company. Coverage is afforded only with respect to the person, coverage, amounts and limits specified herein and as identified on the ID Card for the insurance requested on such Application and for which their specified plan costs has been paid to the Administrator.

Note: All coverage and benefit amounts herein are in United States Dollars.

### Eligibility:

Liaison® International plan provides coverage for individuals and families provided You are either:

- Class 1:** U.S. or Canadian citizens traveling outside the United States
- Class 2:** Non-U.S. citizens traveling to the United States

Eligible individuals may also purchase coverage for their eligible dependents. An eligible spouse shall be defined as the Primary Insured's legal spouse. An Eligible Dependent Child shall mean the Primary Insured Person's unmarried children over fourteen (14) days and under nineteen (19) years of age.

*Restriction: Class 2 Individuals are not eligible for coverage if they have been residing in the United States for eighteen (18) consecutive months.*

*It is the Insured Person's responsibility to maintain all records regarding travel history, age and provide any documents to the Administrator, which would verify Eligibility Requirements.*

### Period of Coverage:

The minimum Period of Coverage under the Liaison® International plan is five (5) days, maximum Period of Coverage is six (6) months. Coverage can be purchased in a combination of monthly and/or daily periods by paying the appropriate plan Cost.

Effective Date of Coverage begins on the latest of the following:

1. The date and time the Company receives a completed application and plan cost for the Period of Coverage; or
2. The Effective Date requested on the application; or
3. The moment You depart Your Home Country; or
4. The date the Company approves the application.

Expiration Date of Coverage terminates on the earlier of the following:

1. Your return to Your Home Country (except as provided under the Home Country Coverage); or
2. The expiration of six (6) months from the Effective Date of Coverage; or
3. The date shown on the ID card; or
4. The end of the period for which plan cost has been paid; or
5. The date You fail to be considered an Eligible Person; or
6. The maximum benefit amount has been paid.

**Continuation of Coverage:** A continuation of coverage option is available to participants whose initial Period of Coverage is less than six (6) months. If the participant must extend their trip beyond their initial Period of Coverage, that participant may extend their Period of Coverage, but may not exceed six (6) months in total from their original effective date. The participant's original effective date will be used with regards to calculating their deductible, coinsurance, as well as determining any Pre-existing conditions. Please note that a new certificate or certificate number will not be issued. The original certificate's expiration date will be extended to the new expiration date you have requested, not to exceed six (6) months in total from your effective date.

### SCHEDULE OF BENEFITS:

| All coverages and plan costs listed in this Evidence of Benefits are in U.S. Dollar amounts. |  |
|--|--|
| Medical Maximums   | \$50,000; \$100,000; \$500,000, \$1,000,000<br>(age 80+, maximum limited to \$15,000)  |
| Deductible   | \$0; \$100; \$250; \$500; \$1,000; \$2,500; Deductible is per person per Period of Coverage Deductible. The selected Deductible and Coinsurance amount must be met for each six (6) month period.  |
| Coinsurance  | <b>Class 1: U.S. or Canadian citizens traveling outside the United States:</b><br>After You pay the Deductible, the plan pays 100% to the selected Medical Maximum.<br><br><b>Class 2: Non-U.S. citizens traveling to the United States:</b><br><b>Option 1:</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.<br><b>Option 2:</b> After You pay the Deductible, the plan pays 100% of the next \$2,500 of eligible expenses, then 80% to the selected Medical Maximum. |
| Hospital Indemnity**   | <b>Class 1:</b> \$150 per night, up to a maximum of 30 days  |
| Dental (Accident Coverage)   | To a maximum of \$500  |
| Dental (Sudden Relief of Pain)**   | <b>Class 1:</b> To a maximum of \$100  |
| Emergency Medical Evacuation/Repatriation  | \$300,000 (in addition to the Medical Maximum)   |
| Return of Mortal Remains   | \$50,000   |

|   |  |
|---|--|
| Return of Minor Child(ren)                          | \$50,000   |
| Emergency Reunion                                   | \$50,000   |
| Local Ambulance Benefit                             | \$5,000  |
| Accidental Death & Dismemberment (AD&D)             | \$25,000 principal sum for Insured or Insured Spouse<br>\$5,000 principal sum for Dependent Child<br>Aggregate limit of \$250,000 per family |
| Loss of Baggage                                     | \$250  |
| Interruption of Trip                                | \$5,000  |
| Home Country Coverage                               | <i>Incidental Trips to The Home Country: Up to \$50,000</i><br><i>Extension of Benefits: Up to \$5,000</i>                                   |
| Hospital Room & Board                               | Usual, reasonable and customary to the selected Medical Maximum  |
| Intensive Care                                      | Usual, reasonable and customary to the selected Medical Maximum  |
| Outpatient Medical Expenses                         | Usual, reasonable and customary to the selected Medical Maximum  |
| Unexpected Recurrence of a Pre-existing Condition** | Class 1: Up to \$20,000<br>(Age 65+, up to \$2,500)  |
| Benefit Period                                      | 180 days   |

\*\* These benefits are only available for Class 1 – U.S. or Canadian citizens traveling outside the United States.

