

Liaison[®] Student

TRAVEL MEDICAL INSURANCE FOR INTERNATIONAL STUDENTS, FACULTY, SCHOLARS, AND FAMILIES

Covers worldwide travel outside your home country.





Our Liaison® Student Plans

If you're traveling abroad to study or work, prepare for safe travel and ensure you meet the requirements of your school, visa program, and host country with Liaison Student. Our plans provide medical coverage for illnesses or injuries that occur while you're traveling, as well as limited protection for pre-existing conditions. You'll also receive access to a network of medical providers and 24-hour multilingual travel assistance.

Choose Liaison Student Plus if you want COVID-19 coverage. We recommend ensuring you're healthy before you travel. COVID-19 is not covered if you contract it before your plan begins.

To review the plan benefits, obtain a quote, and purchase a plan, visit our Liaison Student product page.

Who can purchase this plan?

The person listed first on the plan (primary participant) must be a full-time student, faculty member, or scholar between 12 and 64 years of age, who is engaged in full-time educational or research activities outside their home country.*

- U.S. citizens traveling outside the U.S. must have a current passport and visa issued by their host country if required. U.S. citizens, including those with dual citizenship, cannot buy this plan to travel to the U.S. and U.S. territories.
- Non-U.S. citizens traveling to the U.S. must have a valid J-1, H-3, F-1, M-1, Q-1 or similar visa or participate in an OPT program.
- Non-U.S. citizens traveling outside the U.S. must have a valid visa from your host country, if required.

The primary participant may buy coverage for dependents.

Green Card/Permanent Resident cardholders cannot buy this plan for travel to the United States and U.S. territories.

**For non-U.S. citizens, home country is the country where you have your permanent residence. For U.S. citizens, including those with dual citizenship, it is always the United States.*

J Visa Requirements

All plan options meet J visa requirements if you choose a medical maximum of \$100,000 or more and a deductible that is not greater than \$500.

Coverage Length

You can buy up to 364 days of coverage and extend it as long as the primary participant is eligible for the plan. We will email you an extension (renewal) notice before coverage ends. There is a \$5 fee for each extension.

Insurance for Groups

We offer a group version of Liaison Student Plus for groups of more than 10 travelers.

To purchase it, visit the Liaison Student page and complete the Quick Quote. You will then customize the plan, provide the name of a group contact, and enter details for the travelers, adding relationships for spouse and children.

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 insurance 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.

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 Liaison Student's 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.

Schedule of Benefits

All benefits listed in this Schedule of Benefits are in United States dollar amounts. All medical and dental benefits are subject to deductible and/or copay and coinsurance. Unless otherwise stated, all benefits are per person, per occurrence, and they are provided up to the amount shown. An occurrence is an accidental bodily injury or illness. **The initial treatment of an injury or illness must occur within 30 days of the date of injury or onset of illness.**

	<i>Liaison® Student Basic</i> <i>Meets Essential Requirements</i>	<i>Liaison® Student Plus</i> <i>Includes COVID-19 Coverage</i>
PLAN OPTIONS		
Benefit Period	Corresponds to the period of coverage.	Corresponds to the period of coverage.
Lifetime Plan Maximum	\$5,000,000	\$5,000,000
Medical Maximum Options (per person, per occurrence)	Ages 14 days to 59 years old:	Ages 14 days to 59 years old:
	Benefit Maximums \$50,000; \$100,000; \$250,000; \$500,000	Benefit Maximums \$50,000; \$100,000; \$250,000; \$500,000; \$1,000,000
Deductible Options (You pay) (per person, per occurrence)	60 to 64 years old:	60 to 64 years old:
	\$50,000; \$100,000; \$250,000	\$50,000; \$100,000; \$250,000
Coinsurance <i>Inside the United States</i> (The plan pays per insured person per period of coverage.)	14 days to 59 years old: \$0 (<i>available only for trips excluding the USA</i>); \$50; \$100; \$250	14 days to 59 years old: \$0; \$50; \$100; \$250
	60 to 64 years old: \$100; \$250	60 to 64 years old: \$100; \$250
	In PPO Network We pay 80% of the first \$5,000, then 100% to the medical maximum.	In PPO Network We pay 90% of the first \$5,000, then 100% to the medical maximum.
	Out of PPO Network We pay 70% of the first \$5,000, then 100% to the medical maximum.	Out of PPO Network We pay 80% of the first \$5,000, then 100% to the medical maximum.

Schedule of Benefits *(continued)*

All benefits listed in this Schedule of Benefits are in United States dollar amounts. All medical and dental benefits are subject to deductible and/or copay and coinsurance. Unless otherwise stated, all benefits are per person, per occurrence, and they are provided up to the amount shown. An occurrence is an accidental bodily injury or illness. **The initial treatment of an injury or illness must occur within 30 days of the date of injury or onset of illness.**

