

Hillsborough Community College

2012 Benefit Guide

Thank you for choosing Seven Corners to service your international health insurance needs. Our goal is to provide you with complete, efficient, and helpful service. We have created this Benefit Guide as a quick reference tool for your benefits.

This Benefit Guide is a summary of emergency information and instructions; it is not a substitute for your review of the Certificate of Insurance which has been provided. For a full and detailed explanation of benefits, provisions, and exclusions from which claims are processed and coverage determinations made, please refer to the official Certificate of Insurance. If you do not have a copy of the Certificate of Insurance, please immediately contact Seven Corners for another copy.

Group Number: LON12-120801-03LS

Coverage Dates: 08/01/2012 – 07/31/2013

Your ID card contains important contact information and *your individual certificate number*, which you will need when you contact us.

Finding a Provider:

U.S. and International PPO information for your plan can be found here:

<http://www.sevencorners.com/networkproviders/insuredproducts> (U.S. providers only)

Available by phone from our **Assist Department** 24/7

Inside the United States: 1-800-690-6295;

Outside the United States: 0-317-818-2808 (Collect)

Fax: 1-317-815-5984

E-mail: assist@sevencorners.com

A complete list of international providers is also available at Wellabroad.com

Wellabroad.com: Our real-time, information-rich Web site offers quick and easy access to important and varied travel information free to our

insureds. It contains travel advisories and warnings as well as country-specific background information including entry requirements, languages, and airport locations. The site also provides common travel resources such as international area codes, language tools and currency and time zone converters. You will find a complete listing of international providers here as well.

MyPlan: This service area provides information about your eligibility, preferred providers, and claims (including Explanation of Benefit forms). You may also contact us through this area. Instructions for accessing MyPlan are provided on your ID card.

Understanding Your Benefits: Attached you will find a brief Schedule of Benefits with detail on your deductible, coinsurance, and benefits.

Deductible and Coinsurance: Your plan provides coverage outside of the United States (defined as the 50 United States of America and the District of Columbia). Please see the attached Schedule of Benefits for details.

Pre-Notification Guidelines: Your complete benefits often require that you give notice to Seven Corners either before or within 48 hours of receiving treatment. You must notify Seven Corners through our Assist department at the contact information shown above by phone, fax, or e-mail.

1. You (or someone on your behalf) must notify Seven Corners 48 hours *before* a scheduled, non-emergency hospital admission anywhere in the world.
2. You (or someone on your behalf) must notify Seven Corners within 48 hours of an emergency hospital admission anywhere in the world.
3. You (or someone on your behalf) must notify Seven Corners 48 hours *before* incurring any expense in excess of US\$1,000 within the United States.

Failure to pre-notify as stated will result in a reduction of benefits and/or an additional deductible. Pre-notification does not guarantee payment of benefits.

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Schedule of Benefits

All Coverages and Plan Costs listed in this Evidence of Benefits are in U.S. Dollar amounts.

Accident and Sickness Medical Maximums Lifetime	\$1,000,000
Accident and Sickness Policy Year Maximum Benefits	\$250,0000
Deductible – Per Injury or Illness	\$100 if not first treated by the Student Health Center (or if there is no Student Health Center) \$50 if first treated by the Student Health Center
Co Pay – Per Written Prescription of Medicine	\$10 for Generic and \$20 for Brand Name
Coinsurance	Plan 1: 80% to \$10,000, then 100% to Medical Maximum Plan 2: 100% to Medical Maximum
Dental (Emergency)	\$250 per tooth to a maximum of \$500
Emergency Medical Evacuation	\$100,000
Repatriation of Mortal Remains	\$25,000
Emergency Reunion	\$5,000
Ambulance Service	\$350
Home Country Coverage – Incidental trips to the Insured’s Home Country	30 days of coverage up to a maximum of \$1,000, during your Period of Coverage
Home Country Extension of Benefits	Up to \$1,000, expenses must be incurred within 30 days of returning to your Home Country
Maternity	Covered as any other Illness
Mental Illness	Payable at 80% up to \$5,000, to a max of 40 days
Alcohol and Drug Abuse	Inpatient/Outpatient: Payable at 50% up to \$1,000
Injuries from a Motor Vehicle Accident	\$10,000
Unexpected Recurrence of a Pre-Existing Condition	\$500 (This benefit is only available to U.S. Citizens traveling outside of the United States)
Sports-related Injuries	\$5,000
Physiotherapy	\$500
Spinal Manipulation	\$500
Accidental Death & Dismemberment	\$10,000 per Insured \$5,000 per Spouse/Dependent Child
Assistance	24 hours – Worldwide
Benefit Period	Benefit Period corresponds with your Period of Coverage.

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Online Enrollment

Seven Corners, Inc. offers an Online Group Enrollment System. The Online Group Enrollment System allows the group representative to immediately add enrollment and eligibility data, 24 hours a day. The group representative receives an email confirmation with each insured's Virtual ID card, a PDF link to the Program Summary and Claim form, which can be printed at any time. Contact your agent or Seven Corners, Inc. representative to receive additional information or an electronic presentation of the Online Group Enrollment System. To enroll online, please use the following link:

https://www.sevencorners.com/insurance/custom/?tracking_code=Hillsborough

Claims Submission

Documents required for submitting a claim include the following:

1. Completed Proof of Loss (Claim form) - can be found at: <http://www.sevencorners.com/forms/ProofofLossForm.pdf>
2. Detailed bills for services received.
3. Receipts for payments made.
4. Any other supporting medical documentation pertinent to the claim.

Claims documents may be submitted via postal mail, fax, or email:

Seven Corners, Inc.

Attn. Claims

303 Congressional Blvd.

Carmel, IN 46032

UNITED STATES

Fax: (+01) 317-575-2256

Email: claims@sevencorners.com

Claims which do not require additional medical documentation are processed within 30-45 days of receipt. Member reimbursement may be issued via bank check or wire transfer, depending on the member's preference. It is important to answer all questions on the claim form with as much detail as possible.