

# inbound<sup>sm</sup>immigrant

2009



**injury & sickness medical benefits** for visitors and immigrants  
medical coverage in the united states • choice of deductibles • up to 5 years of  
protection • coverage for families & individuals



SEVEN CORNERS

# why choose seven corners

## why you need this program

The United States offers the most comprehensive medical care available, 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 Immigrant was developed to provide a simple program to visitors and immigrants that will provide up to 5 years of protection.

This is a brief description of the Inbound Immigrant program. Detailed wording is outlined in the Program Summary, which will be mailed to you after you have enrolled.

## eligibility

This program is available to non-United States citizens who are traveling to the United States for business, pleasure, to study, or to immigrate. The program must become effective within 24 months of arrival in the United States.

## home country

Home Country means the country where the Insured Person's passport was issued.

## period of coverage

You may initially enroll in Inbound Immigrant for as little as 5 days and up to maximum of 12 months. If you initially purchase at least 3 months, you may continue to renew coverage for a minimum of 3 months at a time, at the premium rate in force at the time of renewal. Total period of coverage for Inbound Immigrant cannot exceed 60 months (in order to reapply, you must first return to your home country for a minimum of 31 days). 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.

## period of coverage (cont.)

**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 31st day of any Insured Person's return trip to his or her Home Country whether days of the trip are consecutive or not; or
3. 60 months after your original Effective Date; or
4. The day an insured becomes a U.S. citizen; or
5. The date of entry into active military service.

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

## renewal

If Inbound Immigrant 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 3 or more months (*up to 12 months at a time*), Seven Corners will continue to send renewal notices to you. If you renew the coverage for only 1 or 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 5 day purchase*). There is a \$5 admin fee each time you renew. Again, total period of coverage for Inbound Immigrant cannot exceed 60 months. Additionally, the company may change aspects of the program, including rates, at any renewal date.

## schedule of benefits

If your covered Injury or Sickness requires treatment by a physician, this program will provide benefits for the Usual and Customary (U&C) charges scheduled below which exceed the chosen Per Person Deductible (*either \$75 or \$150, and \$125 or \$250 deductible for age 70 and over*) for each Injury and each Sickness and which are incurred within the 52 weeks following the Injury or Sickness (*within 32 weeks for those insureds age 70 and over*). Payment for any covered service will be no more than the Benefit Limit shown in the Schedule of Benefits. The total amount payable for all Benefits will be no more than \$50,000 or \$100,000 for each Injury and each Sickness.

For persons age 70 and over, the maximum benefit limit is \$50,000. The period in which covered expenses must be incurred is 32 weeks following the Injury or Sickness, and a separate schedule applies.

# schedule of benefits

	Age 14 Days To Age 69	Age 14 Days To Age 69	Age 70 And Over
<b>inpatient</b>	<b>\$50,000 max per injury/sickness</b>	<b>\$100,000 max per injury/sickness</b>	<b>\$50,000 max per injury/sickness</b>
Hospital Room & Board including Laboratory Tests, X-Rays, Prescription Medical and other miscellaneous	Up to \$1,725/day, 30 day max	Up to \$2,400 per day, 30 day max	Up to \$1,250/day, 30 day max
Hospital Intensive Care Unit	Additional \$725/day, 8 day max	Additional \$1025/day, 8 day max	Additional \$525/day, 8 day max
Surgical Treatment	Up to \$4,200	Up to \$6,950	Up to \$3,350
Anesthetist	Up to \$1,000	Up to \$1,650	Up to \$800
Assistant Surgeon	Up to \$1,000	Up to \$1,650	Up to \$800
Physician's Non-Surgical Visits	Up to \$75/visit, 1/day, 30 visits	Up to \$100/visit, 1/day, 30 visits	Up to \$65/visit, 1/day, 30 visits
Consultant Physician, when requested by attending Physician	Up to \$500	Up to \$575	Up to \$450
Pre-Admission Tests w/in 7 days before Hospital admission	Up to \$1,300	Up to \$1,300	Up to \$900
Private Duty Nurse	Up to \$650	Up to \$650	Up to \$650
<b>outpatient</b>			
Surgical Treatment	Up to \$4,200	Up to \$6,950	Up to \$3350
Anesthetist	Up to \$1,000	Up to \$1,650	Up to \$800
Assistant Surgeon	Up to \$1,000	Up to \$1,650	Up to \$800
Physician's Non-Surgical Visits	Up to \$75/visit, 1/day, 10 visits	Up to \$100/visit, 1/day, 10 visits	Up to \$65/visit, 1/day, 10 visits
Diagnostic X-rays & Lab Services	Up to \$500; Additional \$325 - One CAT scan, PET scan or MRI	Up to \$575; Additional \$975 - One CAT scan, PET scan or MRI	Up to \$450; Additional \$325 - One CAT scan, PET scan or MRI
Hospital Emergency Room	75% of U&C to \$400 max	75% of U&C to \$650 max	75% of U&C to \$325 max
Prescription Drugs	Up to \$135	Up to \$200	Up to \$100
Day surgery miscellaneous, related to outpatient scheduled surgery performed at a Hospital or licensed outpatient surgery center; including the cost of operating room, anesthesia, drugs and medicines and medical supplies.	Up to \$1200	Up to \$1,400	Up to \$1,050
<b>others</b>			
Ambulance Services	Up to \$500	Up to \$500	Up to \$500
Initial Orthopedic Prosthesis/brace	Up to \$1,325	Up to \$1,600	Up to \$1,000
Chemotherapy and/or radiation therapy	Up to \$1,325	Up to \$1,600	Up to \$1,000
Dental Treatment for Injury to Sound, Natural Teeth	Up to \$650	Up to \$650	Up to \$650
Mental & Nervous Disorder & Substance Abuse	Same as any Sickness	Same as any Sickness	Same as any Sickness
Maternity (conception occurs at least 90 days after your effective date)	Up to \$2,800	Up to \$2,800	N/A
Physiotherapy	Up to \$45/visit, 1/day, 12 visits	Up to \$45/visit, 1/day, 12 visits	Up to \$45/visit, 1/day, 12 visits
Emergency Evacuation	\$10,000	\$10,000	\$10,000
Repatriation of Remains	\$7,500	\$7,500	\$7,500
AD&D Principal Sum	\$25,000 Common Carrier	\$25,000 Common Carrier	\$25,000 Common Carrier

