

Dynamic Global Exchange

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: ATR19-190424-01TM

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 (Toll-Free);

Outside the United States: 1-317-818-2808 (Collect)

Fax: 1-317-815-5984

E-Mail: assist@sevencorners.com

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

<https://www.sevencorners.com/help/find-a-doctor>

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.

Simply enter your individual certificate number and birth date at

<http://www.wellabroad.com> to get started.

Pre-Certification Guidelines

The following expenses must always be Pre-Certified:

- Inpatient stays
- Rehab inpatient stays
- Outpatient surgeries/procedures
- Diagnostic procedures including MRI, MRA, CT and PET Scans.
- Chemo Therapy
- Radiation Therapy
- Physical and Occupational Therapies
- Home Infusion Therapy
- Home Health Care

To comply with the Pre-Certification requirements, You must:

1. Contact Seven Corners Assist at the telephone number shown below and on your I.D. card as soon as possible before the expense is to be incurred; and
2. Comply with Seven Corners Assist's instructions and submit any information or documents they require; and
3. Notify all Physicians, Hospitals and other providers that this Insurance contains Pre-certification requirements and ask them to fully cooperate with Seven Corners.

Emergency Pre-Certification – In the event of an emergency Hospital admission, Pre-Certification must be made within 48 hours after the admission, or as soon as is reasonably possible.

Pre-Certification Does Not Guarantee Benefits – The fact that expenses are Pre-certified does not guarantee coverage for, or payment of the service or procedure reviewed. Eligibility for and payment of benefits are subject to all the terms, conditions, provisions and exclusions herein.

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Schedule of Benefits

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

U.S Coverage	Included
Medical Maximums	\$200,000; Medical Maximum is per person per Occurrence. (age 80+, maximum limited to \$15,000)
Deductible	\$75; Deductible is per person per Occurrence.
Misuse of Emergency Room Deductible	\$250
Coinsurance	After You pay the Deductible, the plan pays 100% to the selected Medical Maximum.
Dental (Accident Coverage)	To a maximum of \$500 (Only available to programs purchased for 1 month or more.)
Dental (Sudden Relief of Pain)	To a maximum of \$250 (Only available to programs purchased for 1 month or more.)
Emergency Medical Evacuation/Repatriation	\$50,000 (in addition to the Medical Maximum)
Return of Mortal Remains	\$25,000
Felonious Assault	\$10,000 per person per Period of Coverage. (in addition to the Medical Maximum)
Mental Illness	Inpatient: Payable at 80% up to \$10,000, to a max of 40 days Outpatient: Payable at 80% up to \$700 (\$100 per visit)
Local Ambulance Benefit	\$5,000
Accidental Death & Dismemberment (AD&D)	\$10,000 principal sum for Insured
Family Travel Benefit	\$50,000
Unexpected Recurrence of a Pre-existing Condition	Up to \$20,000 (Applicable to U.S. and Canadian citizens traveling outside the United States; Age 65+, up to \$2,500)
Hospital Room & Board	Usual, Reasonable and Customary to the selected Medical Maximum
Intensive Care	Usual, Reasonable and Customary to the selected Medical Maximum
Outpatient Medical Expenses	Usual, Reasonable and Customary to the selected Medical Maximum
Assistance Services	Included
Benefit Period	364 days

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

Claims Submission

Documents required for submitting a claim include the following:

1. Completed Proof of Loss (Claim form) - can be found at: <https://www.sevencorners.com/claims>
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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