

**inbound<sup>®</sup>usa**  
2010



**medical coverage** for non-u.s. citizens visiting the u.s.  
foreign visitors **traveling to the u.s.:** emergency • medical evacuation • repatriation of  
remains • 24 hour assistance service • scheduled benefit coverage & premiums



**SEVEN CORNERS**

# why choose seven corners?

## why you need this program

The United States offers the most comprehensive medical care, but it is often complicated as well as very expensive. For a visitor to the United States or a recent immigrant, finding an insurance program that is easy to understand and reasonably priced is often difficult.

As a solution, Inbound® USA was developed to provide a simple program to visitors and immigrants.

This is a brief description of the Inbound® USA program. Detailed wording is outlined in the Program Summary, which will be sent to you once you have enrolled in Inbound® USA.

## eligibility

This program is available to non-United States citizens who come to the U.S. for business, pleasure, to study, or to immigrate. The program must become effective within twelve (12) months of arrival in the United States.

## period of coverage

You may initially enroll in Inbound® USA for as little as 5 days and up to maximum of twelve (12) months. If you initially purchase at least three (3) months, you may continue to renew coverage for a minimum of three (3) months at a time, at the premium rate in force at the time of renewal. Total period of coverage for Inbound® USA cannot exceed twelve (12) months (in order to reapply after the twelve (12) months, you must first return to your home country). *Please note: Once you reapply for a new policy, the pre-existing condition(s) look back starts over.*

**effective date** - Your coverage will begin on the latest of the following:

1. Your departure from your Home Country; or
2. The date your Application and premium are received by Seven Corners; or
3. The date your Application and premium are accepted by Seven Corners; or
4. The date you request on the Application.

**expiration date** - Your coverage will end on the earlier of the following:

1. The date shown on the Insurance Confirmation Card, for which premium has been paid; or
2. The date you return to your Home Country; or
3. Twelve (12) months after your original Effective Date; or
4. The day an insured becomes a U.S. citizen or is considered a U.S. resident by the state where they are residing; or
5. The date of entry into active military service.

# description of coverage

## period of coverage (cont.)

**home country** - The country where an Insured Person has his or her true, fixed and permanent residence.

Upon each renewal, the rates, benefits, and program in general are subject to change.

## renewal

If Inbound® USA is initially purchased for at least three months, one month before the expiration date, Seven Corners will send a renewal notice to the Address of Correspondence listed on the application. If you renew the coverage for three (3) or more months (up to 12 months in total), Seven Corners will continue to send renewal notices to you. If you renew the coverage for only one (1) or two (2) months, Seven Corners will assume that you no longer require the coverage and will not send another renewal notice. If you initially apply online, you will have the option to renew in whatever increment you choose (Minimum five (5) day purchase). There is a \$5 administration fee each time you renew. Again, the total period of coverage for Inbound® USA cannot exceed twelve (12) months.

## schedule of benefits

If your covered Injury or Sickness requires treatment by a physician, this program will provide benefits up to the Scheduled amount, as listed in the Schedule of Benefits which exceed the chosen Per Person Deductible (\$0, \$50 or \$100, and a \$100 or \$200 deductible for age seventy (70) and over) for each Injury and each Sickness and which are incurred within the twenty-six (26) weeks following the Injury or Sickness. Payment for any covered service will not exceed the Benefit Maximum shown. The maximum amount payable for all benefits will be no more than \$50,000, \$75,000, \$100,000, or \$130,000 for each Injury and each Sickness.

For persons age seventy (70) and over, the maximum benefit limit is \$50,000 or \$70,000 for each Injury or Sickness. The period in which covered expenses must be incurred is twenty-six (26) weeks following the Injury or Sickness, and a separate schedule applies.

## optional pre-existing conditions benefits

Inbound® USA now offers the following benefit: Should the Insured Person suffer a Myocardial Infarction or Stroke during the Period of Coverage and it is determined to be a "Pre-Existing Condition," coverage for those expenses will be covered up to the Pre-Existing Condition Benefit maximum, according to the Schedule of Benefits.

