



# Inbound<sup>®</sup> USA

HEALTH INSURANCE FOR VISITORS TO THE USA

Scheduled travel insurance benefits for non-U.S. citizens



For 25 years, Seven Corners has protected travelers all over the world. We deliver health, safety and security to you when you are away from home. Take us on your next trip!



## Why do I need visitor health insurance?

Inbound USA provides health insurance for visitors to the USA. This travel insurance plan is important for several reasons:

- Your home country's health insurance may not cover you when you travel to the USA, which means you may have to pay for your medical care if you become sick or hurt on your trip.
- Medical expenses in the USA are some of the most expensive in the world, which makes visitors medical insurance an important part of any trip to the USA.
- Inbound USA provides scheduled benefit visitor insurance, which is priced affordably even for longer trips.
- 24/7 travel assistance services are included with Inbound USA. Our multilingual team can help you find a doctor and answer your benefit and travel questions.
- Inbound USA is also a great visitor health insurance choice for family members, like parents, who are traveling to the USA. You can buy coverage for them when they visit you.

### WHO CAN BUY AN INBOUND USA PLAN?

The plan covers non-United States citizens who are traveling to the USA. You may buy coverage for yourself, your spouse, your children, and your traveling companions.

To be covered by the Inbound USA Basic and Inbound USA Choice plan, you must be at least 14 days of age and younger than 100 years of age.

To be covered by the Inbound USA Elite plan, you must be at least 14 days of age and younger than 70 years of age.

### WHERE CAN I TRAVEL?

If you wish to buy this plan, your travel destination must be the USA. The plan provides limited coverage for travel to additional countries for trips that originate in the USA. See the International Travel Coverage section of this brochure for details.

Coverholder at **LLOYD'S**

#### Underwriter

You can feel confident with Inbound USA's strong financial backing through Certain Underwriters at Lloyd's, London<sup>1</sup> an established organization with an AM Best rating of A (Excellent). Your coverage will be there when you need it.



#### Administrator

Seven Corners will handle 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.

<sup>1</sup>In specific scenarios, coverage is provided by Tramont Insurance Company Limited. For details regarding Tramont, visit [tramontinsurance.com](http://tramontinsurance.com).

## Length of Coverage

**Coverage Length** — Your coverage length may vary from 5 to 364 days for all three plan options. You can extend the Inbound USA Choice and Inbound USA Elite plans up to three years (1,092 days).

**Effective Date** — This is the start date of your plan, on the later of the following: 1) 12 a.m. the day after we receive your application and correct payment if you apply online ; 2) The moment you depart your home country; 3) 12 a.m. on the date you request on your application.

**Expiration Date** — This is the date coverage ends, which is the earliest of the following: 1) The moment you return to your home country (except for coverage provided by the Incidental Trips to Home Country benefit); 2) 11:59 p.m. on the date you reach the maximum period of coverage; 3) 11:59 p.m. on the date shown on your ID card; 4) 11:59 p.m. on the date that is the end of the period for which you paid premium; or 5) The moment you fail to be eligible for the plan.

*All times above refer to United States Eastern Time.*

### EXTENDING YOUR COVERAGE

**Inbound USA Basic** — If you initially buy less than 364 days of coverage, you may buy additional time at a minimum of five days to a total of 364 days. Your original effective date will be used to calculate your deductible, to determine if maximum coverage amounts have been reached, and to determine any pre-existing conditions.

**Inbound USA Choice and Elite** — If you initially buy less than 364 days of coverage, you may buy additional time at a minimum of five days to a total of 1,092 days (three 364-day periods). A new deductible will apply beginning the 365th day and again the 729th day, if applicable. Your original effective date (day one of your plan) will continue to be used to determine if maximum coverage amounts have been reached and to determine any pre-existing conditions.

#### How do I extend my plan?

We will email you a renewal notice before your coverage expires, giving you the option to extend your plan. A \$5 administrative fee is charged for each extension.