## DESCRIPTION OF BENEFITS

### Medical Expenses:

Liaison® International plan shall pay Reasonable and Customary charges for Covered Expenses, excess of the chosen Deductible and Coinsurance up to the selected Medical Maximum, incurred by You due to an Accidental Injury or Illness which occurred during the Period of Coverage outside Your Home Country (except as provided under the Home Country Coverage). All bodily disorders existing simultaneously which are due to the same or related causes shall be considered one Disablement. If a Disablement is due to causes which are the same or related to the cause of a prior Disablement, the Disablement shall be considered a continuation of the prior Disablement and not a separate Disablement. The initial treatment of an Injury or Illness must occur within thirty (30) days of the date of Injury or onset of Illness.

Only such expenses which are specifically enumerated in the following list of charges, are incurred within one hundred eighty (180) days from the date of accident or onset of Illness and which are not excluded, shall be considered Covered Expenses:

- 1) Charges made by a Hospital for room and board, floor nursing and other services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital's average charge for semi-private room and board accommodations.
- 2) Charges made for Intensive Care or Coronary Care charges and nursing services.
- 3) Charges made for diagnosis, Treatment and Surgery by a Physician.
- 4) Charges made for an operating room.
- 5) Charges made for Outpatient Treatment, same as any other Treatment covered on an Inpatient basis.  
This includes ambulatory Surgical centers, Physicians' Outpatient visits/examinations, clinic care, and Surgical opinion consultations.
- 6) Charges made for the cost and administration of anesthetics.
- 7) Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood, transfusions, iron lungs, and medical Treatment.
- 8) Charges for physiotherapy, if recommended by a Physician for the Treatment of a specific Disablement and administered by a licensed physiotherapist.
- 9) Dressings, drugs, and Medicines that can only be obtained upon a written prescription of a Physician or Surgeon.
- 10) Local transportation to or from the nearest Hospital or to and from the nearest Hospital with facilities for required Treatment. Such transportation shall be by licensed ground ambulance only to a limit of \$5,000, within the metropolitan area in which You are located at that time the service is used. If You are in a rural area, then licensed air ambulance transportation to the nearest metropolitan area shall be considered a Covered Expense.

### Pre-Notification / Referral:

In order to ensure Your claims are addressed as efficiently as possible, You or the provider of service must contact the Assistance Company for pre-notification prior to: any medical Treatment in the U.S. as well as hospital admissions and inpatient / outpatient surgeries incurred worldwide. The Assistance Company has trained personnel available twenty-four (24) hours a day, seven (7) days a week throughout the year to answer Your questions, provide assistance, and guide You to an appropriate facility if necessary. In the case of an Emergency Admission, the Assistance Company must be contacted within forty-eight (48) hours, or as soon as reasonably possible. Pre-notification does not guarantee that benefits will be paid.

Please be aware that this is not a general health insurance policy, but an interim, limited benefit period, travel medical plan intended for use while away from Your Home Country. The Liaison® International plan cannot guarantee payment to an individual or a facility for medical expenses until it has been determined that it is an eligible expense and a signed agreement has been received from the appropriate medical facility.

**Unexpected Recurrence of a Pre-Existing Condition** (Class 1 – U.S. or Canadian citizens traveling outside the United States only) – This plan shall pay, up to \$20,000 (Age 65+, up to \$2,500) subject to the chosen Deductible and Coinsurance, for Covered Expenses resulting from a sudden, unexpected recurrence of a Pre-existing Condition while traveling outside the United States. This benefit does not include coverage for known, scheduled, required, or expected medical care, drugs or treatments existent or necessary prior to the Effective Date of coverage.

**Hospital Indemnity** (Class 1 – U.S. or Canadian citizens traveling outside the United States only) – If You are confined to a Hospital as a registered Inpatient as the result of an Illness or Injury which occurs during Your Period of Coverage, this plan will pay Benefits up to \$150 per day of confinement, in addition to any other covered expense, up to a maximum of thirty (30) days.

**Dental – Accident Coverage** – This plan shall pay in excess of the chosen Deductible and Coinsurance of up to a maximum of \$500, for emergency treatment to repair or replace sound natural teeth damaged as the result of a covered accident.

**Dental – Emergency Relief of Pain** (Class 1 – U.S. or Canadian citizens traveling outside the United States only) – This plan shall pay in excess of the chosen Deductible and Coinsurance up to a maximum of \$100, for emergency treatment for the relief of pain to natural teeth.