	Liaison® Student Basic <i>Meets Essential Requirements</i>	Liaison® Student Plus <i>Includes COVID-19 Coverage</i>
PLAN OPTIONS <i>(continued)</i>		
Coinsurance <i>Outside the United States</i> (The plan pays per insured person per period of coverage.)	We pay 100% to the medical maximum.	We pay 100% to the medical maximum.
MEDICAL		
Hospital Room & Board, Inpatient Hospital Services, Outpatient Hospital / Clinical Services, Student Health Center Visits	URC* up to medical maximum	URC up to medical maximum
COVID-19 Treatment	N/A	URC up to medical maximum or \$100,000; whichever is less.
Emergency Room Services	URC up to medical maximum \$200 copay	URC up to medical maximum \$100 copay
Physician Office Visits	URC up to medical maximum \$15 copay	URC up to medical maximum \$10 copay
Urgent Care Visits	URC up to medical maximum \$50 copay	URC up to medical maximum \$25 copay
Telehealth Consultations or Care	URC up to medical maximum	URC up to medical maximum
Prescription Drugs	URC up to medical maximum \$15 copay	URC up to medical maximum \$10 copay
Vaccinations	N/A	\$150 per 364 days of continuous coverage
Physiotherapy	\$25 per visit, 60 visits maximum	\$50 per visit, 60 visits maximum
Chiropractic Care	\$25 per visit, 60 visits maximum	\$50 per visit, 60 visits maximum
Local Ambulance <i>Inside the United States</i>	\$350	\$500
Local Ambulance <i>Outside the United States</i>	Up to medical maximum	Up to medical maximum
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.	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.
Extension of Benefits to Home Country	\$1,000	\$5,000
Incidental Trips to Home Country	\$1,000	\$5,000

*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.

Schedule of Benefits *(continued)*

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	Liaison® Student Basic <i>Meets Essential Requirements</i>	Liaison® Student Plus <i>Includes COVID-19 Coverage</i>
MEDICAL <i>(continued)</i>		
Acute Onset of Pre-existing Conditions	\$5,000	\$10,000 <i>During initial 364 days of coverage</i>
Waiver of Pre-existing Conditions	N/A	Ages 14 days to 59 years: URC up to medical maximum Ages 60 to 64 years: \$50,000 <i>After initial 364 days of coverage</i>
Mental Illness including Substance Abuse	Inpatient \$5,000, 45-day limit Outpatient 80% up to \$500	Inpatient \$10,000, 45-day limit Outpatient 80% up to \$1,000
Motor Vehicle Accident <i>Inside the United States</i>	50% up to \$100,000	75% up to \$100,000
Motor Vehicle Accident <i>Outside the United States</i>	Up to medical maximum	Up to medical maximum
Non-contact Amateur Sports	\$2,500	\$5,000
Maternity Care <i>Inside the United States</i> Failure to notify Seven Corners within first 90 days of pregnancy will result in 25% reduction in covered expenses.	N/A	In PPO Network 80% up to \$10,000 Out of Network 60% up to \$10,000
Maternity Care <i>Outside the United States</i> Failure to notify Seven Corners within first 90 days of pregnancy will result in 25% reduction in covered expenses.	N/A	80% up to \$10,000
Routine Newborn Care	N/A	\$500 per newborn child
DENTAL		
Dental — Sudden Relief of Pain	\$150	\$250
Dental — Accident	\$500	\$1,000
EMERGENCY SERVICES AND ASSISTANCE		
<i>All emergency services except Natural Disaster Daily Benefit and Terrorist Activity must be coordinated by Seven Corners Assist. Failure to utilize Seven Corners Assist may result in a denial of benefits.</i>		
Emergency Medical Evacuation and Repatriation	\$100,000 (separate from medical maximum)	\$250,000 (separate from medical maximum)
Emergency Medical Reunion	\$200 per day, 10-day limit \$15,000 maximum	\$200 per day, 10-day limit \$25,000 maximum
Return of Child(ren)	\$25,000	\$40,000
Return of Mortal Remains	\$50,000	\$50,000

Schedule of Benefits *(continued)*

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	Liaison® Student Basic <i>Meets Essential Requirements</i>	Liaison® Student Plus <i>Includes COVID-19 Coverage</i>
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EMERGENCY SERVICES AND ASSISTANCE *(continued)*

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

Local Burial or Cremation	\$5,000	\$5,000
Natural Disaster Evacuation	\$5,000	\$10,000
Natural Disaster Daily Benefit	\$25 per day, 5-day limit	\$50 per day, 5-day limit
Political Evacuation and Repatriation	\$10,000	\$10,000
Terrorist Activity	\$25,000	\$50,000
24/7 Travel Assistance Services	Included	Included

OTHER COVERAGES

	Who	Principal Sum	Who	Principal Sum
Accidental Death and Dismemberment (AD&D)	Primary Participant:	\$25,000	Primary Participant:	\$25,000
	Plan Participant Spouse:	\$10,000	Plan Participant Spouse:	\$10,000
	Plan Participant Child(ren):	\$5,000	Plan Participant Child(ren):	\$5,000
	(aggregate limit of \$250,000 for total number of insureds on the plan)		(aggregate limit of \$250,000 for total number of insureds on the plan)	
Personal Liability	\$25,000	\$50,000		

OPTIONAL COVERAGE

Adventure Activities	Up to medical maximum	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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FACULTY, SCHOLARS, AND FAMILIES

Covers worldwide travel outside your home country.

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Five Greentree Centre, Suite 104
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Marlton, NJ 08053
Phone: 1-877-340-7910
FAX: 888-640-9807
EMAIL: info@americanvisitorinsurance.com

Disclaimer: This brochure is intended as a brief summary of benefits and services. It is not your plan document. If there is any difference between this brochure and your plan document, the provisions of the plan document will prevail. Benefits and plan costs are subject to change.

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