

Choice Elite Plan

2014 Benefit Guide

Thank you for choosing Seven Corners to service your international health insurance needs. Our goal is to provide you with complete, efficient, and helpful service. We have created this Benefit Guide as a quick reference tool for your benefits.

This Benefit Guide is a summary of emergency information and instructions; it is not a substitute for your review of the Certificate of Insurance which has been provided. For a full and detailed explanation of benefits, provisions, and exclusions from which claims are processed and coverage determinations made, please refer to the official Certificate of Insurance. If you do not have a copy of the Certificate of Insurance, please immediately contact Seven Corners for another copy.

Group Number: LON10-101115-02G

Your ID card contains important contact information and *your individual certificate number*, which you will need when you contact us.

Finding a Provider

Available by phone and email from our **Assist Department 24/7:**

Inside the United States: 1-800-690-6295;

Outside the United States: 0-317-818-2808 (Collect)

Fax: 1-317-815-5984

E-Mail: assist@sevencorners.com

Online U.S. PPO information for your plan can be found here:

<http://www.multiplan.com/search/search-2.cfm?originator=84453>

A complete list of international providers is also available at Wellabroad.com

Wellabroad.com: Our real-time, information-rich Web site offers quick and easy access to important and varied travel information free to our insureds. It contains travel advisories and warnings as well as country-specific background information including entry requirements, languages, and airport locations. The site also provides common travel resources such as international area codes, language tools and currency and time zone converters.

MyPlan: This service area provides information about your eligibility, preferred providers, and claims (including Explanation of Benefit forms). You may also contact us through this area. Instructions for accessing MyPlan are provided on your ID card.

Pre-Notification Guidelines:

Your complete benefits often require that you give notice to Seven Corners either before or within 48 hours of receiving treatment. You must notify Seven Corners through our Assist department at the contact information shown above by phone, fax, or e-mail.

1. You (or someone on your behalf) must notify Seven Corners 48 hours *before* a scheduled, non-emergency hospital admission anywhere in the world.
2. You (or someone on your behalf) must notify Seven Corners within 48 hours of an emergency hospital admission anywhere in the world.
3. You (or someone on your behalf) must notify Seven Corners 48 hours *before* incurring any expense in excess of US\$1,000 within the United States.

Failure to pre-notify as stated will result in a reduction of benefits and/or an additional deductible.

Pre-notification does not guarantee payment of benefits.

Claims Submission

Documents required for submitting a claim include the following:

1. Completed Proof of Loss (Claim form) - can be found at: <http://www.sevencorners.com/forms/ProofofLossForm.pdf>
2. Detailed bills for services received.
3. Receipts for payments made.
4. Any other supporting medical documentation pertinent to the claim.

Claims documents may be submitted via postal mail, fax, or email:

Seven Corners, Inc.

Attn. Claims

303 Congressional Blvd.

Carmel, IN 46032 UNITED STATES

Fax: (+01) 317-575-2256

Email: claims@sevencorners.com

Claims which do not require additional medical documentation are processed within 30-45 days of receipt. Member reimbursement may be issued via bank check or wire transfer, depending on the member's preference. It is important to answer all questions on the claim form with as much detail as possible.

Currency conversions for claims are paid based on the exchange rate for the U.S. dollar on your date of service.

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Schedule of Benefits

All Coverages and Plan Costs listed in this Evidence of Benefits are in U.S. Dollar amounts.

Lifetime Maximum Benefit	\$5,000,000 per Insured Person.
Policy Period Deductible Options	\$500, \$1,000, \$2,500, \$5,000; Maximum of 3 deductible payments for families enrolling on one application.
Outside of the United States	After the Deductible, the Policy pays 100% of eligible expenses to the Policy Maximum. Hospital Admissions must be Pre-Notified using Seven Corners' Pre-Notification Program. Expenses described above which are not Pre-Notified to Seven Corners may be subject to a 25% reduction of eligible expenses.
Inside of the United States	After the Deductible, the Policy pays 80% of the next \$5,000 of eligible expenses, then 100% up to the Policy Maximum. Expenses incurred inside the United States must be Pre-Notified using Seven Corners' Pre-Notification Program. Expenses described above which are not Pre-Notified to Seven Corners may be subject to a 25% reduction of eligible expenses.
Hospital Expenses & Intensive Care	Average Semi-Private room and board, Usual, Reasonable, and Customary (URC) Physician Charges, Prescription Medications, Durable Medical Equipment, Nursing Services and X-Rays up to the Policy Maximum.
Surgery	URC Charges for Surgery, Physician and Anesthetics up to the Policy Maximum.
Medical Supplies & Ambulance	URC Charges up to Policy Maximum.
Outpatient Treatment	URC Charges for Emergency Treatment, Surgery and Prescription Medication up to the Policy Maximum.
Well Child Care	For dependent aged children. Up to \$200 Policy Period Maximum for checkups and routine visits after 364 day waiting period. Up to age 18.
Physiotherapy, Chiropractic	Up to \$75 per visit (\$10,000 Lifetime Maximum), when referred in advance by a Physician.
Mental & Nervous	URC Charges up to a Maximum of \$10,000 per Policy Period after 364 day waiting period. Lifetime Maximum of \$30,000.
Emergency Dental	URC Charges for repair and replacement of sound, natural teeth damaged as a result of an accident, limited to \$500 per Policy Period.
Preventive Benefits	Females and Males over the Age 19 up to \$175 Policy Period Maximum for checkups, routine physical exams, female preventative exams and mammograms after 364 day waiting period. Not subject to Deductible or Coinsurance.
Lifetime Transplant Benefit	Up to \$1,000,000 per Insured Person.
Emergency Medical Evacuation	\$50,000 Limit - when adequate medical facilities and/or treatment is not available. *
Repatriation of Remains	\$25,000 Limit - when traveling outside your current Country of Residence. *
Emergency Medical Reunion	\$10,000 Limit - when traveling outside your current Country of Residence. *
Accidental Death & Dismemberment (AD&D)	Principal Sum: \$10,000 for Insured and Spouse, \$2,000 for Dependent Children. For Common Carrier, Principal Sum: \$40,000 for Insured and Spouse, \$8,000 for Dependent Children.
Hospital Daily Indemnity Benefit	\$50 per day (\$1,000 maximum per policy period), for every Medically Necessary night spent in a Hospital (Hospital Admission) outside of the United States and Canada.

Except as specifically indicated otherwise, all benefits are subject to Deductible and Coinsurance and are per Period of Coverage.

*Pre-approval required

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