# covered services injury and sickness benefit maximums

Age 14 days to Age 69	Plan A	Plan B	Plan C	Plan D
<b>INPATIENT</b>	<b>\$50,000 Max per Injury/Sickness</b>	<b>\$75,000 Max per Injury/Sickness</b>	<b>\$100,000 Max per Injury/Sickness</b>	<b>\$130,000 Max per Injury/Sickness</b>
Hospital Room & Board including Laboratory Tests, X-Rays, Prescription Medical and other miscellaneous	Up to \$1400/day, 30 day max	Up to \$1675/day, 30 day max	Up to \$1950/day, 30 day max	Up to \$2535/day, 30 day max
Hospital Intensive Care Unit	Additional \$660/day, 8 day max	Additional \$755/day, 8 day max	Additional \$850/day, 8 day max	Additional \$1105/day, 8 day max
Surgical Treatment	Up to \$3300	Up to \$4400	Up to \$5500	Up to \$7150
Anesthetist	Up to \$825	Up to \$1100	Up to \$1375	Up to \$1775
Assistant Surgeon	Up to \$825	Up to \$1100	Up to \$1375	Up to \$1775
Physician's Non-Surgical Visits	Up to \$55/visit, 1/day, 30 visits max	Up to \$70/visit, 1/day, 30 visits max	Up to \$85/visit, 1/day, 30 visits max	Up to \$110/visit, 1/day, 30 visits max
A Consulting Physician, when requested by attending Physician	Up to \$450	Up to \$475	Up to \$500	Up to \$650
Private Duty Nurse	Up to \$550	Up to \$550	Up to \$550	Up to \$700
Pre-Admission Tests w/in 7 days before Hospital admission	Up to \$1100	Up to \$1100	Up to \$1100	Up to \$1450
<b>OUTPATIENT</b>				
Surgical Treatment	Up to \$3300	Up to \$4400	Up to \$5500	Up to \$7150
Anesthetist	Up to \$825	Up to \$1100	Up to \$1375	Up to \$1775
Assistant Surgeon	Up to \$825	Up to \$1100	Up to \$1375	Up to \$1775
Physician's Non-Surgical / Urgent Care Visits	Up to \$55/visit, 1/day, 10 visits max	Up to \$70/visit, 1/day, 10 visits max	Up to \$85/visit, 1/day, 10 visits max	Up to \$110/visit, 1/day, 10 visits max
Diagnostic X-rays & Lab Services	Up to \$450 - Additional \$250 - One Cat scan, PET scan or MRI	Up to \$475 - additional \$375 - One Cat scan, PET scan or MRI	Up to \$500 - Additional \$400 - One Cat scan, PET scan or MRI	Up to \$650 - Additional \$550 - One Cat scan, PET scan or MRI
Hospital Emergency Room (all expenses incurred therein)	Up to \$330	Up to \$440	Up to \$550	Up to \$700
Prescription Drugs	Up to \$100	Up to \$125	Up to \$150	Up to \$200
Outpatient Surgical Facility	Up to \$1000	Up to \$1050	Up to \$1100	Up to \$1400
<b>OTHER TREATMENT &amp; SERVICES</b>				
Ambulance Services	Up to \$450	Up to \$450	Up to \$450	Up to \$450
Initial Orthopedic Prosthesis/brace	Up to \$1100	Up to \$1200	Up to \$1300	Up to \$1700
Chemotherapy and/or radiation therapy	Up to \$1100	Up to \$1225	Up to \$1350	Up to \$1750
Dental Treatment for Injury to Sound, Natural Teeth	Up to \$550	Up to \$550	Up to \$550	Up to \$550
Mental & Nervous Disorder & Substance Abuse	Same as any Sickness	Same as any Sickness	Same as any Sickness	Same as any Sickness
Physiotherapy	Up to \$40/visit, 1/day, 12 visits max	Up to \$40/visit, 1/day, 12 visits max	Up to \$40/visit, 1/day, 12 visits max	Up to \$40/visit, 1/day, 12 visits max
Emergency Evacuation	\$50,000	\$50,000	\$50,000	\$50,000
Repatriation of Remains	\$7,500	\$7,500	\$7,500	\$7,500
AD&D Principal Sum	\$25,000 Common Carrier	\$25,000 Common Carrier	\$25,000 Common Carrier	\$25,000 Common Carrier
<b>OPTIONAL PRE-EX BENEFIT</b>				
PRE-EXISTING CONDITIONS (the above maximum schedule still applies)	Up to \$5,000 in coverage for Myocardial Infarction (heart attack) or Stroke	Up to \$5,000 in coverage for Myocardial Infarction (heart attack) or Stroke	Up to \$5,000 in coverage for Myocardial Infarction (heart attack) or Stroke	Up to \$5,000 in coverage for Myocardial Infarction (heart attack) or Stroke