## Refund of Premium/Cancellation

We will refund your payment if we receive your written request for a refund before your effective date of coverage. If your request is received after your effective date, the unused portion of the plan cost may be refunded minus a \$25 cancellation fee, if you have not submitted any claims to Seven Corners.

## Filing a Claim

Send your itemized bill to Seven Corners within 90 days of service, along with a completed claim form. Payments can be converted to a currency of your choosing. You are responsible for your deductible and any non-eligible expenses. To find appropriate claims forms online visit [sevencorners.com/claims](http://sevencorners.com/claims)

## Geographic Restrictions

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

**Country Restrictions** — We cannot accept an address in Cuba, Islamic Republic of Iran, Syrian Arab Republic, United States Virgin Islands, Gambia, Ghana, Nigeria, and Sierra Leone.

**Destination Restrictions** — **For International Travel Coverage**, we cannot cover trips to Antarctica, Islamic Republic of Iran, Syrian Arab Republic, and Cuba.



### SEVEN CORNERS ASSIST

What happens if you are sick in an area without appropriate medical care?

If medically necessary, we will arrange and pay to evacuate you to the nearest appropriate medical facility.

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

**24/7 Medical Assistance** – We can help you locate appropriate medical care and arrange second opinions, emergency medical evacuations, escorts, and medical record transfers.

Contact information for Seven Corners Assist is provided on your ID card.

### FOR EMERGENCY TRAVEL ASSISTANCE, CLAIMS, AND BENEFIT QUESTIONS

**TOLL FREE**  
1-800-690-6295

**WORLDWIDE**  
317-818-2808

**COLLECT CALLS**  
317-818-2809

[customerservice@sevencorners.com](mailto:customerservice@sevencorners.com)

# Pre-Certification

**The following expenses must always be pre-certified for treatment in the United States:**

1. Outpatient surgeries or procedures;
2. Inpatient surgeries, procedures, or stays including those for rehabilitation;
3. Diagnostic procedures including MRI, MRA, CT, and PET Scans;
4. Chemotherapy;
5. Radiation therapy;
6. Physiotherapy (must include physician's recommendation and treatment plan); and
7. Extended Care Facility.

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

1. Contact Seven Corners Assist before the expense is incurred;
2. Comply with Seven Corners Assist's instructions;
3. Notify all medical providers of the pre-certification requirements and ask them to cooperate with Seven Corners Assist.

Once we pre-certify your expenses, we will review them to determine if they are covered by the plan.

If you do not comply with the pre-certification requirements:

1. Covered expenses will be reduced by \$500; and
2. The deductible will be subtracted from the remaining benefit amount.

**Pre-certification does not guarantee coverage, payment, or reimbursement.** Eligibility, coverage, and payment or reimbursement is subject to the terms, conditions, provisions, and exclusions in the plan document.

## WellCard™ Discounts & Services

Lower your cost for these products and services and receive cash rewards:

- Prescription drugs — save up to 50%
- Dental services — save up to 45%
- Vision services — save up to 50%
- Hearing aids
- Diabetic care & supplies
- Mail order vitamins
- Daily living products — discounted rates for medical supplies and equipment

Share your free card with friends and family and use it even after your coverage ends. Visit [sevendcorners.com/well-card](https://sevendcorners.com/well-card) to learn more, locate participating providers and determine the available discounts. Information about WellCard will be included with your purchase documents.

*This card is not insurance and does not replace our existing networks.*

## Finding Medical Providers

**Inside the United States** — With the Inbound USA plan, you may seek treatment from any medical facility or provider you wish.

You can find a list of medical providers throughout the United States at [sevendcorners.com/help/find-a-doctor](https://sevendcorners.com/help/find-a-doctor) or by contacting Seven Corners Assist. You are not required to use providers from the list.

**Outside of the United States** — Seven Corners has a large international network of providers, and many of them have agreed to bill us direct for treatment they provide. We recommend you contact us for a referral, but you may seek treatment at any facility.