**Emergency Medical Evacuation/Repatriation** – The plan will pay Covered Expenses incurred if any covered Injury or Illness commences during the Period of Coverage that results in the Medically Necessary Emergency Medical Evacuation or Repatriation (Your medical condition warrants immediate transportation from the medical facility where You are located to the nearest adequate medical facility where medical Treatment can be obtained). This benefit must be approved and arranged by the Assistance Company in consultation with the local attending Physician.

**Return of Mortal Remains** – The plan will pay the reasonable Covered Expenses incurred up to a maximum of \$50,000 to return Your remains to Your Home Country, if You should die. This benefit must be approved and arranged by the Assistance Company.

**Return of Minor Child(ren)** – Should You be traveling alone with a Minor Child(ren) and are hospitalized because of a covered Illness or Injury and the Minor Child(ren), under age nineteen (19), is left unattended, the plan will arrange and pay up to \$50,000 for a one way economy fare to their Home Country (including the cost of an attendant/escort, if necessary to insure the safety and welfare of a Minor Child(ren)). This benefit must be approved and arranged by the Assistance Company.

**Emergency Medical Reunion** – When Emergency Medical Evacuation or Repatriation is ordered and the attending Physician recommends that a family member travel with You, the plan will arrange and pay, up to \$50,000, for a round trip economy-class transportation for one individual of Your choice, from Your Home Country, to be at Your side while You are hospitalized. This benefit must be approved and arranged by the Assistance Company.

**Accidental Death & Dismemberment** – Benefits shall be paid to You if You sustain an Accidental Injury. The Injury must occur during the Period of Coverage and death or dismemberment as a result of that Accident must occur within 365 days from the date of Accident. Benefits payable for any such loss shall be in accordance with the following table: If You incur more than one Loss stated in the following Table as the result of one Accident, only the largest amount, shall be payable.

| Description of Loss                           | Percent of Principal Sum |
|---|--------------------------|
| Life  | 100%                     |
| Both Hands or Both Feet or Sight of Both Eyes | 100%                     |
| One Hand and One Foot                         | 100%                     |
| Either Hand or Foot and Sight of One Eye      | 100%                     |
| Either Hand or Foot                           | 50%                      |
| Common Carrier Accidental Death               | 200%                     |

**Baggage Loss** – This plan will reimburse You for lost baggage and personal effects checked with a Common Carrier provided You have taken all reasonable measures to protect, save and/or recover his/her property at all times. The baggage and personal effects must be owned by and accompany You at all times. There will be a per article limit of \$50 to a maximum benefit limit of \$250 as per the Schedule of Benefits. The plan will pay the lesser of the following:

1. The actual cash value (cost less proper deduction for depreciation at the time of loss);
2. The cost to repair or replace the article with material of a like kind and quality; or
3. \$50 per article.

This coverage is secondary to any coverage provided by a Common Carrier. You must furnish proof to the Company that full reimbursement has been obtained from the airline.

**Interruption of Trip** – If You are unable to continue the trip due to the death of an Immediate Family member (parent, spouse, sibling or child) or due to serious damage to Your principal residence from fire, flood or similar natural disaster (tornado, earthquake, hurricane, etc.), the plan will reimburse (up to \$5,000) for the cost of economy travel, less the value of applied credit from an unused return travel ticket, to return You home to Your area of principal residence. This benefit must be approved and arranged by the Assistance Company.

**Home Country Coverage:**

*Incidental Trips to the Home Country* – This benefit covers You for incidental trips to Your Home Country (thirty (30) days per six (6) months of purchased coverage or pro rata thereof - example: approximately five (5) days per month of purchased coverage). Maximum benefit is reduced to \$50,000 for any illness or injury occurring while on an incidental trip to Your Home Country. Please note: If You do not use Your Home Country Coverage days within Your Period of Coverage, they do not extend after Your Expiration Date.

*Home Country Extension of Benefits* – The plan shall pay up to a maximum of \$5,000 for Covered Expenses incurred in Your Home Country related to an Injury or Illness which occurred, was diagnosed and treated outside Your Home Country during Your Period of Coverage (does not apply for Emergency Evacuation or Repatriation). Only those Covered Expenses that are incurred within 180 days from the date of accident or onset of Illness and which are not excluded shall be considered eligible.

**Assistance Services** – Upon enrollment into Liaison® International plan, You are eligible to use any of the assistance services provided by the Assistance Services Provider. Additional information is contained in the plan summary. Open 24 hours/day, 365 days a year • Multi-lingual personnel • Physicians / Nurses on staff • Locate local facilities • Help with emergency situations.