If an insured person turns seventy (70) years old during the purchased coverage period, the seventy (70) and over benefit schedule becomes effective upon the day the insured turns seventy (70). Individuals with the \$100,000 or \$130,000 per injury or sickness policy maximum will receive the \$70,000 per injury or sickness schedule for age seventy (70) and older. Individuals with the \$75,000 or \$50,000 per injury or sickness policy maximum will receive the \$50,000 per injury or sickness schedule for age seventy (70) and older.

## covered services injury and sickness benefit maximums (cont.)

Age 70 to Age 99	Plan J	Plan K
<b>INPATIENT</b>	<b>\$50,000 Max per Injury/Sickness</b>	<b>\$70,000 Max per Injury/Sickness</b>
Hospital Room & Board including Laboratory Tests, X-Rays, Prescription Medical and other miscellaneous	Up to \$1050/day, 30 day max	Up to \$1470/day, 30 day max
Hospital Intensive Care Unit	Additional \$460/day, 8 day max	Additional \$640/day, 8 day max
Surgical Treatment	Up to \$2750	Up to \$3850
Anesthetist	Up to \$685	Up to \$960
Assistant Surgeon	Up to \$685	Up to \$960
Physician's Non-Surgical Visits	Up to \$55/visit, 1/day, 30 visits max	Up to \$75/visit, 1/day, 30 visits max
A Consulting Physician, when requested by attending Physician	Up to \$400	Up to \$560
Private Duty Nurse	Up to \$450	Up to \$450
Pre-Admission Tests w/in 7 days before Hospital admission	Up to \$775	Up to \$1085
<b>OUTPATIENT</b>		
Surgical Treatment	Up to \$2750	Up to \$3850
Anesthetist	Up to \$685	Up to \$960
Assistant Surgeon	Up to \$685	Up to \$960
Physician's Non-Surgical / Urgent Care Visits	Up to \$55/visit, 1/day, 10 visits max	Up to \$75/visit, 1/day, 10 visits max
Diagnostic X-rays & Lab Services	Up to \$400 - Additional \$250 - One Cat scan, PET scan or MRI	Up to \$560 – additional \$300 - One Cat scan, PET scan or MRI
Hospital Emergency Room (all expenses incurred therein)	Up to \$250	Up to \$350
Prescription Drugs	Up to \$80	Up to \$110
Outpatient Surgical Facility	Up to \$850	Up to \$1190
<b>OTHER TREATMENT AND SERVICES</b>		
Ambulance Services	Up to \$450	Up to \$450
Initial Orthopedic Prosthesis/brace	Up to \$850	Up to \$1190
Chemotherapy and/or radiation therapy	Up to \$850	Up to \$1190
Dental Treatment for Injury to Sound, Natural Teeth	Up to \$550	Up to \$550
Mental & Nervous Disorder & Substance Abuse	Same as any Sickness	Same as any Sickness
Physiotherapy	Up to \$40/visit, 1/day, 12 visits max	Up to \$40/visit, 1/day, 12 visits max
Emergency Evacuation	\$50,000	\$50,000
Repatriation of Remains	\$7,500	\$7,500
AD&D Principal Sum	\$25,000 Common Carrier	\$25,000 Common Carrier
<b>OPTIONAL PRE-EX BENEFIT</b>		
PRE-EXISTING CONDITIONS (the above maximum schedule still applies)	Up to \$3,000 in coverage for Myocardial Infarction (heart attack) or Stroke	Up to \$3,000 in coverage for Myocardial Infarction (heart attack) or Stroke

## description of coverage

### international travel coverage

An insured person may travel to additional countries, other than the United States, up to a maximum of thirty (30) days. You must purchase a minimum of one (1) month of coverage. International travel coverage does not include travel back to the insured person's home country, and it does not extend after your current expiration date. International travel must be utilized during your current Period of Coverage.