***Utilizing the network does not guarantee benefits or that the treating facility will bill Seven Corners direct. We do not guarantee payment to a facility or individual until we determine the expense is covered by the plan.***

## Important Information Regarding Your Coverage

### Does this plan cover Coronavirus?

This plan does not cover a claim in any way caused by or resulting from: 1) Coronavirus disease (COVID-19); 2) Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2); 3) Any mutation or variation of SARS-CoV-2; or 4) Any fear or threat of 1, 2, or 3.

Please be aware 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.

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.

**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.**

### PPACA DISCLAIMER

**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.

## Schedule of Benefits

All benefits and plan costs are shown in United States dollar amounts. All medical and dental benefits are subject to the deductible. All benefits are per person, per injury or illness, unless otherwise noted. No coinsurance applies.

	<i>Inbound® Basic</i>	<i>Inbound® Choice</i>	<i>Inbound® Elite</i>
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### PLAN OPTIONS

Coverage Length	5 days to 364 days	5 days to 364 days (extend up to 1,092 days)	5 days to 364 days (extend up to 1,092 days)
Ages	14 days to age 99	14 days to age 99	14 days to age 69
Benefit Period	180 Days	180 Days	180 Days

### MEDICAL TREATMENT & SERVICES

Medical Maximum Options (Per person, per Injury or Illness)	<b>AGES 14 DAYS TO 69 YEARS</b> \$50,000; \$75,000; \$100,000; \$125,000; \$150,000  <b>AGES 70 TO 99 YEARS</b> \$50,000; \$75,000; \$100,000	<b>AGES 14 DAYS TO 69 YEARS</b> \$50,000; \$75,000; \$100,000; \$125,000; \$150,000  <b>AGES 70 TO 99 YEARS</b> \$50,000; \$75,000; \$100,000	<b>AGES 14 DAYS TO 69 YEARS</b> \$50,000; \$75,000; \$100,000; \$125,000; \$150,000  <b>AGES 70 TO 99 YEARS</b> N/A
Deductible Options	<b>AGES 14 DAYS TO 69 YEARS</b> \$0; \$50; \$100  <b>AGES 70 TO 99 YEARS</b> \$100; \$200	<b>AGES 14 DAYS TO 69 YEARS</b> \$0; \$50; \$100  <b>AGES 70 TO 99 YEARS</b> \$100; \$200	<b>AGES 14 DAYS TO 69 YEARS</b> \$0; \$50; \$100  <b>AGES 70 TO 99 YEARS</b> N/A
Hospital Room & Board, including Laboratory Tests, X-Rays, Prescription Medication, Extended Care Facility and other Hospital Miscellaneous Expenses	Up to \$1,000/day, 30 day maximum	Up to \$2,000/day, 30 day maximum	Up to \$3,000/day, 30 day maximum
Hospital Intensive Care Unit	Additional \$500/day, 8 day maximum	Additional \$750/day, 8 day maximum	Additional \$1,000/day, 8 day maximum
Surgery (Inpatient & Outpatient)	Up to \$3,000	Up to \$5,000	Up to \$7,500
Anesthetist (Inpatient & Outpatient)	Up to \$500	Up to \$1,000	Up to \$1,500
Assistant Surgeon (Inpatient & Outpatient)	Up to \$500	Up to \$1,000	Up to \$1,500
Physician Non-Surgical Visits, including Urgent Care (Inpatient & Outpatient)	Up to \$50/visit, 1/day, 30 visits maximum	Up to \$75/visit, 1/day, 30 visits maximum	Up to \$100/visit, 1/day, 30 visits maximum
Consulting Physician when requested by attending Physician	Up to \$250	Up to \$500	Up to \$750
Private Duty Nursing	Up to \$500	Up to \$650	Up to \$800
Pre-Admission Tests within 7 days of Hospital admission	Up to \$750	Up to \$1,000	Up to \$1,500
Diagnostic Basic (X-ray & Laboratory Tests)	Up to \$500	Up to \$750	Up to \$1,000
Diagnostic Comprehensive (PET, CAT, MRI)	Up to \$750	Up to \$1,250	Up to \$1,750
Hospital Emergency Room	Up to \$250	Up to \$500	Up to \$750
Prescription Drugs	Up to \$150 per Period of Coverage	Up to \$200 per Period of Coverage	Up to \$250 per Period of Coverage
Outpatient Surgical Facility Day surgery miscellaneous, related to Outpatient scheduled Surgery performed at a Hospital or licensed Outpatient Surgery center; including the cost of the operating room, anesthesia, drugs and medicines and medical supplies.	Up to \$750	Up to \$1,000	Up to \$1,500

