



2021 Group Brochure
Career Training

Group Number: FSG21-210101-05TM



Seven Corners 24-Hour Assistance

Toll Free: 1-800-690-6295

Direct: +1 317-818-2808 (Collect)

or via email at: assist@sevencorners.com

Using Your Insurance

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

1. Seek care appropriately for the condition/situation that you are experiencing.
2. Choose an in-network medical provider to make billing easier.
3. Follow up with any claims, these are your responsibility!



MeMD

Your plan includes access to MeMD, virtual telemedicine. If you have a minor or non-urgent medical need, you can access the MeMD virtual telemedicine platform to seek medical care and obtain prescriptions. Please [visit our website](#) for details on how to access MeMD.



Non-Emergency Care

If you do not have a medical emergency, you SHOULD go to a walk-in clinic or local doctor who can assist you with your medical needs. You SHOULD NOT go to the Emergency Room (ER).

You can call the assistance team prior to receiving any treatment and they will assist in locating a medical provider, or you can visit the online provider search tool in your student zone. Examples of non-emergency care include cold, flu, minor injuries and sickness.



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.

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.

Seven Corners Assist must be contacted prior to: (1) hospital admissions worldwide; (2) inpatient or outpatient surgeries worldwide; (3) emergency evacuation/ repatriation; (4) emergency medical reunion; (5) trip interruption; and (6) return of mortal remains. For Emergency admissions and situations, Seven Corners Assist must be contacted within 48 hours, or as soon as reasonably possible.

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 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
- Healthcare Tips
- Seeking Treatment
- Provider Search
- Claim Forms
- Claims Tracking
- MyDocuments

<https://egi.zone/interexchange/>

Benefit Summary

Plan Benefits	
Lifetime Maximum	\$200,000
Medical Maximum	\$200,000 per injury/illness
Deductible	\$50 per injury/illness
ER Deductible	\$250 for illness and not admitted
Coinsurance	After you pay the deductible, the plan pays 100% to the selected medical maximum
Telemedicine - MeMD	\$40 copay per visit; \$70 copay for mental health treatment. Click here to learn more.
Outpatient Medical Expenses	100% of usual, reasonable, and customary to the medical maximum
Hospital Room and Board	100% of usual, reasonable, and customary to the medical maximum
Intensive Care	100% of usual, reasonable, and customary to the medical maximum
Prescription Medication	100% of usual, reasonable, and customary to the medical maximum
Local Ambulance	100% for injuries 100% for illness when admitted
Dental (Accident Coverage)	100% of usual, reasonable, and customary to the medical maximum
Dental (Sudden Relief of Pain)	\$200 limit per certificate
Emergency Medical Evacuation/ Repatriation	\$50,000 (in addition to medical maximum)
Return of Mortal Remains	\$25,000
Emergency Medical Reunion	\$2,000
Accidental Death and Dismemberment (AD&D)	\$10,000
Interruption of Trip	\$2,000
Mental Illness	Inpatient: Payable up to 80% up to \$1,500 (max 30 days) Outpatient: Payable 80% up to \$500
Physical Therapy	\$50 per visit (10 max visits or \$500 max)
Personal Liability	\$100,000 (\$25,000 Property Damage)
Acute Onset of a Pre-Existing Condition	\$2,500
Assistance Services	Included
Benefit Period	180 days

Plan Exclusions

No Benefit shall be payable for Accident Medical, Sickness Medical, Dental, Emergency Medical Evacuation/Repatriation, Return of Mortal Remains, Emergency Medical Reunion, as the result of:

1. Pre-existing Conditions are excluded under this policy. This exclusion does not apply to Emergency Evacuation/Repatriation or Return of Mortal Remains.
2. Injury or Illness which is not presented to the Underwriter for payment within ninety (90) days of receiving Treatment;
3. Charges for Treatment which is not Medically Necessary;
4. Charges provided at no cost to You;
5. Charges for Treatment which exceeds Reasonable and Customary charges;
6. Charges incurred for Surgery or Treatments which are, Experimental/Investigational, or for research purposes;
7. Services, supplies or Treatment, including any period of Hospital confinement, which were not recommended, approved and certified as Medically Necessary and reasonable by a Physician;
8. Suicide, or any attempt thereof, while sane or self-destruction or any attempt thereof, while sane;
9. War, hostilities or warlike operations (whether war be declared or not), Invasion, Act of an enemy foreign to the nationality of the Insured Person or the country in, or over, which the act occurs, Civil war, Riot, Rebellion, Insurrection, Revolution, Overthrow of the legally constituted government, Civil commotion assuming the proportions of, or amounting to, an uprising, Military or usurped power, Explosions of war weapons, Utilization of Nuclear, Chemical or Biological weapons of mass destruction howsoever these may be distributed or combined, Murder or Assault subsequently proved beyond reasonable doubt to have been the act of agents of a state foreign to the nationality of the Insured Person whether war be declared with that state or not, Terrorist activity. For the purpose of this Exclusion;
 - 9.1. Utilization of Nuclear weapons of mass destruction means the use of any explosive nuclear weapon or device or the emission, discharge, dispersal, release or escape of fissile material emitting a level of radioactivity capable of causing incapacitating disablement or death amongst people or animals.
 - 9.2. Utilization of Chemical weapons of mass destruction means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing incapacitating disablement or death amongst people or animals.

- 9.3. Utilization of Biological weapons of mass destruction means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which are capable of causing incapacitating disablement or death amongst people or animals.

Also excluded hereon is any Loss or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, or suppressing any, or all, of the situations described above. In the event any portion of this exclusion is found to be invalid or unenforceable, the remainder shall remain in full force and effect;

10. Terrorist Activity. For the purpose of this Exclusion, Terrorist Activity means an act, or acts, of any person, or group(s) of persons, committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public, or any section of the public, in fear. Terrorist Activity can include, but not be limited to, the actual use of force or violence and/or the threat of such use. Furthermore, the perpetrators of terrorist activity can either be acting alone, or on behalf of, or in connection with any organization(s) or governments(s). The Company shall not be liable for and will not provide coverage or benefits for any claim or charges, Illness, Injury or other consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to or arising in connection with any act of Terrorism; and provided, further, the Company shall not be liable for and will not provide any coverage or benefits for any claim, charges, Illness, Injury or other consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to or arising in connection with the following:
 - 10.1. The Insured Person's direct or indirect involvement in the Terrorist Activity.
 - 10.2. The Terrorist Activity takes place in a country or location where the United States government has issued a Level 3 Terrorism, Level 3 Civil Unrest or any Level 4 Travel Advisory that has been in effect within the six (6) months prior to the Insured Person's date of arrival.
 - 10.3. The Insured Person unreasonably fails or refuses to depart a country or location following the date a warning to leave that country or location is issued by the United States government.

11. Injury sustained while participating in professional athletics, including but not limited to the event, games, practice, conditioning and any other activity related to professional athletics.
12. Injury sustained while participating in amateur or interscholastic athletics, including but not limited to the event, games, practice, conditioning and any other activity related to amateur or interscholastic athletics, unless otherwise covered under this certificate; this exclusion does not apply to non-competitive, recreational or intramural activities. Note: A sponsored and/or organized Amateur or Interscholastic Athletic event includes training camps, team sports, or any formal grouping of people participating in one or multiple events that may/may not require a fee for participation.
13. Routine physicals, immunizations or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or x-ray examinations, except in the course of a Disablement established by a prior call or attendance of a Physician;
14. Treatment of the temporomandibular joint;
15. Vocational, speech, recreational or music therapy;
16. Services or supplies performed or provided by a Relative of Yours, or anyone who lives with You;
17. Cosmetic or plastic Surgery, except as the result of a covered Accident; for the purposes of this plan, treatment of a deviated nasal septum shall be considered a cosmetic condition;
18. Elective Surgery which can be postponed until You return to Your Home Country, where the objective of the trip is to seek medical advice, Treatment or Surgery;
19. Treatment and the provision of false teeth or dentures, normal ear tests and the provision of hearing aids;
20. Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eyeglasses or for the fitting thereof, unless caused by Accidental bodily Injury incurred while covered hereunder;
21. Treatment in connection with alcohol, drug or chemical abuse, misuse, illegal use, overuse or dependency or use of any drug or narcotic agent;
22. Injury sustained or Disablement due wholly or partly to the Insured being intoxicated as defined and determined by the laws of the state where the Injury occurred; or to the Insured being under the influence of any narcotic, unless administered on the advice of a Physician;
23. Any Mental and Nervous disorders or rest cures unless covered under this plan;
24. Congenital abnormalities and conditions arising out of or resulting there from;
25. Expenses which are non-medical in nature;
26. Expenses as a result of or in connection with intentionally self-inflicted Injury or Illness;
27. Expenses as a result of or in connection with the commission of a felony offense;
28. Injury resulting from participation in the following activities:
 - a) Amateur Athletics, and professional sports or athletic activities except this does not include Covered Sports specifically included in Schedule of Benefits and Limits. Non- contact and non-organized/non-sanctioned amateur sports or athletic activities engaged in by the Member solely for leisure, recreational, entertainment or fitness purposes are not excluded unless they are excluded by (b) through (j) of this provision;
 - b) Mountaineering where ropes or guides are normally used or at elevations of 4,500 meters or higher;
 - c) Aviation (except when traveling solely as a passenger in a commercial aircraft);
 - d) Hang gliding, sky diving, parachuting or bungee jumping;
 - e) Snow skiing or snowboarding whilst away from prepared and marked inbound territories and/or against the advice of the local ski school or local authoritative body;
 - f) racing by any animal or motorized vehicle;
 - g) Spelunking;
 - h) Sub-aqua pursuits involving underwater breathing apparatus unless PADI/NAUI certified, accompanied by a certified instructor, and at depths of less than 10 meters;
 - i) Jet skiing;
 - j) Any sport or athletic activity which is undertaken for thrill seeking and exposes the Member to abnormal or extraordinary risk of Injury.
29. Treatment paid for or furnished under any other individual or group policy or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government plan or facility set up for Treatment without any cost to You;
30. Treatment and or diagnosis of venereal disease;
31. Dental care, except as the result of Injury to natural teeth caused by Accident, unless otherwise covered under this plan;
32. Routine Dental Treatment;
33. Pregnancy or Illness resulting from Pregnancy, childbirth, or miscarriage;
34. Miscarriage resulting from Accident or complications of pregnancy;
35. Drug, treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof;
36. Treatment for human organ tissue transplants and their related treatment;
37. Expenses incurred while in Your Home Country;

38. Covered Expenses incurred for which the Trip to the Host Country was undertaken to seek medical treatment for a condition;
39. Covered Expenses incurred during a Trip after Your Physician has limited or restricted travel;
40. This plan does not insure against loss or damage (including death or Injury) and any associated cost or expense resulting directly from the discharge, explosion or use of any device, weapon or material employing or involving nuclear fission, nuclear fusion or radioactive force, or chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act.
41. Sex change operations, or for treatment of sexual dysfunction or sexual inadequacy;
42. Weight reduction programs or the surgical treatment of obesity;
43. Expenses resulting from Acquired Immune Deficiency Syndrome (AIDS), Aids-Related Complex (ARC) or the Human Immunodeficiency Virus (HIV).

Please note: this brochure is a consolidated summary of the plan benefits, the official policy certificate is available in your student zone and will be the overriding document for claims adjudication. Any discrepancies between this brochure and the policy certificate, the policy certificate will override this brochure.