

## Premier International Health Plan INTERNATIONAL HEALTH PLAN



Studying in another country can be exciting and rewarding. However, during your studies you may need to seek medical care. This plan will ensure that you have the protection you need. 24-hour assistance services are provided.



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# MEDICAL BENEFITS

## ELIGIBILITY

### Non-U.S. Citizens

Eligible members include all non-U.S. citizens who are Students, visiting Faculty, Scholars, or other persons age twelve (12) or older who are temporarily residing outside their Home Country and studying in the United States. The Insured must remain engaged in Full-Time Educational or Research Activities outside their Home Country during the Period of Coverage.

### Dependents

Eligible individuals may also purchase coverage for their Eligible Spouse and/or Eligible Child(ren).

*It is the Insured Person's responsibility to maintain all records regarding travel history, and age and provide any documents to the Administrator, which would verify Eligibility Requirements.*

## PERIOD OF COVERAGE

For each Insured Person benefits will begin at 12:01 AM North American Eastern Time on the latest of the following:

1. The day after the Company receives your application and correct premium if application and payment is made online or by fax; or
2. The day after the postmark date of your application and correct premium if application and payment is made by mail; or
3. The moment you depart your Home Country; or
4. The date you request on your application.

For each Insured Person benefits will terminate on the earliest of the following:

1. The moment the Insured Person returns to their Home Country; or
2. The expiration of three hundred and sixty-four (364) days from the Effective Date of Coverage; or
3. The date shown on the Certificate of Coverage issued by the Company; or
4. 11:59 P.M. North American Eastern Time on the last day for which premium has been paid; or
5. The Date the Insured Person fails to be considered an Eligible Person; or
6. The moment the maximum benefit amount has been paid.

**Renewability** - Any one policy period may not exceed three hundred and sixty four (364) days. This plan may be renewed up to a maximum total of four (4) consecutive three hundred and sixty four (364) day policy periods. If there is a lapse in coverage for any reason, coverage may not be renewed, Coverage must be separately rewritten under a new certificate.

## MEDICAL EXPENSES

This Plan shall pay Reasonable and Customary charges for Covered Expenses, excess of the Deductible and Coinsurance up to the Medical Maximum, incurred by you due to a covered Accidental Injury or Illness which occurred during your Period of Coverage outside your Home Country. All bodily disorders existing simultaneously which are due to the same or related causes shall be considered one Disablement. If a Disablement is due to causes which are the same or related to the cause of a prior Disablement, the Disablement shall be considered a continuation of the prior Disablement and not a separate Disablement. The initial Treatment of an Injury or Illness must occur within thirty (30) days of the date of Injury or onset of Illness.

Only such expenses which are specifically enumerated in the following list of charges and are incurred within the Period of Coverage, and which are not excluded, shall be considered Covered Expenses:

1. Charges made by a hospital for semi-private room and board, floor nursing and other services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital's average charge for semi-private room and board accommodations.
2. Charges made for Intensive Care or Coronary Care charges and nursing services.
3. Charges made for diagnosis, Treatment and Surgery by a Physician.
4. Charges made for an operating room.
5. Charges made for Outpatient Treatment, same as any other Treatment covered on an Inpatient basis. This includes ambulatory Surgical centers, Physicians' Outpatient visits/examinations, clinic care, and Surgical opinion consultations.
6. Charges made for the cost and administration of anesthetics.
7. Charges for Medication, X-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood, transfusions, iron lungs, up to the maximum as stated in the Schedule of Benefits, if recommended by a Physician for the Treatment of a specific Disablement following hospitalization and administered by a licensed physiotherapist.
8. Charges for physiotherapy, up to the maximum as stated in the Schedule of Benefits, if recommended by a Physician for the Treatment of a specific Disablement following hospitalization and administered by a licensed physiotherapist.
9. Dressings, drugs, and Medicines that can only be obtained upon a written prescription from a Physician or Surgeon.
10. Emergency local transportation to or from the nearest hospital or to and from the nearest hospital with facilities for required Treatment. Such transportation shall be by licensed ground ambulance only up to the maximum as stated in the Schedule of Benefits, within the metropolitan area in which you are located at the time the service is used. If you are in a rural area, and ground ambulance is not available then licensed air ambulance transportation to the nearest metropolitan area shall be considered a Covered Expense.