### OTHER TREATMENT & SERVICES

Ambulance Services	Up to \$250	Up to \$500	Up to \$750
Initial Orthopedic Prosthesis/Brace	Up to \$1,000	Up to \$1,250	Up to \$1,500

*\*This benefit is only available if you purchase a minimum thirty (30) days of coverage. (Schedule continues on next page.)*

## Schedule of Benefits *(continued)*

All benefits and plan costs are shown in United States dollar amounts. All medical and dental benefits are subject to the deductible. All benefits are per person, per injury or illness, unless otherwise noted. No coinsurance applies.

	<i>Inbound® Basic</i>	<i>Inbound® Choice</i>	<i>Inbound® Elite</i>
<b>OTHER TREATMENT &amp; SERVICES</b>			
Durable Medical Equipment	Up to \$1,200	Up to \$1,500	Up to \$1,700
Chemotherapy and/or Radiation Therapy	Up to \$1,500	Up to \$2,000	Up to \$2,500
Dental Emergency - Accident Coverage	Up to \$500	Up to \$750	Up to \$1,000
Dental Emergency - Sudden Relief of Pain*	Up to \$500	Up to \$750	Up to \$1,000
Mental & Nervous Disorder & Substance Abuse	Same as any Illness	Same as any Illness	Same as any Illness
Physiotherapy (Inpatient & Outpatient)	Up to \$30/visit, 1/day, 12 visits maximum	Up to \$40/visit, 1/day, 12 visits maximum	Up to \$50/visit, 1/day, 12 visits maximum
Emergency Medical Evacuation	\$100,000	\$100,000	\$100,000
Return of Mortal Remains	\$20,000	\$25,000	\$30,000
Local Cremation / Burial	\$5,000	\$5,000	\$5,000
Terrorism	\$25,000	\$50,000	\$50,000
Incidental trips to Home Country*	\$25,000	\$50,000	\$50,000
Common Carrier AD&D	\$25,000 per Insured Person (aggregate limit of \$125,000 per any one Accident)	\$25,000 per Insured Person (aggregate limit of \$125,000 per any one Accident)	\$25,000 per Insured Person (aggregate limit of \$125,000 per any one Accident)
International Travel Coverage*	Up to medical maximum	Up to medical maximum	Up to medical maximum
Acute Onset of Pre-Existing Conditions	AGES 14 DAYS TO 69 YEARS Up to \$50,000	AGES 14 DAYS TO 69 YEARS Up to \$75,000	AGES 14 DAYS TO 69 YEARS Up to \$100,000
	AGES 70 TO 79 YEARS Up to \$25,000	AGES 70 TO 79 YEARS Up to \$25,000	AGES 70 TO 99 YEARS N/A
	AGE 80 AND OLDER N/A	AGE 80 AND OLDER N/A	

\*This benefit is only available if you purchase a minimum thirty (30) days of coverage.

## Benefit Highlights

**Benefit Period** — This is the amount of time (180 days) you have from the date of your injury or illness to receive treatment. If your coverage ends during your benefit period, you can still receive treatment if you are outside your home country.

**Medical Coverage** — We cover injuries and illnesses that occur during your coverage period. Benefits are paid in excess of your deductible up to the medical treatment and services maximum shown in the schedule of benefits. Initial treatment must occur within 30 days of the date of injury or onset of illness.

**Dental Emergency Accident Coverage** — The plan can pay for emergency treatment to repair or replace sound natural teeth damaged because of an accidental injury caused by external contact with a foreign object. You are not covered if you break a tooth while eating or biting into a foreign object.

