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: LON22-220419-01TMP

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

Customer Service (24/7)

Toll-Free: 800-335-0611 Worldwide: 317-575-2652 Collect: 317-818-2809 WhatsApp: 317-430-1140 Email: <u>customerservice@sevencorners.com</u>

Finding a Provider

www.sevencorners.com/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 countryspecific 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.

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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Dynamic Global Exchange Schedule of Benefits

BENEFIT OR SERVICE

| DEMETTI ON SERVICE | | |
|--|---|------------------|
| Period of Coverage | 5 days to 364 days | |
| Extension of Coverage | Extendable for a total of up to 1,092 days | |
| Coverage Area | Worldwide including the United States | |
| Medical Maximum Options | Ages Available | Benefit Maximums |
| | 14 days to 74 years: | \$200,000 |
| | 75 to 79 years: | \$50,000 |
| | 80 years & over: | \$15,000 |
| Deductible Options (You pay) | \$75 per Occurrence | |
| Coinsurance (The Plan pays) | 100% to the Medical Maximum | |
| Hospital Room and Board | URC up to Medical Maximum | |
| Inpatient Hospital Services | URC up to Medical Maximum | |
| Outpatient Hospital / Clinical Services | URC up to Medical Maximum | |
| Emergency Room Services | URC up to Medical Maximum | |
| | \$100 Copay, waived if admitted | |
| Physician's Office Visits | URC up to Medical Maximum | |
| Urgent Care Visits | URC up to Medical Maximum | |
| Telehealth Consultations or Care | URC up to Medical Maximum | |
| Prescription Drugs | URC up to Medical Maximum | |
| Home Health Care | URC up to Medical Maximum | |
| Extended Care Facility | URC up to Medical Maximum | |
| Local Ambulance | \$5,000 | |
| Mental Illness including Alcohol and Substance | Inpatient: 80% to \$10,000, 40-day limit | |
| Abuse | Outpatient: 80% up to \$700 | |
| COVID-19 Treatment | 14 days to 74 years: URC up to \$100,000 | |
| | 75 years & over: N/A | |
| Acute Onset of Pre-Existing Conditions | Ages Available | Benefit Maximum |
| | 14 days to 64 years: | \$20,000 |
| | 65 years to 79 years: | \$2,500 |
| | 80 years & over: | N/A |
| Dental – Sudden Relief of Pain | \$250 | |
| Dental – Accident | \$500 | |
| Emergency Medical Evacuation and Repatriation | | |
| Emergency Medical Reunion | \$200 per day, 10-day limit | |
| | \$50,000 maximum | |
| Return of Mortal Remains | \$25,000 | |
| Local Burial or Cremation | \$5,000 | |
| 24/7 Travel Assistance Services | Included | |
| Accidental Death and Dismemberment (AD&D) | \$10,000 Principal Sum | |
| | \$250,000 Aggregate Limit total number of Insured Persons on Plan | |
| Trip Interruption | \$2,000 | |
| Benefit Period | 180 days | |
| | | |



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Claims Submission

Documents required for submitting a claim include the following:

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

Claims may be submitted to:

Seven Corners, Inc. PO Box 211379 Eagan, MN 55121 UNITED STATES Fax: (+01) 317-575-2256 Email: <u>claims@sevencorners.com</u>

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.