



INTERNATIONAL
STUDENT
INSURANCE

College of English
Language 2022-2023
FSG21-210730-02TM



*Committed
to you!*

Using Your Insurance

If you need to seek medical treatment, please follow these basic guidelines:



NON-EMERGENCY CARE

Your plan includes access to **RelyMD virtual telemedicine** at \$45 per visit. If you have a minor or non-urgent medical need, you can use RelyMD to see a doctor or get a prescription from anywhere, at any time using your phone or computer. Please [visit our website](#) for more details.

When you need to seek in-person non-emergency care, for conditions such as a cold, the flu, or minor injuries and sickness, please visit a local doctor, urgent care treatment center or walk-in medical clinic. They will be best placed to assist you in a timely manner, and you will likely pay less out of pocket. To locate a doctor or clinic, use the online search tool in your student zone or call Seven Corners for appropriate in-network providers in your area.



EMERGENCY CARE

The Emergency Room (ER) is designed for medical emergencies. If you need emergency care for any reason, please get to the nearest Emergency Room (ER) or call the emergency services (911 in the USA) for immediate treatment.

As with anything, we ask you to use your judgment with a situation. If you feel you need immediate emergency attention, please do not delay and go straight to the Emergency Room. However if you are unsure, or your condition is not severe, then either call the emergency services for assistance or visit a local doctor, urgent care center or walk-in clinic in your area.

Please Note – an additional **\$250 Deductible** will apply for each Emergency Room visit for an illness which does not result in a direct Hospital admission. Injuries are not subject to the deductible



ID CARD

It is extremely important that you carry your insurance ID card with you at all times as this will identify to the provider treating you who your insurance is with. Your ID card will be given to you before you travel and should be kept with you at all times.



PROVIDERS

You can [search for providers online](#) in your student zone, or you may seek treatment from any provider you wish to visit. In-network providers will be able to submit your claims directly to the claims team for processing, however when you seek care outside of the network, you will need to pay for these services upfront and submit for reimbursement. **If you have been hospitalized, you need to contact the assistance team as soon as possible so they can monitor your medical care and arrange direct payment to the hospital.**

CLAIMS

When you seek care from within the plans network and provide your ID card at the time of treatment, your claims will be sent to the claims team directly for processing.

For claims outside of the network or any prescription medications, you will need to pay the provider, and then submit your itemized bills and receipts to the claims team for processing.

We **ALWAYS** recommend submitting a claim form for each new injury/illness to speed up processing.

You can download a copy of the claim form from the student zone and submit it with your receipts to:

claims@sevencorners.com

or by mail or fax to:
Seven Corners, Inc.
303 Congressional Blvd
Carmel, IN 46032
Fax 317-575-2659

STUDENT ZONE

The student zone is your one-stop resource for information, advice and assistance with your insurance plan.

- Video Overviews
- Virtual Doctor
- Healthcare Tips
- Seeking Treatment
- Provider Search
- Claim Forms
- Claims Tracking
- MyDocuments

[Student Zone](#)

Plan Details

The following table shows the plan benefits that are available under your international insurance plan. Please take some time to review the coverage benefits to make sure you understand what is covered. This is a consolidated summary of the benefits, for a full listing of the coverage benefits along with the plan exclusions

Plan Benefits	Coverage
Coverage Area	Worldwide, including the United States, except for the insured person's Home Country
Lifetime Plan Maximum	\$3,000,000
Medical Maximum <i>Per Insured Person, per Occurrence</i>	14 days to 64 years: \$3,000,000 65 to 79 years: \$50,000 80+ year: \$15,000
Deductible <i>Per Insured Person, per period of coverage</i>	\$0
Coinsurance <i>Per Insured Person, per period of coverage</i>	After you pay the deductible, the plan pays 100% of eligible expenses to the medical maximum
Hospital Room and Board	URC to the medical maximum
Inpatient Hospital Services	URC to the medical maximum
Outpatient Hospital / Clinical Services	URC to the medical maximum
Emergency Room Services	URC to the medical maximum \$250 copay per visit, waived if admitted
Physician's Office Visits	URC to the medical maximum
Urgent Care Visits	URC to the medical maximum
Telehealth Consultations or Care	URC to the medical maximum
Prescription Drugs	URC to the medical maximum
Home Health Care	URC to the medical maximum
Extended Care Facility	URC to the medical maximum
Local Ambulance	URC to the medical maximum
Mental Illness including Substance Abuse	Inpatient: Up to \$20,000, 60-day limit Outpatient: Up to \$50 per day, \$250 maximum
Dental (Accident Coverage)	To a maximum of \$5,000
Dental (Sudden Relief of Pain)	To a maximum of \$400
Emergency Medical Evacuation/ Repatriation	Up to \$500,000 (in addition to medical maximum)
Emergency Medical Reunion	Up to \$200 per day, 10-day limit \$3,000 limit

TRAVEL ASSISTANCE SERVICES

The plan includes valuable travel and medical assistance services, which are available to you 24 hours a day, 7 days a week. Contact Seven Corners to access these services:

Travel Medical Assistance - support and coordination for medical evacuation/ repatriation, medical referral, case monitoring and more...