**PLAN DEFINITIONS**

**Benefit Period** shall mean the allowable time period You have from the date of Injury or onset of Illness to receive Treatment for a Covered Injury or Illness. If Your plan terminates during Your Benefit Period, You will still be eligible to receive Treatment so long as the treatment is within Your Benefit Period and outside Your Home Country (except as provided under the Home Country Coverage).

**Coinsurance** shall mean the percentage amount of Covered Expenses, after the Deductible, which is Your responsibility to pay.

**Common Carrier** shall mean any land, sea, and/or air conveyance operating under a valid license for the transportation of passengers for hire.

**Company** shall mean Nationwide Life Insurance Company. Florida residents Company shall mean Nationwide Mutual Insurance Company.

**Deductible** shall mean the amount of Covered Expenses which is Your responsibility to pay before benefits under the plan are payable.

**Disablement** (as used with respect to medical expenses) shall mean an Illness or an Accidental bodily Injury necessitating medical treatment by a Physician.

**Eligible Dependent Child** shall mean Your unmarried children over fourteen (14) days and under nineteen (19) years of age.

**Eligible Spouse** shall mean Your legal spouse.

**Home Country** shall mean the country where You have Your true, fixed and permanent home and principal establishment.

**Illness** shall mean sickness or disease of any kind contracted and commencing while this plan is in force as to the Insured Person whose Illness is the basis of claim. Any complication or any condition arising out of an Illness for which the Insured Person is being treated or has received Treatment will be considered as part of the original Illness.

**Injury** shall mean accidental bodily injury or injuries caused by an accident which occurs after the Effective Date of this policy. The Injury must be the direct cause of the loss, independent of disease or bodily infirmity.

**Inpatient** shall mean if You are confined in an institution and are charged for room and board.

**Mountaineering** shall mean the sport, hobby or profession of walking, hiking, and climbing up mountains either: 1) utilizing harnesses, ropes, crampons or ice axes; or 2) ascending 4,500 meters or above.

**Outpatient** shall mean if You receive care in a Hospital or another institution, including: ambulatory surgical center; convalescent/skilled nursing facility; or Physician's office, for an Illness or Injury, but who is confined and is not charged for room and board.

**Parachuting** shall mean an activity involving the breaking of a free fall from an airplane using a parachute.

**Period of Coverage** shall mean the Period of Coverage issued by the Company to the Insured Person, typically beginning with the Effective Date and ending with the Expiration Date or the date coverage is renewed by the Company.

**Reasonable and Customary** shall mean the maximum amount that the plan determines is Reasonable and Customary for Covered Expenses You receive, up to but not to exceed charges actually billed. The determination considers:

- 1) Amounts charged by other Service Providers for the same or similar service in the locality where received, considering the nature and severity of the bodily Injury or Illness in connection with which such services and supplies are received;
- 2) Any usual medical circumstances requiring additional time, skill or experience; and
- 3) Other factors included but not limited to, a resource based relative value scale.

**Treatment** means a specific in-office or Hospital physical examination of or care rendered to You, consultation, diagnostic procedures and services, Surgery, medical services and supplies including medication prescribed or provided by a Service Provider.

**You or Your** shall mean the Primary Insured Person and the Primary Insured's Spouse or Dependent.

#### EXCLUSIONS AND LIMITATIONS

No Benefit shall be payable for Accident Medical, Sickness Medical, In-Hospital Indemnity, Unexpected Recurrence, Dental, Emergency Medical Evacuation/Repatriation, Return of Mortal Remains, Return of Minor Child, Emergency Medical Reunion, as the result of:

1. Pre-existing Conditions: Any Injury or Illness which meets the following criteria (unless covered under the Unexpected Recurrence benefit): 1) a condition that would have caused a person to seek medical advice, diagnosis, care or treatment during the thirty-six (36) months prior to the Effective Date of coverage under this policy; 2) a condition for which medical advice, diagnosis, care or treatment was recommended or received during the thirty-six (36) months prior to the Effective Date of coverage under this policy. For Class 1 – U.S. or Canadian citizens traveling outside the United States, the Pre-existing Condition period is twelve (12) months instead of thirty-six (36) months. This exclusion does not apply to Emergency Evacuation/Repatriation or Return of Mortal Remains.  
*Note: Class 1 – U.S. or Canadian citizens traveling outside the United States shall receive up to \$20,000 (Age 65+, up to \$2,500) subject to the chosen Deductible and Coinsurance, for Covered Expenses resulting from a sudden, unexpected recurrence of a Pre-existing Condition while traveling outside the United States. This benefit does not include coverage for known, scheduled, required, or expected medical care, drugs or treatments existent or necessary prior to the Effective Date of coverage.*
2. Injury or Illness which is not presented to the Company for payment within 3 months 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. Any consequence, whether proximately or remotely occasioned by, or traceable to, or arising in connection with the following, which shall hereinafter for the purposes of this Exclusion be called the "Incidents":
  - a) war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war.
  - b) mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power.
  - c) any act of any person acting on behalf of or in connection with any organization with activities directed towards the overthrow by force of the Government du jure or de facto.
  - d) martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege.Any consequence happening or arising during the existence of abnormal conditions (whether physical or otherwise), whether proximately or remotely occasioned by, traceable to, arising in connection with, any of the said Incidents shall be deemed to be consequences for which the Company shall not be liable under this plan except to the extent that the Insured Person shall prove that such consequence happened independently of the existence of such abnormal conditions.
10. Injury sustained while participating in professional athletics;
11. Injury sustained while participating in 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.*
12. 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;
13. Treatment of the temporomandibular joint;
14. Vocational, speech, recreational or music therapy;
15. Services or supplies performed or provided by a relative of Yours, or anyone who lives with You;
16. 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;
17. 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;
18. Treatment and the provision of false teeth or dentures, normal ear tests and the provision of hearing aids;
19. 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;
20. Treatment in connection with alcoholism and drug addiction, or use of any drug or narcotic agent;
21. 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;
22. Any Mental and Nervous disorders or rest cures;
23. Congenital abnormalities and conditions arising out of or resulting there from;
24. Expenses which are non-medical in nature;
25. Expenses as a result of or in connection with intentionally self-inflicted Injury or Illness;
26. Expenses as a result of or in connection with the commission of a felony offense;
27. Injury sustained while taking part in mountaineering; hang gliding; parachuting; bungee jumping; racing by horse, motor vehicle or motorcycle; snowmobiling; motorcycle/motor scooter riding (whether as a driver or passenger); scuba diving, involving underwater breathing apparatus (unless PADI or NAUI certified); water skiing; snow skiing; spelunking; parasailing and snowboarding. *Hazardous Sport Coverage: the following are covered if the required premium has been paid: motorcycle/motor scooter riding (whether as a driver or passenger), hang gliding, parachuting, bungee jumping, water skiing, snow skiing, snowmobiling, snowboarding and spelunking.*
28. 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;
29. Treatment of venereal disease;
30. Dental care, except as the result of Injury to natural teeth caused by Accident, unless otherwise covered under this plan;
31. Routine Dental Treatment;
32. For Pregnancy or Illness resulting from Pregnancy, childbirth, or miscarriage;
33. For miscarriage resulting from Accident;

34. 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;
35. Treatment for human organ tissue transplants and their related treatment;
36. Expenses incurred while in Your Home Country, except as provided under the Home Country Coverage;
37. Expenses incurred during a Hospital emergency visit which is not of an emergency nature;
38. Covered Expenses incurred for which the Trip to the Host Country was undertaken to seek medical treatment for a condition;
39. Covered Expenses incurred during a Trip after Your Physician has limited or restricted travel;
40. 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.
41. Sex change operations, or for treatment of sexual dysfunction or sexual inadequacy;
42. Weight reduction programs or the surgical treatment of obesity;
43. Expenses resulting from Acquired Immune Deficiency Syndrome (AIDS), Aids-Related Complex (ARC) or the Human Immunodeficiency Virus (HIV).

No Benefit shall be payable for Accidental Death and Dismemberment as the result of:

1. Suicide or attempt thereof while sane or self destruction or any attempt thereof while insane;
2. Disease of any kind: Bacterial infections except pyogenic infection which shall occur through an accidental cut or wound;
3. Hernia of any kind;
4. 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;
5. Injury sustained while You are riding as a passenger in any aircraft (a) not having a current and valid Airworthy Certificate and (b) not piloted by a person who holds a valid and current certificate of competency for piloting such aircraft;
6. Any consequence, whether proximately or remotely occasioned by, or traceable to, or arising in connection with the following, which shall hereinafter for the purposes of this Exclusion be called the "Incidents":
  - a) war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war.
  - b) mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power.
  - c) any act of any person acting on behalf of or in connection with any organization with activities directed towards the overthrow by force of the Government du jure or de facto.
  - d) martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege.

Any consequence happening or arising during the existence of abnormal conditions (whether physical or otherwise), whether proximately or remotely occasioned by, traceable to, or arising in connection with, any of the said Incidents shall be deemed to be consequences for which the Company shall not be liable under this plan except to the extent that the Insured Person shall prove that such consequence happened independently of the existence of such abnormal conditions.
7. Service in the military, naval or air service of any country;
8. Flying in any aircraft being used for or in connection with acrobatic or stunt flying, racing or endurance tests;
9. Flying in any rocket-propelled aircraft;
10. Flying in any aircraft being used for or in connection with crop dusting or seeding or spraying, fire fighting, exploration, pipe or power line inspection, any form of hunting or herding, aerial photography, banner towing or any experimental purpose;
11. Flying in any aircraft which is engaged in any flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even though granted;
12. Sickness of any kind;
13. Being under the influence of alcohol or having taken drugs or narcotics unless prescribed by a legally qualified Physician or surgeon;
14. Injury occasioned or occurring while You are committing or attempting to commit a felony or to which a contributing cause was You being engaged in an illegal occupation;
15. While riding or driving in any kind of competition;
16. Pregnancy, childbirth, miscarriage or abortion;
17. 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.