### emergency medical evacuation expenses

The program will pay up to \$50,000 in Covered Expenses incurred if any covered Injury or Sickness originating during the Period of Coverage results in the Medically Necessary Emergency Medical Evacuation or Repatriation of the Insured Person (the Insured Person's medical condition warrants immediate transportation from the medical facility where the Insured Person is located to the nearest adequate medical facility where medical treatment can be obtained). The benefit must be ordered by the Assistance Company in consultation with the Insured Person's local attending Physician.\*

### repatriation of mortal remains expenses

The program will pay for Covered Expenses incurred, up to a maximum of \$7,500, to return the Insured Person's remains to his/her Home Country if he or she dies.\*

### common carrier accidental death and dismemberment (ad&d)

Accidental Death and Dismemberment shall apply to covered accidents sustained by an insured person while riding as a passenger in or on any land, water or air conveyance operated under a license for the transportation of passengers for hire. A loss must occur within 365 days after the date of accident causing the loss.

\* NOTE: If event of an Emergency Medical Evacuation or Repatriation of Mortal Remains benefit is needed or utilized, arrangements must be made by the Assistance Service Provider.

### exclusions

No benefits will be paid for loss or expense caused by, contributed to, or resulting from:

1. Pre-existing Conditions as defined;
2. Any expenses incurred when travel was undertaken solely for the purpose of obtaining medical treatment or while traveling against the advice of a Physician;

## description of exclusions

### exclusions (cont.)

3. Expense incurred within the Insured Person's Home Country or country of regular domicile;
4. Routine physicals, inoculations, or other examinations where there are no objective indications of impairment of normal health, well baby care, new-born baby care; well-baby nursery and related Physician charges;
5. Prescriptions or fitting of eyeglasses and contact lenses; eye examinations; or other treatment for visual defects and problems. "Visual defects": means any physical defect of the eye which does or can impair normal vision;
6. Hearing examinations or hearing aids; or other treatment for hearing defects and problems. "Hearing defects": means any physical defect of the ear which does or can impair normal hearing;
7. Dental treatment, except as the result of injury to sound, natural teeth;
8. Services or supplies performed or provided by a Member of the Insured Person's family, or anyone who lives with the Insured Person;
9. Expenses which were not recommended, approved and certified as Medically Necessary and reasonable by a Physician;
10. Weak, strained or flat feet, corns, calluses, or toenails;
11. Cosmetic surgery, or treatment for congenital anomalies (except as specifically provided), except reconstructive surgery as the result of a covered Injury or Sickness. Correction of a deviated nasal septum is considered cosmetic surgery unless it results from a covered Injury or covered Sickness;
12. Elective Surgery and Elective Treatment;
13. Drug, treatment or procedure that either promotes or prevents conception, or prevents childbirth;
14. Injury sustained while participating in professional, sponsored and/or organized Amateur or Interscholastic Athletics;
15. Organ transplants;
16. Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war; terrorist activity; nuclear, chemical, biological; (details in program summary)
17. Participation in a riot or civil disorder, commission of or attempt to commit a felony in the country in which it was attempted or committed;
18. Suicide or attempted suicide (including drug overdose), while sane or insane (while sane in Missouri), or an intentionally self-inflicted Injury;
19. Expenses of an institution, health service, or infirmary for whose service payment is not required in the absence of insurance;
20. Treatment of nervous or mental disorders, except as stated in the Schedule of Benefits, or treatment of alcoholism or drug abuse, except as provided for treatment of mental or nervous disorders, according to the Schedule of Benefits;
21. Loss incurred from riding in any aircraft, other than as a passenger in an aircraft licensed for the transportation of passengers;
22. Treatment services, supplies or facilities in a hospital owned or operated by: a) The Veteran's Administration; or b) A national government or any of its agencies. (This exclusion does not apply to treatment when a charge is made which the Insured is required by law to pay);
23. Duplicate services actually provided by both a certified nurse-midwife and Physician;

