



INTERNATIONAL
CITIZENS **INSURANCE**

Seven Corners Travel Medical Annual Multi-Trip

INSURANCE FOR INTERNATIONAL TRAVEL

Covers worldwide trips outside your home country



SEVEN CORNERS
TRAVEL INSURANCE



Our Travel Medical Annual Multi-Trip Plan

The world has changed, and travel is different now. You need travel insurance to protect you if you contract COVID-19 on an international trip.

And if you travel abroad frequently, you also need the convenience of an annual travel insurance plan for multiple trips. Our plan meets these needs with medical coverage for COVID-19 expenses and other illnesses and injuries that occur while you are on a covered trip.

To review the plan benefits, obtain a quote, and purchase a plan, visit our Travel Medical Annual Multi-Trip product page.

Who can purchase this plan?

Travelers must be at least 14 days old and younger than 76 years.

Where can I travel?

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

Coverage Length

You are covered for 364 days. At the end of that time, you may buy a new plan to cover your next year of travel. We will email you a reminder before your coverage ends. We cannot provide a refund after your coverage begins.

ABOUT SEVEN CORNERS

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

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

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Seven Corners Assist

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

24/7 Travel Assistance — We can provide local weather details, currency rates, embassy contact information, interpreter referrals, help with lost passport recovery, and pre-trip information such as inoculation & visa requirements.

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

YOUR UNDERWRITER

You can feel confident with our Travel Medical Annual Multi-Trip plan. It 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.

In specific scenarios, coverage is provided by **Tramont Insurance Company Limited.*

SCHEDULE OF BENEFITS

All benefits listed in this Schedule of Benefits are in United States dollar amounts. All medical, dental, and vision benefits are subject to deductible and/or copay and coinsurance. Unless otherwise stated, all benefits are per person, per period of coverage, and they are provided up to the amount shown.

Seven Corners Travel Medical Annual Multi-Trip	
<i>Includes Coverage for COVID-19 Treatment</i>	
PLAN OPTIONS	
Benefit Period	You have 90 days to receive treatment from the date of an injury or illness. Initial treatment must occur within 30 days.
Medical Maximum Options	14 days to 64 years old: \$1,000,000 65 to 75 years old: \$100,000
Deductible Options (You pay)	\$0; \$250; \$500
Coinsurance <i>Inside the United States</i> (The plan pays)	We pay 90% of the first \$5,000, then 100% to the medical maximum
Coinsurance <i>Outside the United States</i> (The plan pays)	We pay 100% to the medical maximum.
MEDICAL	
Hospital Room & Board, Inpatient Hospital Services, Outpatient Hospital / Clinical Services, Emergency Room Services, Physician Office Visits, Prescription Drugs, Home Health Care	URC* up to medical maximum (\$15 copay for Physician Office Visits)
COVID-19 Treatment	URC up to medical maximum
Local Ambulance	Up to medical maximum

*URC means Usual, Reasonable, and Customary. It is the maximum amount we will pay for covered expenses based on several factors. See the definition in the plan document for more details.

Benefits continue on next page.

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SCHEDULE OF BENEFITS (CONTINUED)

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MEDICAL	
Urgent Care Visits	URC* up to medical maximum \$15 copay
Telehealth Consultations or Care	URC up to medical maximum
Physiotherapy and Chiropractic Care	\$50 per visit, 10 visits maximum
Hospital Daily Indemnity Outside the United States	\$100 per day, 10-day limit per occurrence
Extension of Benefits to Home Country	\$5,000
Pre-certification Penalty	Required in the United States for specific types of treatment. A 25% reduction in covered expenses applies if you don't obtain pre-certification. Penalty does not apply to a medical emergency. See pre-certification section of the plan document for details.
Acute Onset of Pre-existing Conditions <i>For United States residents traveling outside of the United States</i>	14 days to 64 years old: \$20,000 65 to 75 years old: \$2,500
Myocardial Infarction and Stroke <i>For Non-United States residents traveling to the United States</i>	\$200 per day, \$3,000 maximum
Terrorist Activity	\$50,000
DENTAL	
Dental — Sudden Relief of Pain	\$250 per occurrence
Dental — Accident	\$500 per occurrence
VISION	
Emergency Eye Exam	\$100 per occurrence
EMERGENCY SERVICES AND ASSISTANCE	
All emergency services except Natural Disaster Daily Benefit must be coordinated by Seven Corners Assist. Failure to utilize Seven Corners Assist may result in a denial of benefits.	
Emergency Medical Evacuation and Repatriation	\$1,000,000 (separate from medical maximum)
Emergency Medical Reunion	\$200 per day, 10-day limit \$50,000 maximum
Bedside Visit	\$1,000
Return of Child(ren)	\$50,000
Return of Mortal Remains	\$50,000
Local Burial or Cremation	\$50,000
Natural Disaster Evacuation	\$25,000

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Benefits continue on next page.

SCHEDULE OF BENEFITS (CONTINUED)

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Includes Coverage for COVID-19 Treatment

EMERGENCY SERVICES AND ASSISTANCE

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

Natural Disaster Daily Benefit	\$100 per day, 5-day limit
Political Evacuation and Repatriation	\$10,000
24/7 Travel Assistance Services	Included

AD&D

Accidental Death and Dismemberment (AD&D)	14 days to 18 years old: \$5,000 19 to 75 years old: \$25,000 <i>(aggregate limit of \$250,000 for total number of insureds on the plan)</i>
Common Carrier Accidental Death and Dismemberment	14 days to 18 years old: \$25,000 19 to 75 years old: \$50,000 <i>(aggregate limit of \$250,000 for total number of insureds on the plan)</i>

OTHER TRAVEL BENEFITS

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

Loss of Checked Baggage	\$50 per article, \$500 per occurrence
Baggage Delay	\$250 per occurrence
Trip Interruption	\$5,000
Trip Delay	\$100 per day, 2-day limit per occurrence
Lost or Stolen Travel Documents	\$200
Border Entry Protection For Non-United States Residents traveling to the United States	\$550
Personal Liability	\$25,000

OPTIONAL COVERAGE

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

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

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

PATIENT PROTECTION AND AFFORDABLE CARE ACT: THIS IS NOT QUALIFYING HEALTH COVERAGE ("MINIMUM ESSENTIAL COVERAGE") THAT SATISFIES THE HEALTH CARE COVERAGE REQUIREMENT OF THE AFFORDABLE CARE ACT. IF YOU DON'T HAVE MINIMUM ESSENTIAL COVERAGE, YOU MAY OWE AN ADDITIONAL PAYMENT WITH YOUR TAXES.

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Any questions? Contact Us!

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