



Wander[®] Frequent Traveler

ANNUAL MULTI-TRIP TRAVEL INSURANCE FOR FAMILIES AND INDIVIDUALS



For more than 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!

The Right Way to Travel[®]



How can annual international travel insurance help me?

Seven Corners' annual travel medical insurance gives you the freedom to come and go as you please. Choose the length of your trips at the time of purchase, and you're covered for the entire year.

Your health insurance at home may not cover you when you travel abroad. That means you could be responsible for the bill if you get sick or hurt on a trip. Also, medical providers in foreign countries may require you to pay before they will treat you.

No matter where you go, Wander® Frequent Traveler follows you with comprehensive medical coverage, an extensive directory of medical providers, and 24-hour travel assistance.

WHO CAN BUY A WANDER FREQUENT TRAVELER PLAN?

To buy coverage, you must be at least 14 days old and under the age of 76. You may buy coverage for yourself, your legal spouse, domestic partner, or civil partner, and unmarried dependent children under the age of 19.

Everyone listed on the plan must maintain continuous medical insurance* that provides coverage in their home country.**

HOW DOES THE PLAN WORK?

You are covered when traveling outside of your home country on a covered trip.*** You select your covered trip length when you buy your plan. Options include: 30-day trips, 45-day trips, 60-day trips.

WHERE CAN I TRAVEL?

You can choose from one of two coverage areas:

- Worldwide excluding the United States.
- Worldwide including the United States.

**Continuous medical insurance refers to a primary health plan. It is a group health benefit plan, an individual health benefit plan, or a governmental health plan (not Medicaid, Medicare, and V.A. health plans) designed to be the first payor of claims in effect before this plan begins and continuing as long as this plan does. Such plans must have coverage limits in excess of \$50,000 per incident or per year.*

***What is my home country? For non-United States citizens, home country is the country where you have your permanent residence. For United States citizens, home country is always the United States.*

****A covered trip is a period of travel outside your home country with defined departure and return dates. It begins when you depart your home country and ends when you return to your home country or the moment you remain outside your home country beyond the covered trip length option you purchased.*

Coverholder at **LLOYD'S**

Underwriter

You can feel confident with Wander® Frequent Traveler's strong financial backing through Certain Underwriters at Lloyd's, London¹ 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 travel needs.

¹In specific scenarios, coverage is provided by Tramont Insurance Company Limited. For details regarding Tramont, visit tramontinsurance.com.

Length of Coverage

Coverage Length — Your period of coverage is 364 days.

Effective Date — This is the start date of your plan, which begins on the latest of the following:

1. 12 a.m. the day after we receive your application and correct payment; or
2. 12 a.m. on the date you request when you purchase your plan.

Expiration Date — This is the date coverage for you ends, which is the earliest of the following:

1. 11:59 p.m. on the date you reach the maximum period of coverage;
2. 11:59 p.m. on the date shown on your ID card;
3. 11:59 p.m. on the date that is the end of the period for which you paid; or
4. The moment you are no longer eligible for coverage.

Covered Trips — You are covered for each trip as follows while traveling outside your home country:

1. If you bought the 30-day Covered Trip Length, you are covered for trips of 30 days or less;
2. If you bought the 45-day Covered Trip Length, you are covered for trips of 45 days or less;
3. If you bought the 60-day Covered Trip Length, you are covered for trips of 60 days or less.

Coverage for each covered trip starts the moment you depart your home country.

Coverage for each covered trip ends the earliest of:

1. The certificate end date;
2. 11:59 p.m. on the last day of any covered trip;
3. The moment you arrive in your home country except as provided by Extension of Benefits in the Home Country; or
4. The moment you are no longer eligible for coverage.

All times above refer to United States Eastern Time.

EXTENDING YOUR COVERAGE

At the end of 364 days of coverage, you may buy a new plan to cover you for your next year of travel.

We will email you a reminder to let you know your coverage is coming to an end, so you can buy a new plan.

Refund of Premium/Cancellation

We will refund your payment if we receive your written request for a refund before your effective date of coverage. We cannot provide a refund after your coverage has begun.



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, interpreter referrals, 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, medical transportation home after treatment, escorts and transportation for unaccompanied children 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

Pre-Certification

The following expenses must always be pre-certified 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;
7. Home infusion therapy;
8. Home Health Care.

To obtain pre-certification, 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 services, we will review them to determine if they are covered by the plan.