## description of exclusions

### exclusions (cont.)

24. Expenses incurred during a hospital emergency room visit which is not of an emergency nature;
25. Expenses incurred for outpatient treatment in connection with the detection or correction by manual or mechanical means of structural imbalance, distortion or sublimation in the human body for purposes of removing nerve interference and the effects thereof, where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column;
26. Injury sustained while taking part in mountaineering where ropes or guides are normally used, hang gliding, parachuting, bungee jumping, racing by horse or motor vehicle or motorcycle, motorcycle/motor scooter riding, scuba diving involving underwater breathing apparatus (unless PADI or NAUI certified), water skiing, snow skiing, snow boarding and snowmobiling;
27. Treatment paid for or furnished under any other individual, government, or group policy; previous policy; payable under any Worker's Compensation or Occupational Disease Law or Act; or charges provided at no cost to the Insured Person;
28. Expense incurred after the Expiration Date for an Insured Person except as may be specifically provided;
29. Expenses for treatment in connection with alcoholism and drug addiction, or use of any drug or narcotic agent or for Injury or Sickness due wholly or partly to the effects of intoxicating liquor or drugs, unless prescribed by a Physician;
30. Sexually transmitted diseases, including AIDS.
31. Pregnancy expenses or Sickness resulting from pregnancy, childbirth, or miscarriage; or for miscarriage resulting from Injury; or voluntary or elective abortion;
32. Treatment while confined primarily to receive custodial care, educational or rehabilitative care and nursing services in a long term facility, spa, hydroclinic, weight loss clinic, sanatorium, nursing home or similar facilities;
33. Expenses for Speech therapy, Occupational therapy or Vocational Rehabilitation

### definitions

**hospital** shall mean a place that 1.) Is legally operated for the purpose of providing medical care and Treatment to Sick or Injured persons for which a charge is made that the Insured Person is legally obligated to pay in the absence of insurance 2.) Provides such care and Treatment in medical, diagnostic, or surgical facilities on its premises, or those prearranged for its use; 3.) Provides 24-hour nursing service under the supervision of a Registered Nurse at all times; and 4.) Operates under the supervision of a staff of one or more Physicians. Hospital also means a place that is accredited as a Hospital by the Joint Commission on Accreditation of Hospitals, American Osteopathic Association, or the Joint Commission on Accreditation of Health Care Organizations (JCAHO). Hospital does not mean: A Convalescent, nursing, or rest home or facility, or a home for the aged; A place mainly providing Custodial, Educational, or Rehabilitative Care; or A facility mainly used for the Treatment of drug addicts or alcoholics.

## definitions

### definitions (cont.)

**injury** shall mean bodily Injury listed in the most recent edition of the International Classification of Diseases and caused solely and directly by Accidental, external, and visible means occurring while this Certificate is in force and resulting directly and independently of all other causes resulting in a Covered Event under this Program.

**inpatient** shall mean a person who is confined in an institution for a period of 24 hours or more and is charged for room and board.

**myocardial infarction** shall mean an acute and emergent onset of any of the conditions and/or diseases described and coded in the International Coding of Diseases version 9 (ICD9).

**outpatient** shall mean a person who receives care in a Hospital or another institution, including an ambulatory surgical center, a convalescent/skilled nursing facility, or a Physician's office, for an Illness or Injury, but who is not confined and is not charged for room and board.

**pre-existing condition** shall mean: 1.) A condition that would have caused a person to seek medical advice, diagnosis, care or Treatment within the six (6) months (or twelve (12) months for persons seventy (70) and older) prior to the Individual Effective Date of Coverage under this program; 2.) A condition for which medical advice, diagnosis, care or Treatment, including Medication, was sought, recommended or received within the six (6) months (or twelve (12) months for persons age seventy (70) and older) prior to the Individual Effective Date of Coverage under this program; 3.) The symptoms which occurred within the six (6) months (or twelve (12) months for persons seventy (70) and older) prior to the Individual Effective Date of the Coverage under this Certificate would have allowed a person trained in medicine to make a diagnosis of the condition producing the symptom; 4.) A condition which manifested itself within the 6 months (or twelve (12) months for persons seventy (70) and older) prior to the Individual Effective Date of Coverage under this Certificate; Should the Insured Person suffer a Myocardial Infarction or Stroke during the Period of Coverage and it is determined to be a "Pre-Existing Condition," coverage for those expenses will be covered up to the Pre-Existing Condition Benefit maximum, according to the Schedule of Benefits. (Optional Coverage must be selected on the application, and appropriate premium received.)