No Benefit shall be payable for the following items under the Loss of Checked Baggage Benefit:

1. Aircraft, automobiles, automobile equipment, motors, motorcycles, bicycles (except bicycles when checked as baggage with a common carrier), boats or other conveyances or their accessories;
2. Animals;
3. Artificial teeth or limbs, hearing aids;
4. Sunglasses, contact lenses or eyeglasses;
5. Documents of any kind, including but not limited to documents, bills, currency, deeds, evidences of debt, letters of credit, stamps, credit cards, money, notes, securities, transportation or other tickets;
6. Household furniture or furnishings.

## POLICY PREVISIONS

### Refund of Premium:

Nationwide realizes that there is uncertainty in international travel. Refund of total plan cost will only be considered if written request is received by the Administrator prior to the Effective Date of Coverage. If written request is received after the Effective Date of Coverage, the unused portion of the Plan cost may be refunded minus a cancellation fee, provided no claim has been submitted to the Administrator for reimbursement.

### Claim Submission:

Filing a claim is easy. You will receive a Liaison<sup>®</sup> International Plan, Identification card and claim form once You are approved for insurance. When You receive Treatment, send the original, itemized bills to the Administrator within 90 days. Eligible bills are automatically converted from local currencies to U.S. dollars. For payments of eligible medical expenses, notify the Administrator of pending treatments and we can refer You to approved health care providers worldwide. You are only responsible for Your Deductible, Coinsurance amounts and non-eligible expenses. For more details, consult the Plan Summary that is provided with Your insurance kit, or contact the Administrator.

**Time of Payment of Claims:** Indemnities payable under the Policy for any loss other than loss for which the Policy provides any periodic payment will be paid within 30 days upon receipt of due written proof of such loss. Benefits paid more than 30 days following the Company's receipt of due written proof of loss will include interest that will accrue at the rate of 9% per annum from the 30th day after receipt of such proof to the date the benefit is paid. Subject to due written Proof of Loss, all accrued indemnities for loss for which the Policy provides periodic payment will be paid at the expiration of each four weeks during the continuance of the period for which the Company is liable, and any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof.

**Excess Benefits:** All coverages, except Accidental Death and Dismemberment, shall be in excess of all other valid and collectible Insurance Indemnity and shall apply only when such benefits are exhausted. Other valid and collectible Insurance Indemnity for which benefits may be payable are Insurance programs provided by:

- (a) Individual, group or blanket Insurance or coverage;
- (b) Other prepayment coverage provided on a group or individual basis;
- (c) Any coverage under labor management trusted plans, union welfare plans, employer organizational plans, employee benefit organization plans, or other arrangement of benefits for individuals of a group;

- (d) Any coverage required or provided by any statute, socialized Insurance program;
- (e) Any no-fault automobile Insurance;
- (f) Any third party liability Insurance.

**Monetary Limits:**

The monetary limits stated in this Plan and the plan cost shall be in U.S. dollars. For service outside of the territorial limits of the United States, the exchange rate date used to determine the amount of U.S. dollars to be paid is the exchange rate effective for the date the claims expense was incurred.

**About the Administrator:**

Nationwide has selected Seven Corners, Inc. as the Administrator of the Liaison<sup>®</sup> International Plan. Since 1993, Seven Corners has provided medical insurance to corporations, international travelers, expatriates, students, overseas visitors, immigrants and global citizens. With expertise and efficiency they have served clients in more than a hundred countries.

**Information:**

This Insurance is underwritten by: Nationwide Mutual Insurance Company, Nationwide Life Insurance Company and Nationwide Mutual Fire Company.

Complete provisions pertaining to this insurance are contained in the Master Policy under filed Form #NHPINTRVL, on file with the trustee, the American Travel Services Trust, and Liaison<sup>®</sup> International Plan.

For U.S. citizens, this product may vary by state and/or may not be available in Your state at this time, please visit our website or contact Your local agent for product availability, terms and conditions by state.

Excluded Country List: Coverage is not available for travel to or from the following Countries\*: Balkans, Belarus, Burma, Cote d'Ivoire (Ivory Coast), Cuba, Democratic Republic of the Congo, Iran, Iraq, Liberia, North Korea, Palestinian Authority, Sudan, Syria or Zimbabwe.

\* The above list is subject to change, please visit [www.sevendcorners.com](http://www.sevendcorners.com) for an up-to-date list.