## SCHEDULE OF BENEFITS

<b>Accident and Sickness Medical Maximums – per Accident or Sickness and Coverage Period Maximum</b>	<p><b>Option 1:</b> \$250,000 Primary Insured \$100,000 per Spouse/Dependent Child</p> <p><b>Option 2:</b> \$500,000 Primary Insured \$100,000 per Spouse/Dependent Child</p>
<b>Deductible – Per Injury or Illness</b>	<p><b>In Network or Outside the U.S.:</b> \$50 if not first treated by the Student Health Center (of if there is no Student Health Center) <b>Outside Network: \$100</b></p> <p>\$0 if first treated by the Student Health Center \$250 Maximum per Policy Period</p>
<b>Co Pay – Per Written Prescription of Medicine</b>	\$10 for Generic and \$20 for Brand Name
<b>Coinsurance</b>	<p><b>In Network or Outside the U.S.:</b> 80% to \$25,000, then 100% to Medical Maximum</p> <p><b>Outside Network:</b> 70% to Medical Maximum.</p>
<b>Emergency Dental Treatment</b>	\$250 per tooth to a maximum of \$1,000
<b>Emergency Medical Evacuation</b>	\$500,000
<b>Return of Mortal Remains</b>	\$100,000
<b>Emergency Medical Reunion</b>	\$2,500
<b>Ambulance Service</b>	\$1,000
<b>Accidental Death &amp; Dismemberment</b>	\$5,000 per Insured \$2,500 per Spouse/Dependent Child
<b>Maternity</b>	Covered as any other Illness. Conception must occur after the Effective Date of the Covered Person's coverage.
<b>Therapeutic Termination of Pregnancy</b>	\$500
<b>Mental Illness &amp; Alcohol and Drug Abuse</b>	\$10,000 <i>Lesser of Usual, Reasonable, and Customary for the first 30 days of hospital confinement per Policy Period or 90% of Usual, Reasonable, and Customary up to limit of \$10,000 in the U.S. or \$5,000 outside the U.S.</i>
<b>Physiotherapy</b>	\$500
<b>Spinal Manipulation</b>	\$1,000 per Policy Period, \$35.00 per visit up to 3 visits per week.
<b>Assistance Services</b>	24 hours – Worldwide
<b>Benefit Period</b>	Benefit Period corresponds with your Period of Coverage.

*All Coverage and Benefits are in U.S. Dollar Amounts.*

*Unless otherwise mentioned, Deductibles, Co-payments, Coinsurance, and benefits are considered on a per Injury/Sickness basis.*

## EXCLUSIONS AND LIMITATIONS

No Benefit shall be payable for Accident Medical, Sickness Medical, Mental Illness, Alcohol and Drug Abuse, Emergency Dental Treatment, Emergency Medical Evacuation/Repatriation, Return of Mortal Remains, and Emergency Medical Reunion, as the result of:

1. Any Pre-existing Condition(s). This exclusion does not apply to Emergency Medical Evacuation/Repatriation or Return of Mortal Remains.
2. Injury or Illness which is not presented to the Company 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, self-destruction or attempt thereof while sane or insane (may vary by state of residence);
9. Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with:
  - a. war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war.
  - b. mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power.
  - c. any act of any person acting on behalf of or in connection with any organization with activities directed towards the overthrow by force of the Government de jure or de facto
  - d. martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege
10. 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.
11. 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; 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.
12. 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;
13. Treatment of the temporomandibular joint;
14. Vocational, speech, recreational or music therapy;
15. Services or supplies performed or provided by a Relative of the insured person, or anyone who lives with the Insured Person;
16. 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;
17. Elective Surgery which can be postponed until the Insured Person returns to their Home Country, where the objective of the trip is to seek medical advice, Treatment or Surgery;
18. Treatment and the provision of false teeth or dentures, normal ear tests and the provision of hearing aids;
19. 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 insured hereunder;
20. Treatment in connection with alcoholism and drug addiction, or use of any drug or narcotic agent, unless otherwise covered under this policy;
21. Injury sustained or Disablement due wholly or partly to the effects of intoxicating liquor or drugs other than drugs taken in accordance with Treatment prescribed and directed by a Physician;
22. Any Mental and Nervous disorders or rest cures, unless otherwise covered under this policy;
23. Congenital abnormalities and conditions arising out of or resulting there from;
24. Expenses which are non-medical in nature;
25. Expenses as a result of, or in connection with, intentionally self-inflicted Injury or Illness;
26. Expenses as a result of, or in connection with, the commission of a felony offense;
27. Injury sustained while taking part in mountaineering, hang gliding, parachuting, bungee jumping, racing by any animal or motor vehicle or motorcycle, snowmobiling, motorcycle motor scooter riding, scuba diving involving underwater breathing apparatus (unless PADI or NAUI certified), water skiing, snow skiing and snowboarding (except for recreational downhill and/or