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

1. Covered medical expenses will be reduced by 25%; and
2. The deductible will be subtracted from the remaining 75%; and
3. Coinsurance will be applied.

Pre-certification does not guarantee coverage, payment, or reimbursement of expenses.

WellCard™ Discounts & Services

Lower your cost for these products and services incurred in the USA and receive cash rewards for:

- Prescription drugs — save up to 50%
- Dental services — save up to 45%
- Vision services — save up to 50%
- Diabetic care & supplies — save up to 75%
- Hearing aids
- Mail order vitamins
- Daily living products — discounted rates for medical supplies and equipment
- National network of over 59,000 pharmacies

Share your free card with friends and family and use it even after your coverage ends. Visit 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

Network providers can be located at: sevendcorners.com/help/find-a-doctor or by contacting Seven Corners Assist.

Inside the United States — We offer an extensive network of providers with special network pricing and potential savings for you.

Outside of the United States — Seven Corners has a large international directory of medical providers, and many of them will bill Seven Corners 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 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.

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, Sierra Leone, and Democratic People's Republic of Korea (North Korea).

Destination Restrictions — We cannot cover trips to Antarctica, Islamic Republic of Iran, Syrian Arab Republic, Cuba, and Democratic People's Republic of Korea (North Korea).

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 period of coverage, and they are provided up to the amount shown.

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PLAN OPTIONS

Coverage Length	364 days						
Coverage Area	Worldwide including the United States Worldwide excluding the United States						
Medical Maximum Options	<table border="1"> <thead> <tr> <th>Ages</th> <th>Maximums</th> </tr> </thead> <tbody> <tr> <td>14 days to 64 years old:</td> <td>\$1,000,000</td> </tr> <tr> <td>65 to 75 years old:</td> <td>\$50,000</td> </tr> </tbody> </table>	Ages	Maximums	14 days to 64 years old:	\$1,000,000	65 to 75 years old:	\$50,000
Ages	Maximums						
14 days to 64 years old:	\$1,000,000						
65 to 75 years old:	\$50,000						
Deductible Options (You pay)	\$0; \$250; \$500 (per covered trip)						
Coinsurance Inside the United States (The plan pays)	We pay 90% of the first \$5,000, then 100% to the medical maximum						
Coinsurance Outside the United States (The plan pays)	We pay 100%.						

MEDICAL

Hospital Room & Board, Inpatient Hospital Services, Outpatient Hospital / Clinical Services, Emergency Room Services, Doctor's Office Visits, Prescription Drugs, Home Health Care	URC* up to medical maximum						
Local Ambulance	Up to medical maximum						
Urgent Care Visits	URC up to medical maximum \$15 copay						
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 — 25% penalty	Required inside the United States for specific types of treatment. Penalty does not apply to emergencies. See pre-certification section on page 4 for details.						
Acute Onset of Pre-existing Conditions For United States residents traveling outside of the United States	<table border="1"> <thead> <tr> <th>Ages</th> <th>Benefit</th> </tr> </thead> <tbody> <tr> <td>14 days to 64 years old:</td> <td>\$20,000</td> </tr> <tr> <td>65 to 75 years old:</td> <td>\$2,500</td> </tr> </tbody> </table>	Ages	Benefit	14 days to 64 years old:	\$20,000	65 to 75 years old:	\$2,500
Ages	Benefit						
14 days to 64 years old:	\$20,000						
65 to 75 years old:	\$2,500						
Myocardial Infarction and Stroke For Non-United States residents traveling to the United States	\$200 per day \$3,000 maximum						

DENTAL

Dental — Sudden Relief of Pain	\$250
Dental — Accident	Up to medical maximum

VISION

Emergency Eye Exam	\$100 per occurrence \$50 copay
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EMERGENCY SERVICES AND ASSISTANCE

All emergency services except Natural Disaster Daily Benefit and Terrorist Activity must be coordinated by Seven Corners Assist.

Emergency Medical Evacuation and Repatriation	\$1,000,000 (separate from medical maximum)
Emergency Medical Reunion	\$200 per day, 10-day limit \$50,000 maximum
Return of Child(ren)	\$50,000
Return of Mortal Remains	\$50,000
Local Burial or Cremation	\$5,000
Natural Disaster Evacuation	\$50,000

*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)*

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 period of coverage, and they are provided up to the amount shown.