**sickness** shall mean Illness or Disease of any kind listed in the most recent edition of the International Classification of Diseases. All related conditions and recurrent symptoms of the same or a similar condition will be considered one Sickness.

**stroke** shall mean an acute and emergent onset of any of the conditions and/or diseases described and coded in the International Coding of Diseases version 9 (ICD9).

## monthly & daily rates

Monthly Rates Effective January 1, 2010

### \$0 Per Injury / Sickness Deductible Per Person

#### Policy Maximum Options

Age	Plan A	Plan B	Plan C	Plan D
	\$50,000	\$75,000	\$100,000	\$130,000
	<i>Monthly/Daily</i>	<i>Monthly/Daily</i>	<i>Monthly/Daily</i>	<i>Monthly/Daily</i>
2 weeks - 18	\$47 / \$1.56	\$55 / \$1.83	\$63 / \$2.10	\$82 / \$2.73
19 - 29	\$38 / \$1.25	\$44 / \$1.46	\$51 / \$1.68	\$66 / \$2.18
30 - 39	\$42 / \$1.40	\$50 / \$1.65	\$57 / \$1.89	\$74 / \$2.46
40 - 49	\$47 / \$1.56	\$55 / \$1.83	\$63 / \$2.10	\$82 / \$2.73
50 - 59	\$64 / \$2.12	\$74 / \$2.46	\$84 / \$2.81	\$110 / \$3.65
60 - 69	\$69 / \$2.29	\$80 / \$2.66	\$91 / \$3.03	\$118 / \$3.94
Dependent Child (Age 2 weeks - 18)*	\$36 / \$1.20	\$45 / \$1.49	\$53 / \$1.77	\$69 / \$2.30

### \$50 Per Injury / Sickness Deductible Per Person

#### Policy Maximum Options

Age	Plan A	Plan B	Plan C	Plan D
	\$50,000	\$75,000	\$100,000	\$130,000
	<i>Monthly/Daily</i>	<i>Monthly/Daily</i>	<i>Monthly/Daily</i>	<i>Monthly/Daily</i>
2 weeks - 18	\$39 / \$1.30	\$46 / \$1.52	\$52 / \$1.74	\$68 / \$2.26
19 - 29	\$31 / \$1.04	\$37 / \$1.22	\$42 / \$1.39	\$54 / \$1.81
30 - 39	\$35 / \$1.17	\$41 / \$1.37	\$47 / \$1.57	\$61 / \$2.03
40 - 49	\$39 / \$1.30	\$46 / \$1.52	\$52 / \$1.74	\$68 / \$2.26
50 - 59	\$53 / \$1.77	\$62 / \$2.06	\$70 / \$2.35	\$92 / \$3.05
60 - 69	\$57 / \$1.91	\$67 / \$2.22	\$76 / \$2.53	\$99 / \$3.29
Dependent Child (Age 2 weeks - 18)*	\$30 / \$1.00	\$37 / \$1.23	\$44 / \$1.47	\$57 / \$1.91

### \$100 Per Injury / Sickness Deductible Per Person

#### Policy Maximum Options

Age	Plan A	Plan B	Plan C	Plan D
	\$50,000	\$75,000	\$100,000	\$130,000
	<i>Monthly/Daily</i>	<i>Monthly/Daily</i>	<i>Monthly/Daily</i>	<i>Monthly/Daily</i>
2 weeks - 18	\$36 / \$1.20	\$42 / \$1.41	\$49 / \$1.62	\$63 / \$2.11
19 - 29	\$29 / \$0.96	\$34 / \$1.13	\$39 / \$1.30	\$51 / \$1.69
30 - 39	\$32 / \$1.08	\$38 / \$1.27	\$44 / \$1.46	\$57 / \$1.90
40 - 49	\$36 / \$1.20	\$42 / \$1.41	\$49 / \$1.62	\$63 / \$2.11
50 - 59	\$49 / \$1.64	\$59 / \$1.96	\$69 / \$2.29	\$89 / \$2.97
60 - 69	\$53 / \$1.78	\$64 / \$2.12	\$74 / \$2.47	\$96 / \$3.21
Dependent Child (Age 2 weeks - 18)*	\$28 / \$0.98	\$34 / \$1.14	\$40 / \$1.35	\$53 / \$1.76

\* Dependent Child rate is applicable when at least one parent will also be covered under Inbound® USA.