## EXCLUSIONS *(cont)*

cross country snow skiing or snowboarding. No cover provided while skiing/boarding in any violation of applicable laws, rules or regulations, away from prepared and market in-bound territories; and/or against the advice of the local ski school or local authoritative body); and any sport or athletic activity which is undertaken for thrill seeking and exposes the insured to abnormal or extreme risk of injury;

28. 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 program or facility set up for Treatment without any cost to you;
29. Dental care, except as the result of Injury to Sound Natural Teeth caused by Accident, unless otherwise covered under this Plan;
30. Routine Dental Treatment;
31. For Pregnancy or Illness resulting from Pregnancy, childbirth, or miscarriage, unless otherwise covered under this Plan;
32. 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;
33. Treatment for human organ tissue transplants and their related Treatment;
34. Expenses incurred while in your Home Country;
35. Expenses incurred during a hospital emergency visit which is not of an emergency nature;
36. Injury sustained as the result of the Insured Person operating a motor vehicle while not properly licensed to do so in the jurisdiction in which the motor vehicle accident takes place;
37. Covered Expenses incurred for which the Trip to the Host Country was undertaken to seek medical Treatment for a condition;
38. Covered Expenses incurred during a Trip after your Physician has limited or restricted travel;
39. This Policy 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 regardless of any other cause or event contributing concurrently or in any other sequence thereto;
40. Sex change operations, or for Treatment of sexual dysfunction or sexual inadequacy;
41. Weight reduction programs or the surgical Treatment of obesity.

## INFORMATION

**Hospital and Doctor Network:** To locate a network facility, search online at [www.sevencorners.com/help/find-a-doctor](http://www.sevencorners.com/help/find-a-doctor), contact Seven Corners Assist at the numbers shown below, or log onto WellAbroad.com. Seven Corners Assist must be contacted prior to Hospital admission and/or any Inpatient/Outpatient Surgeries.

**Travel Assistance:** To receive assistance worldwide, call Seven Corners Assist at the numbers below and provide them with Your ID Number. You are eligible to use any of the assistance services provided. We are open 24 hours/day, 365 days a year, staffed with multilingual personnel.

### Seven Corners Assist:

Our multilingual representatives are available 24/7 to help You. For Emergency Medical Evacuation, Return of Mortal Remains, Emergency Medical Reunion, and Assistance Services, call:

- In the United States, Canada, and the Caribbean: 1-800-690-6295 (toll-free),
- Outside the United States, Canada, or the Caribbean: 1-317-818-2808 (collect)
- Email: [assist@sevencorners.com](mailto:assist@sevencorners.com)

### Claims Services:

Claim submissions must be made within ninety (90) days after the Date of Service. Should they be received after ninety (90) days, they may be considered ineligible.

To report claims or verify eligibility, send the original bills and claim forms to Seven Corners, Inc., or call or fax to the numbers below. Be certain to include Your ID number shown on the ID Card with all correspondence:

Seven Corners, Inc.

303 Congressional Blvd., Carmel, IN 46032

**Phone:** 800-335-0477 or 317-575-2652

**Fax:** 317-575-2256

**Email:** [claims@sevencorners.com](mailto:claims@sevencorners.com)

[www.SevenCorners.com](http://www.SevenCorners.com)

### Subrogation

To the extent the Underwriter pays for a loss suffered by an Insured, the Underwriter will take over the rights and remedies the Insured had relating to the loss. This is known as subrogation. The Insured must help the Underwriter to preserve its rights against those responsible for the loss. This may involve signing any papers and taking any other steps the Underwriter may require. If the Underwriter takes over an Insured's rights, the Insured must sign an appropriate subrogation form supplied by the Underwriter.