Trip Management Assistance - travel support that includes trip delay and missed connection coordination, hotel and flight rebooking, lost luggage assistance, lost travel document retrieval and assistance and information on local medical and travel advisories.

Travel Intelligence Services - through wellabroad.com participants can sign up for travel text message and email alerts from the world's latest travel advisories and more...

Provider Support - no matter your location in the world, assistance will help you locate a provider that is close to your current location.

You can contact and utilize the many travel assistance services by contacting Seven Corners Assist:

Toll-free: (877) 702-6767
Direct Dial: + 1 (317) 582-2622
or via email at:
assist@sevencorners.com

*Please note: the benefit table above is a consolidated summary of the plan benefits. Please refer to the policy certificate (a copy of which can be found in the **Student Zone**) for a full outline of the plan benefits and limitations.*

Return of Mortal Remains	Up to \$50,000
Local Burial or Cremation	Up to \$5,000
Political Evacuation	Up to \$10,000
Terrorist Activity	URC to the medical maximum
Accidental Death & Dismemberment (AD&D)	\$10,000 Principal Sum
Loss of Checked Baggage	Up to \$50 per article Up to \$500 per occurrence
Trip Interruption	Up to \$3,000
Personal Liability	Up to \$100,000
Benefit Period	180 days

Exclusions

Unless otherwise specifically provided for in the full policy wording, the coverage provided by the Certificate under Sections 3.2, 3.3, 3.5, 4.1, 4.2, 5.1 through 5.6, 6.2, and 6.4 excludes Expenses that are for, resulting from, related to, or incurred for the following:

- (a) Pre-Existing Condition(s) except as waived under Sections 5.1 through 5.4 in the certificate
- (b) Claims not received by the Company or Administrator within ninety (90) days of the date of service;
- (c) Treatment that (i) exceeds Usual, Reasonable, and Customary Expenses; (ii) is Investigational, Experimental, or for research purposes; or (iii) received in a Hospital emergency room visit that is not a Medical Emergency;
- (d) 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;
- (e) Routine physicals, inoculations, or other examinations or tests conducted when there is no objective indications or impairments in normal health;
- (f) Acupuncture;
- (g) Services, supplies, medications, testing, or Treatment prescribed, performed, or provided by a Relative or Immediate Family Member;
- (h) Durable medical equipment;
- (i) False teeth, dentures, dental appliances, dental Expenses unless specifically provided for in the Plan, 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;
- (j) Replacement of artificial limbs, eyes, larynx, and orthotic appliances;
- (k) Custodial Care, Educational or Rehabilitative Care, or any Treatment in any establishment for the care of the aged;
- (l) Vocational, occupational, sleep, speech, recreational, or music therapy;
- (m) 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;
- (n) Sleep apnea or other sleep disorders;
- (o) Mental Illness and Mental and Nervous Disorders unless specifically provided for in the Plan, Rest Cures, learning disabilities, attitudinal disorders, or disciplinary problems;
- (p) Congenital abnormalities and conditions arising out of or resulting therefrom;

- (q) Temporomandibular joint;
- (r) Occupational Diseases;
- (s) Exposure to non-medical nuclear radiation or radioactive materials;
- (t) Sexually transmitted diseases, venereal diseases, and conditions and any consequences thereof;
- (u) Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), or the Human Immunodeficiency Virus (HIV);
- (v) Human organ or tissue transplants;
- (w) Exercise programs whether prescribed or recommended by a Physician or therapist;
- (x) 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;
- (y) 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;
- (z) Acne, moles, skin tags, disease of sebaceous glands, seborrhea, sebaceous cyst, unspecified disease of the sebaceous glands, hypertrophic and atrophic conditions of skin, nevus;
- (aa) Adventure Activities;
- (bb) 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;
- (cc) Unless as specifically provided for in the Plan, 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;
- (dd) Suicide or any attempt thereof; self-destruction or any attempt thereof; or any intentionally self-inflicted Injury or Illness;
- (ee) Terrorist Activity except as provided under Section 5.6; War, Hostilities, or War-like Operations;
- (ff) Commission of a criminal offense or any other criminal or illegal activity as defined by the local governing body;
- (gg) 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;
- (hh) 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;
- (ii) Treatment paid for or furnished under any other individual, government, or group policy or Expenses incurred at no cost to You;
- (jj) You while in Your Home Country;
- (kk) Conditions for which travel was undertaken to seek Treatment;
- (ll) Travel after Your Physician has limited or restricted travel;
- (mm) Travel accommodations;
- (nn) 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;
- (oo) Injury sustained while You are riding as a passenger in any aircraft (i) not having a current and valid Airworthy Certificate and (i) not piloted by a person who holds a valid and current certificate of competency for piloting such aircraft;
- (pp) Flying in any aircraft being used for acrobatic or stunt flying, racing, endurance tests, rocketpropelled 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;
- (qq) Participating in contests of speed or riding or driving in any type of competition;
- (rr) Loss of life except as covered under section 6.2;
- (ss) Long-term disability; or
- (tt) Financial guarantee, financial default, bankruptcy, or insolvency risks.

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