If an insured person turns 70 years old during the purchased coverage period, the age 70 and over benefit schedule becomes effective upon the day the insured turns 70.

## description of coverage

### incidental trips to your home country

This benefit covers the Insured Person for incidental trips to his or her Home country (30 days per 12 months of purchased coverage or pro rata thereof – example: approximately 2½ days per month of purchased coverage). Maximum benefit is reduced to \$50,000 for any illness or injury occurring while on an incidental trip to the Home Country.

### international travel coverage

An insured person may travel to additional countries, other than the United States, up to a maximum of 30 days. You must purchase a minimum of 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

If you or any covered dependents become sick or injured during the period of coverage and it has been determined that an Emergency Medical Evacuation is required to either the nearest medical facility, where appropriate medical treatment can be obtained, or to your Country of Residence, all eligible expenses incurred are covered up to \$10,000. An Emergency Medical Evacuation must be recommended by a legally licensed physician who certifies that the severity of the Injury or Sickness necessitates such Emergency Medical Evacuation, and agreed to by you or your representative. All arrangements must be coordinated by the Assistance Provider.

### repatriation of mortal remains expenses

If Injury or Sickness commencing during the Period of Coverage results in death, all reasonable expenses incurred for preparation and return of the remains to the Country of Residence are covered up to a maximum of \$7,500, provided that all arrangements are coordinated by the Assistance Provider.

### common carrier accidental death & 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:

For Loss Of:	Indemnity
Life	Principal Sum
Both Hands or Both Feet or Sight of Both Eyes	Principal Sum
One Hand and One Foot Either Hand or Foot and Sight of One Eye	Principal Sum Principal Sum
Either Hand or Foot Sight of One Eye	One-Half the Principal Sum One-Half the Principal Sum

### definitions

**injury** means bodily injury: (1) directly and independently caused by a specific accident that is unrelated to any pathological, functional, or structural disorder of injury, (2) treated by a Physician within 30 days after the date of accident; and (3) that causes loss during the term of the policy.

**sickness** means sickness or disease of the insured Person that causes loss and originates while the Insured Person is covered under the policy. All related conditions and recurrent symptoms of the same or a similar condition will be considered one sickness.

**pre-existing condition** means (1) the existence of symptoms within the 6 months (*or 12 months for persons 70 and older*) immediately prior to the Insured's Effective Date under the policy; or (2) any condition that originates, is diagnosed, treated or recommended for treatment within the 6 months (*or 12 months for persons 70 and older*) immediately prior to the Insured's Effective Date under the policy; or (3) congenital conditions.

**usual and customary charges** means a reasonable charge that is: (1) usual and customary when compared with the charges made for similar services and supplies; and (2) made to persons having similar medical conditions in the locality of the Policyholder. No payment will be made under the policy for any expenses incurred that in the judgment of the Company are in excess of Usual and Customary Charges.