Wander® Frequent Traveler		
EMERGENCY SERVICES AND ASSISTANCE <i>(continued)</i>		
<i>All emergency services except Natural Disaster Daily Benefit and Terrorist Activity must be coordinated by Seven Corners Assist.</i>		
Natural Disaster Daily Benefit	\$100 per day, 5-day limit	
Political Evacuation and Repatriation	\$10,000	
Terrorist Activity	\$50,000	
24/7 Travel Assistance Services	Included	
AD&D		
Accidental Death and Dismemberment (AD&D)	Who Primary Insured or Eligible Spouse	Principal Sum \$25,000
	Eligible Dependent Child(ren)	\$5,000
<i>(aggregate limit of \$250,000 for total number of insureds on the plan)</i>		
Common Carrier Accidental Death and Dismemberment	Who Primary Insured or Eligible Spouse	Principal Sum \$50,000
	Eligible Dependent Child(ren)	\$25,000
<i>(aggregate limit of \$250,000 for total number of insureds on the plan)</i>		
OTHER TRAVEL BENEFITS		
<i>Trip Interruption must be coordinated by Seven Corners Assist.</i>		
Loss of Checked Baggage	\$50 per article \$500 per occurrence	
Baggage Delay	\$250 per occurrence	
Trip Interruption	\$5,000	
Travel 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		
Hazardous Activities	Up to medical maximum	
BENEFIT PERIOD		
Benefit Period	90 days	

Benefit Highlights

Benefit Period — This is the amount of time (90 days) you have from the date of your injury or illness to receive treatment. If your plan ends during your benefit period, you can still receive treatment if you are outside your home country.

If you return to your home country, there is limited coverage under Extension of Benefits in Home Country.

Medical Coverage — We cover injuries and illnesses which occur during your coverage period while you are outside your home country. Benefits are paid in excess of your deductible, copays, and coinsurance, up to your medical maximum. Initial treatment must occur within 30 days of the date of injury or onset of illness.

Hospital Daily Indemnity — If you are hospitalized while traveling outside of the United States, we will pay you for each night you spend in the hospital, up to 10 days. This benefit is in addition to other covered expenses, and you may use these incidental funds as you wish.

Extension of Benefits to Home Country — This covers expenses incurred in your home country (including those following an emergency medical evacuation or repatriation) for conditions first diagnosed and treated outside your home country, if you seek treatment within 90 days of the injury or illness. *There is no coverage for pre-existing conditions.*

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

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.

Emergency Eye Exam — The plan can pay for an emergency eye exam if required to obtain a prescription for replacement corrective lenses if your prescription lenses are lost or damaged to due a covered accident. There is no coverage for the cost of the lenses or for contact lenses.

Benefit Highlights *(continued)*

Emergency Medical Evacuation and Repatriation** — If medically necessary, we will arrange and pay transportation and related medical expenses during transportation to:

1. Transport you to the nearest adequate medical facilities.
2. Transport you to your home country for treatment or to recover after an emergency medical evacuation.

This benefit applies regardless of whether your hospitalization is related to a pre-existing condition.

Emergency Medical Reunion** — If your physician recommends it, we will pay and arrange for one person of your choice to travel to the hospital where you are located when an emergency medical evacuation is occurring or has occurred or when an emergency medical repatriation is to occur. *This benefit applies regardless of whether your hospitalization is related to a pre-existing condition.*

Return of Children** — If you are traveling alone with children and are hospitalized because of a covered illness or injury, we will arrange and pay for: 1) One-way economy airfare to return the children to their home country and 2) Attendant/escort services to ensure the children's safety. *This benefit applies regardless of whether your hospitalization is related to a pre-existing condition.*

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. You cannot use this benefit if you use the Local Cremation or Burial benefit. *This benefit applies regardless of whether your death is related to a pre-existing condition.*

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

Natural Disaster Evacuation** — If you need an emergency evacuation due to a natural disaster, we will arrange and pay for: 1) Your natural disaster evacuation; 2) Lodging for five days if you are delayed at the safe location; and 3) Your return home via one-way economy airfare. Seven Corners security personnel determines the need for evacuation in consultation with local governments and security analysts. *This benefit does not apply when you are in the U.S. and if the natural disaster precedes your arrival at the affected location. See plan document for additional details.*

Natural Disaster Daily Benefit — We can reimburse you for replacement accommodations for up to five days if you are displaced from planned, paid accommodations due to an evacuation from a forecasted natural disaster or following a natural disaster. You must provide proof of payment for the accommodations from which you were displaced.