### Coverage Intent

Please be aware that this is not a general health insurance policy but an interim travel medical program intended for use while away from Your Home Country or Country of Residence.

## Pre-Notification and Network Procedures

1. Pre-Notification: You or someone on Your behalf is required to contact Seven Corners Assist in the following situations:
  - a. Within 48 hours of an emergency Hospital admission anywhere in the world
  - b. Before a scheduled, non-emergency Hospital admission anywhere in the world.
  - c. Before receiving any medical Treatment inside the United States.
  - d. Before Inpatient or Outpatient surgery worldwide.

*Pre-Notification does not guarantee that benefits will be paid. The Premier International 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.*

2. Network
  - a. Inside of the United States: Seven Corners' provider network is not required. By utilizing the network, You may receive potential discounts and out-of-pocket savings for any incurred eligible expenses.
  - b. Outside of the United States: Seven Corners has an extensive network of international providers, many of which have direct pay agreements. We recommend You contact Seven Corners Assist for a provider referral, however, You may seek treatment at any facility.

**Utilizing the network does not guarantee benefits or that the treating facility will bill Seven Corners direct.**

## Wellabroad.com

In our ever changing world, Seven Corners' WellAbroad® seeks to prepare individuals and groups with the advanced tools for successful travel. WellAbroad® offers medical, political and cultural information and includes many benefits and educational resources, such as:

- Text messaging alerts - Registered users receive updates regarding weather emergencies, security issues, custom alerts, and health care or pandemic warnings.
- Provider network directory - Clients and travelers can create customized country profiles which allow instant access to providers in the specified regions to which they are traveling.

## Seven Corners

Since 1993, Seven Corners, Inc. has alleviated many of the concerns with international travel by providing insurance plans to private citizens, governments, missionaries, students, and corporations of various nations around the globe. Each year, thousands of insureds purchase coverage from Seven Corners in order to obtain the most comprehensive and reliable products in the international insurance industry. Our assistance professionals are experienced in the complexity and importance of international medical care. As an insured of Seven Corners, you can feel confident that there is someone ready to assist you with a medical situation 24 hours a day, 7 days a week, 365 days a year.

In California, operating under the name Seven Corners Insurance Services.

## For Enrollment Online:

Health Benefit Concepts  
 P.O. Box 15408  
 Surfside Beach, SC 29587  
 Phone: 800-463-2317  
 Email: [al@hbcstudent.com](mailto:al@hbcstudent.com)  
 Website: [www.hbcstudent.com](http://www.hbcstudent.com)

## Policy And Claims Administration is Provided by:

Seven Corners, Inc.



303 Congressional Boulevard  
 Carmel, IN 46032  
 800-335-0477  
 Fax: 317-575-2659

## PPO Network Provided by:

UnitedHealthcare. ([www.sevencorners.com/ppo](http://www.sevencorners.com/ppo))

## The Group Plan is Underwritten by:

This Insurance is underwritten by certain underwriters at Lloyd's London, which is rated A (Excellent) by AM Best.

## Rates (Per Trip)\*

### Option 1:

\$250,000 Medical Maximum: Primary  
 \$100,000 Medical Maximum: Spouse/Child

Age	Daily Charge
12 - 24 Yrs	\$1.84
25 - 29 Yrs	\$2.69
30 - 34 Yrs	\$3.42
35 - 39 Yrs	\$4.80
40 - 44 Yrs	\$6.06
45 - 49 Yrs	\$6.56
50 - 54 Yrs	\$12.17
55 - 65 Yrs	\$14.61
Spouse	\$24.94
Child	\$5.01

### Option 2:

\$500,000 Medical Maximum: Primary  
 \$100,000 Medical Maximum: Spouse/Child

Age	Daily Charge
12 - 24 Yrs	\$1.92
25 - 29 Yrs	\$2.82
30 - 34 Yrs	\$3.58
35 - 39 Yrs	\$5.03
40 - 44 Yrs	\$6.36
45 - 49 Yrs	\$6.87
50 - 54 Yrs	\$12.75
55 - 65 Yrs	\$15.32
Spouse	\$26.14
Child	\$5.24

\*Includes 2% trust fee