## description of exclusions

### 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 loss that occurs while traveling solely for the purpose of obtaining medical treatment, while on a waiting list for a specific treatment, or while traveling against the advice of a physician; *except for Home Country Coverage*;
3. Expense incurred within the Insured Person's Home Country or country of regular domicile;
4. Routine physical, inoculations or other examinations where there are no objective indications of impairment of normal health, or well baby care;
5. Eye examinations; prescriptions or fitting of eyeglasses and contact lenses; 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 as stated in the Schedule of Benefits;
8. Professional services rendered by a Member of the Insured Person's immediate family, or anyone who lives with the Insured Person;
9. Services or supplies not necessary for the medical care of the patient's injury or sickness;
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. Diagnostic or surgical procedures in connection with infertility, unless infertility is a result of a covered Injury or covered Sickness;
14. Birth control, including surgical procedures and devices;
15. Routine new-born baby care, well-baby nursery and related Physician charges;
16. Participation in professional or intercollegiate athletics;
17. Injury or Sickness for which benefits are paid or payable under any Worker's Compensation or Occupational Disease Law or Act, or similar legislation;
18. Organ transplants;
19. War or any act of war, declared or undeclared; or while in the armed forces of any country (*a pro-rata premium will be refunded upon request for such period not covered*);

### exclusions (continued)

20. 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;
21. Suicide or attempted suicide (*including drug overdose*), while sane or insane (*while sane in Missouri*), or intentionally self-inflicted Injury;
22. Charges of an institution, health service, or infirmary for whose service payment is not required in the absence of insurance;
23. Treatment of nervous or mental disorders, except as stated in the Schedule of Benefits, or treatment of alcoholism or drug abuse, except as stated the Schedule of Benefits;
24. Loss incurred from riding in any aircraft, other than as a passenger in an aircraft licensed for the transportation of passengers;
25. 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 that the Insured is required by law to pay*);
26. Duplicate services actually provided by both a certified nurse-midwife and Physician;
27. Expenses payable under any prior policy that was in force for the person making the claim;
28. Expenses incurred during a hospital emergency room visit that is not of an emergency nature;
29. 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;
30. Injury sustained as the result of the Insured operating a motor vehicle while not properly licensed to do so in the jurisdiction the motor vehicle accident occurs;
31. Voluntary or elective abortion;
32. Expense covered by any other valid and collectible medical, health or accident insurance;
33. Expense incurred after the date insurance terminates for an Insured Person except as may be specifically provided;
34. Expenses incurred for injuries resulting from the use of alcohol or intoxicants, or any drugs unless prescribed by a Physician;
35. Sexually transmitted diseases, including AIDS.

## program cost

monthly rates (effective april 1, 2009)

### \$75 per injury / sickness deductible per person

#### Policy Maximum Options

Age	\$50,000	\$100,000
	Monthly/Daily	Monthly/Daily
2 weeks to 18	\$65 / \$2.17	\$95 / \$3.17
19 to 29	\$52 / \$1.74	\$76 / \$2.54
30 to 39	\$59 / \$1.97	\$86 / \$2.87
40 to 49	\$65 / \$2.17	\$95 / \$3.17
50 to 59	\$98 / \$3.27	\$138 / \$4.60
60 to 69	\$103 / \$3.44	\$145 / \$4.84
Dependent Child	\$54 / \$1.80	\$81 / \$2.70

(Age 2 weeks through age 18)\*

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

### \$150 per injury / sickness deductible per person

#### Policy Maximum Options

Age	\$50,000	\$100,000
	Monthly/Daily	Monthly/Daily
2 weeks to 18	\$62 / \$2.07	\$91 / \$3.04
19 to 29	\$50 / \$1.67	\$73 / \$2.44
30 to 39	\$56 / \$1.87	\$82 / \$2.74
40 to 49	\$62 / \$2.07	\$91 / \$3.04
50 to 59	\$95 / \$3.17	\$135 / \$4.50
60 to 69	\$100 / \$3.34	\$142 / \$4.74
Dependent Child	\$51 / \$1.70	\$76 / \$2.54

(Age 2 weeks through age 18)\*

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

### Monthly Premiums for Ages 70 and Older

#### \$125 per injury / sickness deductible per person

#### Policy Maximum Options

Age	\$50,000	\$100,000
	Monthly/Daily	Monthly/Daily
Age 70 to 74	\$118 / \$3.94	N/A
Age 75 to 79	\$122 / \$4.07	N/A
Age 80 to 84	\$158 / \$5.27	N/A
Age 85 to 89	\$166 / \$5.54	N/A
Age 90 to 94	\$175 / \$5.84	N/A
Age 95 to 99	\$183 / \$6.10	N/A