Political Evacuation and Repatriation** — We can arrange and pay for your political evacuation and/or return to your home country via one-way economy airfare if: 1) A formal recommendation is made for you to leave your host country; or 2) You are expelled or declared persona non-grata by the host country. *This benefit will not apply if you did not follow a Level 3 Terrorism, Level 3 Civil Unrest, or any Level 4 Travel Advisory from the U.S. Department of State or similar warnings from authorities of your host country or home country.*

Personal Liability — We can pay for eligible court-entered judgments or settlements approved by us that are related to the personal liability you incur for acts, omissions, and other occurrences for losses or damages caused by your negligent acts or omissions that result in: 1) injury to a third person; 2) damage or loss to a third person's personal property; 3) damage or loss to a relative's personal property.

Terrorist Activity — If you are injured as a result of terrorist activity, we will reimburse you for medical expenses if the following conditions are met:

1. You have no direct or indirect involvement.
2. The terrorist activity is not in a country or location where the U.S. government issued a Level 3 Terrorism, Level 3 Civil Unrest, or any Level 4 Travel Advisory or similar warnings from your host country or home country were made within six months prior to your arrival.
3. You departed the country or location following the date a warning to leave that country or location was issued by the U.S. government or appropriate authorities of your host country or home country.

Accidental Death & Dismemberment (AD&D) — This can pay benefits for death, loss of limbs, quadriplegia, paraplegia, hemiplegia, and uniplegia due to an accident occurring while on your trip. If benefits are payable under Common Carrier AD&D, this benefit will not be paid.

Common Carrier AD&D — This can pay benefits for death due to an accident that occurred while riding as a passenger on a common carrier (any public air conveyance operating under a valid license to transport passengers for hire).

Loss of Checked Baggage — This benefit can reimburse you for lost bags and personal items owned by you and checked with a common carrier, if you took reasonable measures to protect, save, and recover the property.

Baggage Delay — This benefit can reimburse you for the expense of necessary personal items if your checked baggage is delayed or misdirected by a common carrier for at least 24 hours while you are on a covered trip. Coverage does not apply to your final destination or residence.

Trip Interruption** — This benefit can reimburse you for the cost of economy travel to your home if you cannot continue your trip due to the death of a parent, spouse, sibling or child or due to serious damage to your principal residence from fire or natural disaster. *See the plan document for the definition of a natural disaster.*

Travel Delay — This benefit can reimburse you for accommodations, meals, and local transportation if you are delayed by your common carrier more than 12 hours while outside your home country if the delay results in an unplanned overnight stay.

Lost or Stolen Travel Documents — This benefit can reimburse you for fees for replacement of your passport, visas and other travel documents if they are lost, stolen, damaged or destroyed during your covered trip.

Border Entry Protection — If you are traveling on a Visitor Visa B-2 and are denied entry to the U.S. at the border, this benefit can reimburse you for the cost of either 1) An economy one-way ticket (air, land, or sea) to your country of origin or 2) A common carrier change fee to travel to your country of origin.

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.

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

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 consequences 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 the plan.

**For insured persons traveling outside the United States, the period is 12 months instead of 36 months.*

How do we cover pre-existing conditions?

Pre-existing conditions are often not covered by travel insurance. We provide coverage for them in two different ways.

Myocardial Infarction (Heart Attack) and Stroke

Non-United States citizens traveling inside the United States

This plan can pay the stated amount for each night you are hospitalized in the United States for a heart attack or stroke.

Acute Onset of Pre-existing Conditions

United States citizens traveling outside the United States

This plan can pay for eligible medical expenses incurred outside the United States for pre-existing conditions. See the schedule of benefits for details.

ACUTE ONSET OF PRE-EXISTING CONDITIONS

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 either in the form of physician recommendations or symptoms and requires urgent care;
- That occurs while you are covered, after the 72-hour (3-day) waiting period, and
- For which treatment is obtained within 24 hours of the sudden and unexpected outbreak or recurrence.

A pre-existing condition is not an acute onset of a pre-existing condition if:

1. The condition is chronic, congenital, or gradually becomes worse over time; or
2. If, during the 30 days prior to the acute event, you had a change in prescription or treatment for a diagnosis related to the underlying pre-existing condition.

