



2023 InterExchange Brochure  
Work and Travel  
FSG22-220131-06TM



**ENVISAGE**  
GLOBAL INSURANCE

# Using Your Insurance

If you need to seek medical treatment, please be sure to seek care appropriately for the condition/situation that you are experiencing, as this will make the billing and payment process much smoother.

Here are some guidelines for choosing appropriate medical care.



## 24/7 Call-A-Doc

Your plan includes access to a virtual telemedicine service. If you have a minor or non-urgent medical need, you can use 24/7 Call-A-Doc to see a doctor or get a prescription from anywhere, at any time using your phone or computer. Your first visit is free and additional visits are \$35. Please [visit our website](#) for more details.



## Non-Emergency Care

For immediate care in non-emergency situations, you **SHOULD** go to a Walk-in Clinic, Urgent Care center or local doctor. Urgent Care and Walk-in Clinics are often the best places to seek medical care as you can walk right in and they require no appointment.

You **SHOULD NOT** go to the Emergency Room (ER) for this type of care unless it is a real emergency situation!



## 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 \$350 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 and make sure to show it when you seek treatment. Your ID card will be emailed to you before you travel and should be kept with you at all times.



## Doctor/Hospital Search

You have the freedom of choice to visit any provider you wish, however you are strongly encouraged to visit medical providers who are part of the insurance plan network, especially in the USA. This will allow direct billing and can remove the need for you to pay up front for medical expenses.

- Inside the USA, you can search for a network provider online.
- Outside the USA, you can seek treatment from any provider of your choices, pay up front and then file a claim for reimbursement.

## Need Help?

You can either visit your Student Zone or call the 24-Hour assistance line:

### Student Zone

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

### Student Zone

### 24-Hour Assistance

Seven Corners is available 24-hours a day to assist you with your insurance needs, including pre-certification, claims, emergency evacuation and much more.

You can contact Seven Corners at:

Toll-free: (800) 690-6295  
Direct Dial: + 1 (317) 818 2808  
[assist@sevendcorners.com](mailto:assist@sevendcorners.com)



# Benefit Summary

| Plan Benefits                                     | Coverage                                                                                        |
|---------------------------------------------------|-------------------------------------------------------------------------------------------------|
| Lifetime Plan Maximum                             | \$200,000                                                                                       |
| Medical Maximum                                   | \$100,000 per Insured Person, per Occurrence                                                    |
| Deductible                                        | \$150 per Insured Person, per Occurrence                                                        |
| Coinsurance                                       | After the deductible, the plan pays 100%                                                        |
| Benefit Period                                    | 180 days                                                                                        |
| Medical Services                                  |                                                                                                 |
| 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   \$350 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                  | First visit is free   Additional visits are \$35                                                |
| Physiotherapy / Chiropractic Care                 | \$50 per visit, 10 visits 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                                   | URC up to medical maximum                                                                       |
| Mental Illness                                    | Inpatient: Payable up to 80% up to \$1,500 (max 30 days)<br>Outpatient: Payable 80% up to \$500 |
| Dental Treatment                                  | Sudden Relief of Pain: \$200 limit<br>Accident: URC up to medical maximum                       |
| Emergency Services and Assistance                 |                                                                                                 |
| Emergency Medical Evacuation & Repatriation       | \$50,000 (separate from medical maximum)                                                        |
| Emergency Medical Reunion                         | \$200 per day, 10-day limit<br>\$2,000 maximum                                                  |
| Return of Mortal Remains                          | \$25,000 Maximum Limit                                                                          |
| Local Burial or Cremation                         | \$5,000 Maximum Limit                                                                           |
| Other Coverage and Services                       |                                                                                                 |
| 24/7 Travel Assistance Services                   | Included                                                                                        |
| Accidental Death and Dismemberment                | \$10,000 Principal Sum                                                                          |
| Common Carrier Accidental Death and Dismemberment | \$20,000 Principal Sum                                                                          |
| Trip Interruption                                 | \$2,000 Maximum Limit                                                                           |
| Personal Liability                                | \$100,000<br>(\$25,000 Property Damage)                                                         |



# Claims

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## Inside the USA

If you sought treatment from an in-network provider, and provided your insurance ID card at the time of treatment, they should be able to bill the Seven Corners claims team directly with no payment up front.

**PLEASE NOTE** - After seeking treatment, even if you are not required to pay up front, please complete a claim form and email these documents to the claims email for processing.

## Outside the USA

When outside the USA, please seek treatment from a provider that is nearest to you, pay for the services upfront and then submit a claim for reimbursement.

## Prescription Medications

You will need to pay for any prescription medication up front and then submit the Rx information and receipt from the pharmacy with your claim to be reimbursed.

## Claim Forms

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

Email - [claims@sevendcorners.com](mailto:claims@sevendcorners.com) (recommended)

Fax: (+1) 317 575 2659

Seven Corners, Inc.  
303 Congressional Blvd.  
Carmel, IN 46032

## Claims Update

Your claims tracking portal, MyAccount, is available in your Student Zone and allows you to view your claims activity and contact the claims team directly with any questions.

You can also email the claims team at [claims@sevendcorners.com](mailto:claims@sevendcorners.com) for an update on any claims that have been submitted.

# Eligibility

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Insured Person is defined as follows: Individual person eligible for benefits under the Certificate who has applied for coverage, is named on the Application, and for whom the Company has accepted premium. To be eligible for benefits under the Certificate, the person must be at least fourteen (14) days old.

This plan provides coverage as outlined in this Certificate of Insurance for You while traveling outside of Your Home Country. For United States Citizens, including those with dual citizenship, Home Country is always the United States. It is Your responsibility to maintain all records regarding travel history and age and to provide any documents to the Administrator necessary to verify eligibility requirements.

# Exclusions

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Except as expressly provided for in the BENEFIT SUMMARY, all Charges, costs, expenses and/or claims incurred by the Insured Person, and any claim for death or dismemberment benefits, and directly or indirectly relating to or arising or resulting from or in connection with any of the following acts, omissions, events, conditions, Charges, consequences, claims, Treatment (including diagnoses, consultations, tests, examinations and evaluations related thereto), services and/or supplies are expressly excluded from coverage under this insurance, and the Company shall provide no benefits or reimbursements and shall have no liability or obligation for any coverage thereof or therefor:

A. Pre-Existing Condition(s) except as waived under Sections 5.1 through 5.4 above;

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. 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; 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 (ii) 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, rocket-propelled 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 sections 6.2 and 6.3  
SS. Long-term disability; or  
TT. Financial guarantee, financial default, bankruptcy, or  
insolvency risks.

UU. Personal Liability Exclusions - please see the full policy  
wording for a list of exclusions related to the Personal  
Liability Exclusion.

**PLEASE NOTE:** This document is being provided for informational purposes only and does not supersede in any way the terms in the governing documents for your insurance plan. Please visit the [Student Zone](#) for a copy of your insurance certificate which includes the full plan wording and exclusions.