#### \$250 per injury / sickness deductible per person

#### Policy Maximum Options

Age	\$50,000	\$100,000
	Monthly/Daily	Monthly/Daily
Age 70 to 74	\$108 / \$3.60	N/A
Age 75 to 79	\$111 / \$3.70	N/A
Age 80 to 84	\$144 / \$4.80	N/A
Age 85 to 89	\$151 / \$5.04	N/A
Age 90 to 94	\$159 / \$5.30	N/A
Age 95 to 99	\$167 / \$5.57	N/A

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

## additional information

### how to calculate your premium

Premium 35-year-old Non-U.S. citizen traveling to the United States, from March 15th to April 19th

Example: \$75 deductible and \$50,000 maximum

Monthly Rate for 35 year old; \$59.00: <i>(March 15th through April 14th equals 1 calendar month)</i>	\$59.00
Daily Rate for 35 year old; \$1.97 x 5: <i>(April 15th through April 19th equals 5 days)</i>	\$ 9.85
Total Premium Submitted	\$68.85

### what you will receive

Upon successful enrollment in Inbound Immigrant, you will receive an information packet from Seven Corners. This packet will include your ID Card and Program Summary. The Program Summary describes the benefits of Inbound Immigrant 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 Immigrant is underwritten by The Insurance Company of the State of Pennsylvania, a member company of the AIU Holdings and is rated A "Excellent" by the A.M. Best Company.

## 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 is easy

1. Complete 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 Method of Payment section.

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



### SEVEN CORNERS

303 Congressional Boulevard  
Carmel, IN 46032 USA

Fax: 317-575-2659 (credit card orders)

Phone: 800-335-0611 or 317-575-2652

Online: [www.sevencorners.com](http://www.sevencorners.com)

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

# Inbound Immigrant application 2009

[pull-out application form]

effective april 1, 2009

(please print or type using black ink)

## Official Use Only:

Cert#: \_\_\_\_\_ Processed: \_\_\_\_\_ Eff. Date: \_\_\_\_\_ Agent: \_\_\_\_\_

### applicant information

Mr.  Mrs.  Miss  Ms.

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

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

#### u.s. correspondence address: (Address must be in the United States)

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

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

City / State / Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

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

AD&D Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

### passport & travel information:

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

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

When did or will you arrive in the United States?

(MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date you would like coverage to begin:

(MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Note: This program is not available to United States citizens. Your coverage must begin within twenty-four (24) 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 60 months. Coverage cannot begin until you depart from your Home Country and Seven Corners both receives and accepts your application and correct premium.

### calculating your plan cost

(Please complete entire section.)

Name of Person(s) to be Insured:	Date of Birth MM/DD/YY	Monthly Rate	Daily Rate
Applicant: _____	____/____/____		
Spouse: _____	____/____/____		
Child: _____	____/____/____		
Child: _____	____/____/____		
Child: _____	____/____/____		
<b>Total:</b>		<b>\$</b>	<b>\$</b>

Multiply Monthly Rate Total by number of months:	x	
	Monthly Total [A]:	\$
Multiply Daily Rate Total by number of days:	x	
	Daily Total [B]:	\$
Administrative Fee (\$5.00 - Required):	+	\$5.00
<b>Total Payment Enclosed:</b>		<b>\$</b>

### coverage specifics

#### Have you purchased insurance through Seven Corners before?

No  Yes If Yes, ID Number: \_\_\_\_\_

#### Selected Medical Policy Maximum:

Plan A: \$50,000  Plan B: \$100,000

#### Selected Per Injury/Sickness Deductible:

\$75  \$150

Or 70 and over:

\$125  \$250

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

#### Do You Want a Paper ID Card Mailed to You?

No  Yes

### method of payment

Check  Money Order  MasterCard  Visa  
 Discover  American Express

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

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

Name on Card: \_\_\_\_\_

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

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

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 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 hereby subscribe to the AIU Holdings, Trust and enroll in the group coverage for which I am eligible under the group contract issued by The Insurance Company of the State of Pennsylvania, a member of AIU Holdings. 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

800-335-0611 • 317-575-2652 • Fax: 317-575-2659

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



## insurance carrier:

The Insurance Company of the State of Pennsylvania, a member of the AIU Holdings Rated A "Excellent" by A.M. Best.

## for additional information: