

Administered by:
Seven Corners, Inc.
303 Congressional Boulevard
Carmel, IN 46032 USA

International Travel Medical Insurance International Provider

Presented by
Insurance Services of America

1757 E. Baseline Rd, Suite 126
Gilbert, Arizona 85233
1-800-647-4589/1-480-821-9052

health@worldwidemedical.com



Underwritten by **Certain**
Underwriters at Lloyds, London



SEVENCORNERS
Specialty Insurance and Benefit Management

Your Customized Plan

Your benefit plan is underwritten by Certain Underwriters at Lloyd's, London. As the largest insurance entity in the world, Lloyd's has earned a Standard & Poor's rating of A+ (Strong) and an A (Excellent) rating from AM Best.

Insurance Services of America (ISA) is your full-service agency. As an independent nationwide leader in the international health and travel insurance industry with over 41 years of experience, ISA is equipped to guide you through selection of the best benefit package for your needs.

Insurance Services of America
1757 E. Baseline Road, Suite 126
Gilbert, AZ 85233
480-821-9052/1-800-647-4589
(480) 821-9297 FAX / (866) 793-4779 (Toll Free FAX)
health@worldwidemedical.com

Establishing coverage with us

To establish your selected coverage, please return the Enrollment Form and Census Form to Insurance Services of America at the contact information shown above. Please note that premium must be received prior to departure on your international trip.

Enrolling members

Upon enrollment, you will receive a Program Summary providing detailed evidence of coverage and an ID card for each enrolled member. We offer two methods to enroll insureds.

Online Enrollment. We offer an Online Group Enrollment System which allows the group representative to enroll participants 24 hours a day. Once you complete the necessary screens, an email confirmation containing each insured's Virtual ID card and a link to the Program Summary will be provided via email. Contact Insurance Services of America to receive additional information or an electronic presentation of this option.

Off-Line Enrollment. To utilize this method, simply e-mail, fax, or mail Insurance Services of America the group census and include the following: name of insured, effective date, expiration date, age or date of birth, premium amount.

Understanding your eligibility

You are considered an eligible person under this plan if you are a participant, employee, or member of the assured group, while traveling outside of your home country, provided your name and travel dates have been submitted on the group application and accepted by Seven Corners along with payment of premium. (Home Country is defined as the country where you have your true, fixed, and permanent home and principal establishment). Your coverage shall apply worldwide excluding or including the United States depending on the coverage option you have selected.

It is your responsibility as the insured to maintain all records regarding travel history and age and provide any documents which would verify eligibility requirements.

Schedule of Benefits

All benefits provided below are in U.S. Dollar amounts.

Medical Maximums	\$25,000, \$50,000, \$100,000, \$500,000, \$1,000,000 (age 80+, maximum limited to \$15,000). Medical Maximum is per person per Period of Coverage.
Deductible	\$50, \$250, \$500 Deductible is per person per Period of Coverage.
Coinsurance	Class 1: U.S. or Canadian citizens traveling outside the U.S. After You pay the Deductible, the plan pays 100% to the selected Medical Maximum. Class 2: Non-U.S. citizens traveling to the U.S. After You pay the Deductible, the plan pays 80% of the next \$5,000 of eligible expenses, then 100% to the selected Medical Maximum. Class 3: Non-U.S. citizens traveling outside their home country (no travel inside U.S.) After You pay the Deductible, the plan pays 100% to the selected Medical Maximum.
Hospital Indemnity	\$150 per night, 30 day maximum (available only for travel outside the U.S.)
Dental (Accident Coverage)	\$500 (Available only to programs purchased for 1 month or more.)
Dental (Sudden Relief of Pain)	\$250 (available only for travel outside the U.S. and programs purchased for 1 month or more.)
Emergency Medical Evacuation/Repatriation	\$500,000 (in addition to the Medical Maximum)
Return of Mortal Remains	\$50,000
Return of Minor Child(ren)	\$50,000
Emergency Reunion	\$50,000
Political Evacuation	\$10,000
Local Ambulance Benefit	\$5,000
Accidental Death & Dismemberment (AD&D)	\$25,000 principal sum for Insured or Insured Spouse \$5,000 principal sum for Dependent Child Aggregate limit of \$250,000 per family
Loss of Baggage	\$250
Interruption of Trip	\$5,000
Home Country Coverage	<i>Incidental Trips to The Home Country:</i> Up to \$50,000 <i>Extension of Benefits:</i> Up to \$5,000
Hospital Room & Board, Intensive Care, Outpatient Medical Expenses	Usual, reasonable and customary to the selected Medical Maximum
Unexpected Recurrence of a Pre-existing Condition	Up to \$15,000, (Age 65+, up to \$2,500). This benefit is payable to U.S. citizens when traveling outside the United States and Canada.
Terrorism	Usual, reasonable and customary to the selected Medical Maximum
Benefit Period	180 Days

International Travel Medical Insurance



Rates

Without Hazardous Sports

Medical Maximum	\$25,000			\$50,000			\$100,000		
	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G	Plan H	Plan I
Deductible	\$50	\$250	\$500	\$50	\$250	\$500	\$50	\$250	\$500
Monthly Premium (Individual)									
Traveling to the US	\$79.00	\$65.51	\$59.33	\$87.75	\$76.04	\$65.89	\$107.84	\$89.82	\$77.68
Traveling Outside the US	\$57.69	\$49.17	\$43.27	\$64.90	\$55.07	\$48.51	\$74.08	\$62.94	\$55.73
Daily Premium (Individual)									
Traveling to the US	\$2.63	\$2.29	\$1.98	\$2.93	\$2.53	\$2.19	\$3.60	\$2.99	\$2.59
Traveling Outside the US	\$1.93	\$1.64	\$1.45	\$2.16	\$1.83	\$1.62	\$2.47	\$2.10	\$1.86
Medical Maximum									
	\$500,000			\$1,000,000					
	Plan J	Plan K	Plan L	Plan M	Plan N	Plan O			
Deductible	\$50	\$250	\$500	\$50	\$250	\$500			
Monthly Premium (Individual)									
Traveling to the US	\$135.05	\$112.43	\$88.34	\$153.41	\$127.84	\$110.79			
Traveling Outside the US	\$86.87	\$73.76	\$64.90	\$99.65	\$84.57	\$74.73			
Daily Premium (Individual)									
Traveling to the US	\$4.50	\$3.75	\$3.26	\$5.11	\$4.26	\$3.69			
Traveling Outside the US	\$2.89	\$2.46	\$2.16	\$3.32	\$2.82	\$2.49			

Certain Underwriters at Lloyd's, London, operates as an approved Surplus Lines market. The premiums listed above include a general Surplus Lines Tax.

International Travel Medical Insurance



Rates

With Hazardous Sports

Medical Maximum	\$25,000			\$50,000			\$100,000		
	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G	Plan H	Plan I
Deductible	\$50	\$250	\$500	\$50	\$250	\$500	\$50	\$250	\$500
Monthly Premium (Individual)									
Traveling to the US	\$90.60	\$78.90	\$68.40	\$101.10	\$87.30	\$75.60	\$124.20	\$103.20	\$89.40
Traveling Outside the US	\$66.60	\$56.70	\$50.10	\$74.40	\$63.00	\$55.80	\$85.20	\$72.60	\$64.20
Daily Premium (Individual)									
Traveling to the US	\$3.02	\$2.63	\$2.28	\$3.37	\$2.91	\$2.52	\$4.14	\$3.44	\$2.98
Traveling Outside the US	\$2.22	\$1.89	\$1.67	\$2.48	\$2.10	\$1.86	\$2.84	\$2.42	\$2.14
Medical Maximum	\$500,000			\$1,000,000					
	Plan J	Plan K	Plan L	Plan M	Plan N	Plan O			
Deductible	\$50	\$250	\$500	\$50	\$250	\$500			
Monthly Premium (Individual)									
Traveling to the US	\$155.40	\$129.30	\$112.50	\$176.40	\$147.00	\$127.20			
Traveling Outside the US	\$99.60	\$84.90	\$74.40	\$114.60	\$97.20	\$85.80			
Daily Premium (Individual)									
Traveling to the US	\$5.18	\$4.31	\$3.75	\$5.88	\$4.90	\$4.24			
Traveling Outside the US	\$3.32	\$2.83	\$2.48	\$3.82	\$3.24	\$2.86			

Certain Underwriters at Lloyd's, London, operates as an approved Surplus Lines market. The premiums listed above include a general Surplus Lines Tax.

Description of Benefits

This plan pays for covered expenses up to the selected medical maximum after you pay your deductible and coinsurance percentage. Benefits are noted below for which the deductible and coinsurance apply. Expenses related to pre-existing conditions are not covered except as stated under the Unexpected Recurrence of a Pre-Existing Condition benefit.

Hospital Indemnity: You receive payment if hospitalized due to a covered illness or injury while traveling outside the United States and Canada. This is in addition to other covered expenses.

Dental Accident Coverage: You receive emergency treatment to repair or replace sound natural teeth if damaged as the result of a covered accident (coinsurance and deductible apply).

Dental Sudden Relief of Pain: You receive emergency treatment for the relief of pain to natural teeth (coinsurance and deductible apply).

Emergency Medical Evacuation/Repatriation: This benefit pays if any covered injury or illness results in your medically necessary emergency medical evacuation or repatriation.

Return of Mortal Remains: This benefit pays to return your remains to your then home country if you die.

Return of Minor Children: If you are traveling alone with a minor child(ren) and are hospitalized due to a covered illness/injury, leaving the minor child(ren) unattended, we will arrange and pay for a one-way economy fare to the home country for the child(ren) with an attendant if necessary.

Emergency Medical Reunion: When an emergency medical evacuation/repatriation occurs, and the attending physician recommends a family member accompany you, we will arrange and pay for the cost of a roundtrip economy transportation and reasonable accommodation expenses for an individual of your choice to be at your side. (Benefit limit of \$200 per day and time limit of 10 days applies)

Political Evacuation: If political or military events in a host country result in a formal recommendation for you to leave or if you are expelled or declared persona non-grata by the host country, reasonable expenses incurred for transportation to the nearest place of safety or for repatriation to your home country or country of residence are covered. This benefit will not pay should you not heed travel warnings or travel alerts issued by the State Department or appropriate authorities recommending travel to certain countries be avoided.

Accidental Death & Dismemberment: Benefits are paid according to the schedule below if you sustain an accidental injury and if the resulting death/dismemberment occurs within 365 days of the accident date. (If more than one loss occurs as the result of one accident, only the largest amount is payable).

Description of Loss Percent	Percent of Principal Sum
Life	100%
Both Hands or Both Feet or Sight of Both Eyes	100%
One Hand and One Foot	100%
Either Hand or Foot and Sight of One Eye	100%
Either Hand or Foot	50%
Common Carrier Accidental Death	200%

Baggage Loss: We will reimburse you for lost baggage/personal effects (\$50 per article limit) checked with a common carrier (secondary to coverage provided by the common carrier).

Description of Benefits

Interruption of Trip: If unable to continue your trip due to the death of an immediate family member or due to serious damage to your principal residence from fire, flood or similar natural disaster, we will reimburse you for the cost of economy travel (less the value of applied credit from an unused return travel ticket) to return you to your area of principal residence.

Home Country Coverage (*Incidental Trips to the Home Country*): You are covered for incidental trips to your home country based on 30 days per 6 months of purchased coverage or pro rata thereof (example - approximately 5 days per month). This benefit is not available for purchases less than 30 days and does not apply to final trip home.

Home Country Extension of Benefits (*Follow Me Home Coverage*): You are covered for expenses incurred in your home country due to an injury/illness which occurred and was diagnosed and treated outside your home country during your coverage period (does not apply to emergency evacuation/repatriation).

Unexpected Recurrence of a Pre-Existing Condition: This benefit provides coverage for expenses resulting from a sudden, unexpected recurrence of a pre-existing condition. If you are younger than age 65, coverage is provided up to \$20,000. If you are 65 years or older, coverage is provided up to the first \$2,500 (coinsurance and deductible apply).

Terrorism: You receive coverage for injuries and illnesses resulting from an act of terrorism.

Optional Benefits

Hazardous Sports Coverage: This optional coverage provides benefits for the following activities provided the coverage is selected and appropriate premium is paid.

- >> motorcycle/motorscooter riding (whether as a passenger or a driver),
- >> hang gliding
- >> parachuting
- >> bungee jumping
- >> water skiing
- >> snow skiing
- >> snowmobiling
- >> snowboarding
- >> spelunking

This is a brief description of the plan benefit. The policy shall provide the only basis for coverage and claim. Please be aware that this is not a general health insurance policy, but an interim, limited benefit period, travel medical plan intended for use while away from your Home Country. The plan cannot guarantee payment to an individual or a facility for medical expenses until it has been determined that it is an eligible expense and a signed agreement has been received from the appropriate medical facility.

Why Choose Seven Corners?

Since our inception in 1993, Seven Corners has delivered healthcare assistance, management, and international insurance solutions to private citizens, governments, missionaries, students, and corporations around the globe. We provide our clients with a safe, secure, and memorable travel experience by eliminating the worry and stress involved with unforeseen emergency situations.

We have differentiated ourselves in the international insurance industry by providing quality products, specialized benefit packages, and customer service which continually exceeds our customers' expectations.

The focus of our commitment to provide continuous and constant support to our customers is delivered through **Seven Corners Assist**, our multi-lingual team of professionals available to you 24-hours a day, 365 days a year. Our Assist team delivers a wide range of services:

- » Travel Medical Assistance Services include arrangement and coordination of benefits for emergency medical evacuations, emergency medical reunions, and return of mortal remains, as well as medical referrals and case monitoring.
- » Trip Management Assistance Services include trip delay/connection coordination, hotel and flight re-bookings, emergency return travel arrangements, lost travel document retrieval, embassy/consulate referrals, current conversion assistance, notification of local medical and travel advisories, and assistance with luggage issues.
- » Travel Intelligence Services include text messaging alerts for weather, security, customs, healthcare, and pandemic warnings as well as access to our provider network directory and online travel forum.
- » Our Worldwide Provider Network provides access to our providers and hospitals around the world, ensuring you have the adequate medical treatment options. Seven Corners currently has access to thousands of doctors and hospitals worldwide. With one phone call or a quick online search, we can help you locate a provider.

Wellabroad.com Our real-time, information-rich Web site offering you quick and easy access to important information that could affect your travel plans, health, safety, and security. It contains travel advisories and warnings as well as country-specific background information including entry requirements, population, capitals and major cities, languages, religions, and airport locations. The site also provides common travel resources such as international area codes, language tools and currency and time zone converters.



Claims Our streamlined claims process is easy to use. When you receive medical treatment, simply submit your itemized bill to Seven Corners within 90 days. Eligible bills are automatically converted from local currencies to U.S. dollars.

INTERNATIONAL PROVIDER ENROLLMENT FORM

Name of Group: _____

New Group: _____ Add-on to Existing Group: _____

Contact Person: _____

Dates of Travel: _____

Destination: _____

Fax Number: _____

Phone Number: _____

Email: _____

Mailing Address: _____

Number of Days: _____ Number of Months: _____

Plan Circle One: A B C D E F G H I J K L M N O

Total premium (from census form): _____

Payment method: Check | Visa | MasterCard | Discover | Amex

CC #: _____

Exp. Date: _____ Card Verification Code _____

The 3-4 digit number printed on the signature strip on the back of the card or on the front of American Express cards



Signature of cardholder: _____

INTERNATIONAL PROVIDER CENSUS FORM

	Name	Date of Birth	Effective Date	Daily Rate	x	# of Days	=	Premium Submitted
1					x		=	
2					x		=	
3					x		=	
4					x		=	
5					x		=	
6					x		=	
7					x		=	
8					x		=	
9					x		=	
10					x		=	
11					x		=	
12					x		=	
13					x		=	
14					x		=	
15					x		=	
16					x		=	
17					x		=	
18					x		=	
19					x		=	
20					x		=	
21					x		=	
22					x		=	
23					x		=	
24					x		=	
25					x		=	
Premium Subtotal:								
Optional Coverage Factor for Hazardous Sports (15% increase to premium):						x 1.15		
Total Premium Submitted:								

Mail or Fax Business to:
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