### Monthly/ Daily Premiums for Ages 70 and Older

### \$100 Per Injury / Sickness Deductible Per Person

#### Policy Maximum Options

Age	Plan J	Plan K
	\$50,000	\$70,000
	<i>Monthly/Daily</i>	<i>Monthly/Daily</i>
Age 70 - 74	\$89 / \$2.98	\$125 / \$4.16
Age 75 - 79	\$98 / \$3.28	\$137 / \$4.58
Age 80 - 84	\$198 / \$6.60	\$278 / \$9.26
Age 85 - 89	\$286 / \$9.52	\$400 / \$13.33
Age 90 - 94	\$309 / \$10.30	\$433 / \$14.43
Age 95 - 99	\$356 / \$11.84	\$497 / \$16.56

### \$200 Per Injury / Sickness Deductible Per Person

#### Policy Maximum Options

Age	Plan J	Plan K
	\$50,000	\$70,000
	<i>Monthly/Daily</i>	<i>Monthly/Daily</i>
Age 70 - 74	\$74 / \$2.48	\$104 / \$3.47
Age 75 - 79	\$82 / \$2.73	\$115 / \$3.82
Age 80 - 84	\$166 / \$5.51	\$232 / \$7.71
Age 85 - 89	\$244 / \$8.11	\$341 / \$11.36
Age 90 - 94	\$264 / \$8.78	\$369 / \$12.29
Age 95 - 99	\$303 / \$10.08	\$424 / \$14.11

## additional information

### how to calculate your premium

Premium: 45-year-old non-US citizen traveling to the United States, from March 15th to April 10th

Example: \$50 per Injury / Sickness deductible and \$50,000 per incident maximum, with pre-existing condition option

Daily Rate for 45 year old, \$1.30 per day:

Optional Pre-Ex Benefit  $\$1.30 \times 1.26 =$

**\$1.64 (New Daily rate)**  
x

March 15th through April 10th equals 27 days: **27 days**

Total Premium Submitted:

**\$44.28**

Please be aware that this is not a general health insurance policy, but an interim program intended for temporary use. Inbound® USA does not guarantee payment to a facility or individual for medical expenses until the Company determines that it is an eligible expense.

### what you will receive

Upon successful enrollment in Inbound® USA, you will receive an information packet from Seven Corners, if you choose written fulfillment. If an email address is provided, you will receive electronic fulfillment which provides complete policy details. Both methods will include your ID Card and Program Summary. The Program Summary describes all the benefits of Inbound® USA in complete detail. In addition, the Program Summary explains the procedure for submitting claims.

### refund of premium

Seven Corners realizes that there is uncertainty in international travel. Refund of total plan cost will only be considered if written request is received by Seven Corners prior to the Effective Date of Coverage. If written request is received after the Effective Date of coverage, the unused portion of the plan cost may be refunded minus a cancellation fee, provided no claim has been submitted to Seven Corners for reimbursement.

### the insurance company

Inbound® USA is underwritten by Certain Underwriters at Lloyd's of London and is rated A "Excellent" by A.M. Best. In addition to being one of the largest insurance entities in the world, Lloyd's has over 300 years of experience in the international insurance business.

## about seven corners



### SEVEN CORNERS

Since 1993, Seven Corners has provided medical insurance to corporations, international travelers, expatriates, students, overseas visitors, immigrants and global citizens. With expertise and efficiency, we've served clients in more than a hundred countries.

In California, operating under Seven Corners Insurance Services.

## for additional information

## enrolling in inbound® usa

1. Complete and sign entire application
2. Select method of payment.
3. If paying by check or money order, make payable to: **"Seven Corners" and enclose it together with completed Application.**
4. If paying by credit card, complete Application and mail or fax to Seven Corners. Be sure to sign both sections, including the Method of Payment section.