**PLEASE NOTE THE FOLLOWING STATE SPECIFIC AMENDMENTS:**

**FOR RESIDENTS IN THE STATE OF DELAWARE:**

- **Exclusions & Limitations section, Exclusion 6** under the Accidental Death and Dismemberment section is deleted in its entirety and replaced as follows:
  - 6. Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with the following, which shall hereinafter for the purposes of this Exclusion be called the "Incidents":
    - a) war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war.
    - b) mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power.
    - c) any act of any person acting on behalf of or in connection with any organization with activities directed towards the overthrow by force of the Government du jure or de facto.
    - d) martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege.Any consequence happening or arising during the existence of abnormal conditions (whether physical or otherwise), whether directly or indirectly, proximately or remotely occasioned by, or contributed to by, traceable to, or arising in connection with, any of the said Incidents shall be deemed to be consequences for which the Company shall not be liable under this plan except to the extent that the Insured Person shall prove that such consequence happened independently of the existence of such abnormal conditions.
- **Exclusions & Limitations section, Exclusion 9** under the Accident Medical, Illness Medical section is deleted in its entirety and replaced as follows:
  - 9. Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with the following, which shall hereinafter for the purposes of this Exclusion be called the "Incidents":
    - a) war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war.
    - b) mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power.
    - c) any act of any person acting on behalf of or in connection with any organization with activities directed towards the overthrow by force of the Government du jure or de facto.
    - d) martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege.Any consequence happening or arising during the existence of abnormal conditions (whether physical or otherwise), whether proximately or remotely occasioned by, traceable to, arising in connection with, any of the said Incidents shall be deemed to be consequences for which the Company shall not be liable under this plan except to the extent that the Insured Person shall prove that such consequence happened independently of the existence of such abnormal conditions.

**FOR RESIDENTS IN THE STATE OF KENTUCKY:**

- **Definitions**, the definition of **Physician** is deleted in its entirety and replaced as follows:

"Physician" shall mean a doctor of medicine or a doctor of osteopathy licensed to render medical services or perform Surgery in accordance with the laws of the jurisdiction where such professional services are performed. "Physician" such also mean a duly licensed optometrist, chiropractor, podiatrist, psychologist or clinical social worker.
- **Exclusions & Limitations section, Exclusion 6** under the Accidental Death and Dismemberment section is deleted in its entirety and replaced as follows:
  - 6. Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to, or arising in connection with the following, which shall hereinafter for the purposes of this Exclusion be called the "Incidents":
    - a) war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war.
    - b) Mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power.
    - c) Any act of any person acting on behalf of or in connection with any organization with activities directed towards the overthrow by force of the Government du jure or de facto or to the influencing of it by violence.
    - d) Martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege.Any consequence happening or arising during the existence of abnormal conditions (whether physical or otherwise), whether directly or indirectly, proximately or remotely occasioned by, or contributed to by, traceable to, or arising in connection with, any of the said Incidents shall be deemed to be consequences for which the Company shall not be liable under this plan except to the extent that the Insured Person shall prove that such consequence happened independently of the existence of such abnormal conditions.
- **Exclusions & Limitations section, Exclusion 9** under the Accident Medical, Illness Medical section is deleted in its entirety and replaced as follows:
  - 9. Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with the following, which shall hereinafter for the purposes of this Exclusion be called the "Incidents":
    - a) war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not); or civil war.
    - b) mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power.
    - c) any act of any person acting on behalf of or in connection with any organization with activities directed towards the overthrow by force of the Government du jure or de facto or to the influencing of it by violence.
    - d) martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege.

Any consequence happening or arising during the existence of abnormal conditions (whether physical or otherwise), whether directly or indirectly, proximately or remotely occasioned by, or contributed to by, traceable to, arising in connection with, any of the said incidents shall be deemed to be consequences for which the Company shall not be liable under this plan except to the extent that the Insured Person shall prove that such consequence happened independently of the existence of such abnormal conditions.

- **Exclusions & Limitations section, Exclusion 13** under the Accident Medical, Illness Medical section, regarding the temporomandibular joint, is deleted in its entirety.
- **Exclusions & Limitations section, Exclusion 34** under the Accident Medical, Illness Medical section, is deleted in its entirety and replaced as follows:  
34. 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, or abortion;
- **Exclusions & Limitations section, Exclusion 43** under the Accident Medical, Illness Medical section, regarding Expenses resulting from Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC) or the Human Immunodeficiency Virus (HIV) is deleted in its entirety.
- **POLICY PROVISIONS, Excess Benefits** is deleted in its entirety and replaced as follows:  
Benefits: All coverages except Accidental Death and Dismemberment shall be paid according to the Coordination of Benefits provision of this plan.

**FOR RESIDENTS IN THE STATE OF MISSOURI:**

- **Definitions**, the definition of **Eligible Dependent Child** is deleted in its entirety and replaced as follows:  
"Eligible Dependent Child" shall mean the Primary Insured Person's unmarried children over 14 days and under 19 years of age or under 25 years of age if they are attending an accredited institution of higher learning on a regular full-time basis and/or wholly dependent upon the Insured Person for maintenance and support. An Eligible Dependent Child includes a natural child, a legally adopted child, a step-child or a child under the Insured Person's legal guardianship.  
The age limits that apply to Eligible Dependent Child(ren) will not apply to any Insured Dependent Child of the Primary Insured Person who remains dependent on the Primary Insured Person for support and maintenance because he or she becomes incapable of working due to a mental or physical handicap which occurs: before reaching the age limit; and while insured under this plan or any prior plan, provided such Insured Dependent Child was insured on the date of termination of the prior plan.
- **Exclusions & Limitations section, Exclusion 25** under the Accident Medical, Illness Medical section, is deleted in its entirety and replaced as follows:  
25. Expenses as a result or in connection with intentionally self-inflicted Injury or Illness while insane;

**FOR RESIDENTS IN THE STATE OF MISSISSIPPI:**

- **Description of Benefits, Medical Expenses section**, the following benefits are added:  
11) Charges made for Spinal Manipulation which is prescribed, performed, or ordered by a licensed chiropractor for the relief of pain.  
12) Charges made for diagnosis and Surgery of temporomandibular joint disorder and craniomandibular disorder by either a Physician or a Dentist. The lifetime maximum for the treatment of temporomandibular joint disorder and craniomandibular disorder is \$5,000.
- **Exclusions & Limitations section, Exclusion 6** under the Accidental Death and Dismemberment section is deleted in its entirety and replaced as follows:  
6. Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to, or arising in connection with the following, which shall hereinafter for the purposes of this Exclusion be called the "Incidents":  
a) War, invasion, act or foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war.  
b) Mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power.  
c) Any act of any person acting on behalf of or in connection with any organization with activities directed towards the overthrow by force of the Government du jure or de facto or to the influencing of it by violence.  
d) Martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege.  
Any consequence happening or arising during the existence of abnormal conditions (whether physical or otherwise), whether directly or indirectly, proximately or remotely occasioned by, or contributed to by, traceable to, or arising in connection with, any of the said Incidents shall be deemed to be consequences for which the Company shall not be liable under this plan except to the extent that the Insured Person shall prove that such consequence happened independently of the existence of such abnormal conditions.
- **Exclusions & Limitations section, Exclusion 9** under the Accident Medical, Illness Medical section is deleted in its entirety and replaced as follows:  
9. Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with the following, which shall hereinafter for the purposes of this Exclusion be called the "Incidents":  
a) war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not); or civil war.  
b) mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power.  
c) any act of any person acting on behalf of or in connection with any organization with activities directed towards the overthrow by force of the Government du jure or de facto or to the influencing of it by violence.  
d) martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege.  
Any consequence happening or arising during the existence of abnormal conditions (whether physical or otherwise), whether directly or indirectly, proximately or remotely occasioned by, or contributed to by, traceable to, arising in connection with, any of the said incidents shall be deemed to be consequences for which the Company shall not be liable under this plan except to the extent that the Insured Person shall prove that such consequence happened independently of the existence of such abnormal conditions.
- **Exclusions & Limitations section, Exclusion 13** under the Accident Medical, Illness Medical section, regarding the temporomandibular joint, is deleted in its entirety.
- **Policy Provisions, the Time of Payment of Claims** provision is deleted in its entirety and replaced with:  
**Time of Payment of Claims:** Indemnities payable under the plan for any loss other than loss for which the plan provides any periodic payment will be paid immediately upon receipt of due written proof of such loss.  
Subject to due written Proof of Loss, all accrued indemnities for loss for which the plan provides periodic payment will be paid monthly during the continuance of the period for which the Company is liable, and any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof of loss.  
If a claim is not paid within 35 days of receipt of written proof of loss in the form of a clean claim (25 days if proof of loss is submitted to the Company electronically in the form of a clean claim), interest will be paid on the over due amount at a monthly rate of 1½ % per month or as required by law until the claim is finally settled or adjudicated. If the Company fails to pay benefits when due, the person entitled to such benefits may bring action to recover such benefits, any interest which may accrue, and any other damages permissible by law. A "clean claim" means a claim which requires no further information, adjustment or alteration by the provider of the services or the Insured Person in order to be processed and paid by the Insurance Company. A claim is clean if it has no defect or impropriety, including any lack of substantiating documentation, or particular circumstance requiring special treatment that prevents timely payment from being made on the claim under this provision. A clean claim includes resubmitted claims with previously identified deficiencies corrected.