Coverage ends on the earlier of:

1. The condition no longer being acute; or
2. Your discharge from the hospital.

There is no coverage for known, scheduled, required, or expected medical care, drugs, or treatments existent or necessary prior to departure from the U.S. and before your coverage 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.

Optional Coverage

Hazardous Activities

We cover typical types of vacation activities. If you plan to participate in more adventurous activities when you travel, consider buying this optional coverage.

It covers: bungee jumping; caving; hang gliding; jet skiing; motorcycle or motor scooter riding whether as a passenger or a driver; parachuting; parasailing; scuba diving only to a depth of 10 meters with a breathing apparatus provided you are SSI, PADI or NAUI certified; snowmobiling; spelunking; wakeboard riding; water skiing; windsurfing; or zip lining.

You must purchase this optional coverage if you wish to be covered while riding a motorcycle, motor scooter, or similar transportation when such transportation is an established and accepted routine means of public transportation for hire in the specific geographic area where you are located in the host country.

Excess Insurance

All coverages except Common Carrier Accidental Death and 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.

Filing a Claim

For a claim to be payable, it must meet the terms and conditions in the Wander Frequent Traveler plan document. In addition, you must submit a completed claim form to us within 90 days of the date of service.

Claims are paid two ways:

1. We pay your provider if they did not require you to pay up front. To do this, we need an itemized bill from the provider along with a claim form completed by you.
2. We reimburse you if you paid medical expenses up front. To do this, we need an itemized bill (showing you paid the expenses) along with a claim form completed by you.

Important: If you are traveling in the U.S. and visit a provider in network, please do not pay for services up front and instead allow the provider to bill Seven Corners. Your ID card will provide information about the PPO network in the United States.

Visit sevendcorners.com/claims to find forms and instructions on filing a claim.

Exclusions

The exclusions below apply to these benefits: Medical Covered Expenses, Local Ambulance, Hospital Daily Indemnity, Extension of Benefits in Home Country, Dental Emergency — Sudden Relief of Pain, Dental Emergency — Accident, Emergency Eye Exam, Emergency Medical Evacuation and Repatriation, Emergency Medical Reunion, Return of Child(ren), Return of Mortal Remains, Local Burial or Cremation, Natural Disaster Evacuation and Repatriation, Political Evacuation and Repatriation, Accidental Death and Dismemberment (AD&D), Common Carrier Accidental Death and Dismemberment, Trip Interruption, Travel Delay, and Optional Coverage — Hazardous Activities. ***These exclusions exclude expenses that are for, resulting from, related to, or incurred for the following:***

- Pre-Existing Condition(s) except as waived under Acute Onset of Pre-existing Condition(s), Myocardial Infarction and Stroke and Emergency Medical Evacuation and Repatriation, Emergency Medical Reunion, Return of Child(ren), Return of Mortal Remains, Local Burial or Cremation;
- Claims not received by the Company or Administrator within ninety (90) days of the date of service;
- Treatment that (i) exceeds Usual, Reasonable, and Customary Expenses; (ii) is Investigational, Experimental, or for research purposes; or (iii) is received in a Hospital emergency room visit that is not a Medical Emergency;
- 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;
- Acupuncture;
- Services, supplies, medications, testing, or Treatment prescribed, performed, or provided by a Relative or Immediate Family Member;
- Durable medical equipment;
- 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 eyeglasses 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, or music therapy;
- Pregnancy, illness or complications from Pregnancy, childbirth, abortion, miscarriage including that resulting from an Accident, postpartum care, preventing conception or childbirth, artificial insemination, infertility, impotency, sexual dysfunction, or sterilization or reversal thereof;
- Sleep apnea or other sleep disorders;
- Mental Illness and Mental and Nervous Disorders, 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, sexual reassignment 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 unless You purchase optional Hazardous Activities coverage, and then only for the activities covered under that optional benefit;
- 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 but excluding non-competitive, recreational, or intramural activities;
- Abuse, misuse, illegal use, overuse, dependency upon, 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 under terrorism such as: 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 Extension of Benefits to Your Home Country;
- 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;
- Loss of life;
- Long-term disability; or
- Financial guarantee, financial default, bankruptcy, or insolvency risks;
- 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.

Wander® Frequent Traveler

ANNUAL MULTI-TRIP COVERAGE FOR FAMILIES AND INDIVIDUALS

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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