Complete and return the Application with your payment for the total premium to:

**Insurance Services of America  
1757 E. Baseline Road, Suite 126  
Gilbert, AZ 85233  
Fax: 480-821-9297**

*(You may only fax your application if paying by credit card. Originals are not required if application is faxed to Seven Corners with credit card payment)*

(please print or type using black ink)

**Official Use Only:**

Cert#:

Processed:

Eff. Date:

Agent: **1567**

**applicant information**

Mr.  Mrs.  Miss  Ms

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Country of Permanent, fixed Residence (Home Country) \_\_\_\_\_

Passport Number: \_\_\_\_\_

Passport Country: \_\_\_\_\_

**for accidental death & dismemberment benefit:**

Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

**us address of correspondence** (address must be in the united states)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

When did or will you arrive in the United States: \_\_\_/\_\_\_/\_\_\_ (MM/DD/YY)

Date you would like coverage to begin: \_\_\_/\_\_\_/\_\_\_ (MM/DD/YY)

*Note: This program is not available to United States citizens. Your coverage must begin within twelve (12) months of your arrival in the United States. The minimum period of coverage is 5 days, maximum is 12 months. If 3 or more months of premium is sent, an automatic renewal notice will be sent to the address above. Total program length available is 12 months. Coverage cannot begin until you depart from your home Country and Seven Corners both receives and accepts your application and correct premium.*

**coverage specifics**

Have you purchased insurance through Seven Corners before?  No  Yes

If Yes, ID Number: \_\_\_\_\_

**Age 2 weeks to Age 69:**

Plan A: \$50,000

Plan B: \$75,000

Plan C: \$100,000

Plan D: \$130,000

**Age 70 to 99:**

Plan J: \$50,000

Plan K: \$70,000

**Selected Per Injury/Sickness**

**Deductible:**

\$0

\$50

\$100

Ages 70 and over options:

\$100

\$200

**Optional Pre-Ex Benefit**

Yes

No

**Paper Fulfillment**

Yes

No

*If there are one or more applicants below age 70 and one or more applicants age 70 and above, separate applications must be submitted.*

**calculating your plan cost** (please complete entire section)

	Date of Birth (MM/DD/YY)	Monthly Rate	Daily Rate
Applicant: _____	(___/___/___)		
Spouse: _____	(___/___/___)		
Child: _____	(___/___/___)		
Child: _____	(___/___/___)		
Child: _____	(___/___/___)		
<b>Total:</b>		<b>\$</b>	<b>\$</b>

Minimum period of coverage is 5 days

Multiply Monthly Rate Total by number of months: \_\_\_\_\_ X \_\_\_\_\_

Monthly Total [A]: \$ \_\_\_\_\_

Multiply Daily Rate Total by number of days: \_\_\_\_\_ X \_\_\_\_\_

Daily Total [B]: \$ \_\_\_\_\_

Optional Pre-Ex Benefit (If Chosen) (Total of [A] and [B]) X 1.26: \$ \_\_\_\_\_

Total Payment Enclosed (Total of [A] and [B]): \$ \_\_\_\_\_

**method of payment**

Check  Money Order  MasterCard

Visa  Discover  American Express

Card Number: \_\_\_\_\_ CVV: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Daytime Phone: ( ) \_\_\_\_\_

Name as it appears on Card: \_\_\_\_\_

Signature (Required) \_\_\_\_\_

Billing Address: \_\_\_\_\_

Make Check or Money Order Payable to: "Seven Corners". Total Payment for the Full Term of coverage requested on this application must be paid in U.S. Dollars at the time application for coverage is made. Coverage purchased by credit card is subject to validation and acceptance by credit card company. I declare that I agree to and have read and understand the terms and conditions of this product as outlined in this brochure and the program summary, including that coverage is not available to any U.S. citizen. I understand that pre-existing conditions, as defined in this brochure, are not covered. I understand that this is not a general health insurance product, but a limited benefit program designed to provide basic benefits under certain circumstances. I also understand that Lloyd's operates as an approved but non-admitted insurer in most US states and that claims may not be made against any state guarantee fund. I understand and agree that this program does not comply with any US state insurance law. I also understand any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an enrollment form, or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

I hereby subscribe to the Global International Trust and enroll in the group coverage for which I am eligible under the group contract issued by Certain Underwriters at Lloyd's, London. As signatory, I declare that I am affirming all statements for all persons listed on the application (and declare that I have the authority to do so).

Signature of Insured or Proxy (Required)

Date

## administered by



**SEVEN CORNERS**  
303 Congressional Boulevard  
Carmel, IN 46032



## insurance carrier

Inbound® USA is underwritten by Certain Underwriters at Lloyd's of London.

## for additional information