**Dental Sudden Relief of Pain** — The plan can pay for emergency treatment for the relief of pain to sound natural teeth.

**Return of Mortal Remains\*\*** — We can pay reasonable expenses for embalming, a minimally-necessary container for transportation, shipping costs, and government authorizations to return your remains to your home country if you die while outside your home country. The plan pays regardless of whether your death is related to a pre-existing condition. You cannot use this benefit if you use the Local Cremation or Burial benefit.

**Local Cremation or Burial\*\*** — This benefit can pay reasonable expenses for the preparation and either your local burial or cremation if you die while outside your home country. The plan pays regardless of whether your death is related to a pre-existing condition. You cannot use this benefit if you use the Return of Mortal Remains benefit.

**Emergency Medical Evacuation\*\*** — If medically necessary, we will pay and arrange to transport you to the nearest adequate medical facilities.

**Terrorism** — If you are injured as a result of terrorist activity, we will provide medical benefits if the following conditions are met:

1. You have no direct or indirect involvement in the terrorist activity.
2. The Terrorist Activity is not in a country/location where the U.S. government has issued a Level 3 Terrorism, Level 3 Civil Unrest, or any Level 4 Travel Advisory or the appropriate authorities of your host country or your home country have issued similar warnings, any of which have been in effect within 6 months before your date of arrival.
3. You departed the country/location following the date a warning to leave was issued by the U.S. government or the appropriate authorities of your host country or your home country.

**\*\*These benefits must be arranged by Seven Corners Assist. Failure to use Seven Corners Assist will result in the denial of benefits.**

*(Benefit Highlights continue on next page.)*

## Benefit Highlights *(continued)*

**Incidental Trips to Home Country** — This covers an illness or injury that begins on an incidental trip in your home country. You earn covered days at home at approximately 5 days per month up to 60 days for every 364 days of purchased coverage. Unused days do not carry over to a subsequent 364-day period. It does not cover pre-existing conditions or an illness or injury that began while you were outside your home country.

**International Travel Coverage** — The benefit can cover you up to 14 days when you travel to countries other than the United States. It does not cover travel to your home country, and it does not extend after your expiration date. This benefit must be used during your current period of coverage, and the trip must originate in the United States.

**Common Carrier Accidental Death & Dismemberment (AD&D)** — This benefit pays funds if you die because of an injury caused by an accident that occurred while you were a passenger on a common carrier. A common carrier is a public air conveyance that transports passengers for hire.

**Acute Onset of a Pre-existing Condition Benefit** — This benefit provides coverage by waiving the exclusion for pre-existing conditions. (See section 7a in the plan document.) This waiver applies for eligible medical expenses for the first acute onset of a pre-existing condition during your coverage period if you are a non-United States resident.

The waiver is subject to you paying the deductible.

Coverage for an acute onset of a pre-existing condition ends on the earlier of:

- (1) the condition no longer being considered acute or
- (2) Your discharge from the hospital.

There is no coverage for an acute onset that occurs during an incidental trip to your home country.

**Does this plan cover Coronavirus?** This plan does not cover a claim in any way caused by or resulting from: 1) Coronavirus disease (COVID-19); 2) Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2); 3) Any mutation or variation of SARS-CoV-2; or 4) Any fear or threat of 1, 2, or 3.

## Excess Insurance

All coverages except Common Carrier Accidental Death & Dismemberment are in excess of all other insurance or similar benefit programs and shall apply only when such benefits thereunder are exhausted. This Plan is secondary coverage to any other insurance. Such other insurance or similar benefit programs may include, but are not limited to, membership benefit; workers' compensation benefits or programs; government programs; group or blanket coverage; prepayment coverage; union, labor, or employee plans; socialized insurance program or program otherwise required by law or statute; automobile insurance; or third-party liability insurance.

## Pre-existing Conditions

### What is a Pre-existing Condition?

It is any medical condition, sickness, injury, illness, disease, mental illness or mental or nervous disorder, including congenital, chronic, subsequent, or recurring complications or related or resulting consequences that existed with reasonable medical certainty when you bought the plan or any time in the 36 months before your coverage on this plan began, whether or not previously manifested, symptomatic, known, diagnosed, treated, or disclosed.

This includes, but is not limited to, any medical condition, sickness, injury, illness, disease, mental illness, or mental or nervous disorder for which medical advice, diagnosis, care, or treatment was recommended or received or for which a reasonably prudent person would have sought treatment during the 36 months immediately preceding the start date of this plan.

### How do we cover Pre-existing Conditions?

Typically, travel insurance plans do not cover pre-existing conditions. We cover them on Inbound USA through the Acute Onset of a Pre-existing Condition benefit.

### Acute Onset of a Pre-existing Condition

*See the schedule of benefits for details including dollar amounts and age restrictions. Coverage varies by age and plan.*

*See the Acute Onset of a Pre-existing Condition benefit section to learn how the coverage works.*

### What is an Acute Onset of a Pre-existing Condition?

It is a sudden and unexpected outbreak or recurrence of a pre-existing condition that occurs spontaneously and without advance warning in the form of physician recommendations or symptoms and requires urgent care.

To be covered by this benefit, the following are required:

1. The acute onset must occur after the plan's effective date and prior to the age limit shown in the Schedule of Benefits.
2. Treatment must be obtained within 24 hours of the sudden and unexpected outbreak or recurrence.
3. Covered expenses must be incurred in the U.S.

There is no coverage for known, scheduled, required, or expected medical care, drugs, or treatments existent or necessary before your arrival in the U.S. and before your plan begins.

There is no coverage for treatment for which you have traveled or conditions for which travel was undertaken after your physician limited or restricted travel.

A pre-existing condition that is congenital or that gradually becomes worse over time is not an Acute Onset of a Pre-Existing Condition. A pre-existing condition will not be considered an Acute Onset of a Pre-Existing Condition 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.

# Exclusions

Unless otherwise specifically provided for in the plan document, the coverage provided by the Certificate under Medical Covered Expenses, Ambulance Services, Incidental Trips to Home Country, Acute Onset of Pre-Existing Conditions, Dental Emergency (Sudden Relief of Pain), Dental Emergency (Accident Coverage) Emergency Medical Evacuation, Return of Mortal Remains, Local Burial or Cremation, Terrorist Activity, Common Carrier Accidental Death and Dismemberment, and International Travel Coverage excludes expenses that are for, resulting from, related to, or incurred for the following:

- Pre-Existing Condition(s) except as waived under except as waived under Acute Onset of Pre-Existing Condition(s); Return of Mortal Remains and Local Burial or Cremation in the plan document;
- Claims not received by the Company or Administrator within ninety (90) days of the date of service;
- Treatment that is Investigational, Experimental, or for research purposes;
- Treatment, services, or supplies that are not administered by or under the supervision of a Physician or Surgeon and products that can be purchased without a Physician's or Surgeon's prescription;
- Routine physicals, inoculations, or other examinations or tests conducted when there is no objective indications or impairments in normal health;
- Chiropractic care or acupuncture;
- Services, supplies, medications, testing, or Treatment prescribed, performed, or provided by a Relative or Immediate Family Member;
- False teeth, dentures, dental appliances, dental expenses, normal ear or hearing tests, hearing aids, hearing implants, eye refractions, eye examinations for prescribing corrective lenses or eye-glasses unless caused by Accidental Injury, eyeglasses, contact lenses, or eye surgery when the primary purpose is to correct nearsightedness, farsightedness, or astigmatism;
- Replacement of artificial limbs, eyes, larynx, and orthotic appliances;
- Custodial Care, Educational or Rehabilitative Care, or any Treatment in any establishment for the care of the aged;
- Vocational, occupational, sleep, speech, recreational, art, or music therapy;
- Pregnancy, illness or complications from Pregnancy, childbirth, abortion, miscarriage including that resulting from an Accident, postnatal care, preventing conception or childbirth, artificial insemination, infertility, impotency, sexual dysfunction, or sterilization or reversal thereof;
- Sleep apnea or other sleep disorders;
- Mental and Nervous Disorders unless specifically covered herein, Rest Cures, learning disabilities, attitudinal disorders, or disciplinary problems;
- Congenital abnormalities and conditions arising out of or resulting therefrom.
- Temporomandibular joint;
- Occupational Diseases;
- Exposure to non-medical nuclear radiation or radioactive materials;
- Sexually transmitted diseases, venereal diseases, and conditions and any consequences thereof;
- Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), or the Human Immunodeficiency Virus (HIV);
- Human organ or tissue transplants.
- Exercise programs whether prescribed or recommended by a Physician or therapist;
- Weight reduction programs or the surgical Treatment of obesity including, but not limited to, wiring of the teeth and all forms of intestinal bypass Surgery;
- Cosmetic or plastic Surgery including deviated nasal septum; modifications of Your physical body intended to improve Your psychological, mental, or emotional well-being including, but not limited to, sex-change Surgery;
- Acne, moles, skin tags, disease of sebaceous glands, seborrhea, sebaceous cyst, unspecified disease of the sebaceous glands, hypertrophic and atrophic conditions of skin, nevus;
- Hazardous Activities;
- Injuries sustained while participating in professional Athletics, amateur Athletics, or interscholastic Athletics including, but not limited to, events, games, matches, practice, training camps, sport camps, conditioning, and any other activity related thereto and excluding non-competitive, recreational, or intramural activities;
- Abuse, misuse, illegal use, overuse, or being under the influence of alcohol, drugs, chemicals, or narcotic agents unless administered under the advice of a Physician and taken in accordance with the proper dosing as directed by the Physician;
- Suicide or any attempt thereof; self-destruction or any attempt thereof; or any intentionally self-inflicted Injury or Illness;
- Terrorist Activity except as provided in the plan document; War, Hostilities, or War-Like Operations;
- Commission of a criminal offense or any other criminal or illegal activity as defined by the local governing body;
- You unreasonably fail or refuse to depart a country or location following the date a warning to leave that country or location is issued by the United States government or similar warnings issued by other appropriate authorities of either Your Host Country or Your Home Country;
- Service in the military, naval, coast guard, or air service of any country or while on duty as a member of a police force or unit;
- Treatment paid for or furnished under any other individual, government, or group policy or Expenses incurred at no cost to You;
- You while in Your Home Country unless covered under Incidental Trips to Home Country in the plan document;
- Conditions for which travel was undertaken to seek Treatment after Your Physician has limited or restricted travel;
- Travel accommodations;
- 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;
- Injury sustained while You are riding as a passenger in any aircraft (i) not having a current and valid Airworthy Certificate and (ii) not piloted by a person who holds a valid and current certificate of competency for piloting such aircraft;
- Flying in any aircraft being used for acrobatic or stunt flying, racing, endurance tests, rocket-propelled aircraft, crop dusting or seeding or spraying, firefighting, exploration, pipe or power line inspection, any form of hunting or herding, aerial photography, banner towing, or any experimental purpose;
- Participating in contests of speed or riding or driving in any type of competition; and
- Charges incurred for treatment or surgeries which are Experimental/Investigational, or for research purposes; expenses which are non-medical in nature, expenses for Custodial Care, vocational, speech, recreational or music therapy;
- Any claim in any way caused by or resulting from:
  1. Coronavirus disease (COVID-19);
  2. Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2);
  3. Any mutation or variation of SARS-CoV-2; or
  4. Any fear or threat of 1, 2, or 3.



# Inbound® USA

HEALTH INSURANCE FOR VISITORS TO THE UNITED STATES

Scheduled travel insurance benefits for non-U.S. citizens

Dome Business Corp  
2141 Barnes Ave  
Bronx, NY 10462

EMAIL: [travel@interdome.com](mailto:travel@interdome.com)

P: 718-828-8823  
FAX: 718-569-6396

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.

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