


Front

SEVEN CORNERS, INC.

Insured: John Doe (Single)
 ID#: 9VN09-17338
 Coverage Period: 5/29/2009 through 11/30/2010
 Original Effective Date: 12/1/2009
 Medical Maximum: \$100,000.00
 Deductible: \$0.00 (Co-insurance may apply)

Mail claims to:
 Seven Corners, Inc.
 303 Congressional Boulevard
 Carmel, IN 46032 USA



Back



The person named on the front of this card (and dependents if noted) is eligible for certain Services and Benefits.

Seven Corners Assist must be contacted:

- To confirm coverage and benefits
- As soon as non-emergency hospitalization is recommended
- Within 48 hours of the first working day following an emergency admission
- When your physician recommends any surgery including outpatient
- For emergency evacuation, repatriation, and assistance services

If in the United States, call 1-800-690-6295
 If outside the United States, call 317-818-2808 (collect)

To obtain a list of U.S. providers, contact Seven Corners Assist or visit www.sevencorners.com/ppo

Liaison Products

Please detach and keep with you at all times.

SEVEN CORNERS, INC.

Insured: JOHN DOE
 ID #: 1CBN07-LASPAU-10667
 Coverage Period: 11/30/2009 Through 11/29/2010
 Original Effective Date: 11/30/2009
 Medical Maximum: \$250,000

Mail claims to:
 Seven Corners, Inc.
 303 Congressional Boulevard
 Carmel, IN 46032 USA





The person named on the front of this card (and dependents if noted) is eligible for certain Services and Benefits.

Seven Corners Assist must be contacted:

- To confirm coverage and benefits
- As soon as non-emergency hospitalization is recommended
- Within 48 hours of the first working day following an emergency admission
- When your physician recommends any surgery including outpatient
- For emergency evacuation, repatriation, and assistance services

If in the United States, call 1-800-683-1427
 If outside the United States, call 317-818-2806 (collect)

To obtain a list of U.S. providers, contact Seven Corners Assist or visit www.sevencorners.com/ppo





Compass Products

SEVEN CORNERS, INC.

Insured: John Doe (Family)
 ID#: 3VNV07-10287
 Coverage Period: 12/15/2009 through 12/14/2010
 Original Effective Date: 12/15/2009
 Medical Maximum: \$100,000.00
 Deductible: \$250.00 (Co-insurance may apply)

Mail claims to:
 Seven Corners, Inc.
 303 Congressional Boulevard
 Carmel, IN 46032 USA



The person named on the front of this card (and dependents if noted) is eligible for certain Services and Benefits.

To confirm coverage and benefits, contact Seven Corners Claims at:
 If in the United States, call 1-866-761-8187
 If outside the United States, call 317-818-2865 (collect)

Nationwide Travel Assist must be contacted:

- As soon as non-emergency hospitalization is recommended
- Within 48 hours of the first working day following an emergency admission
- When your physician recommends any surgery including outpatient
- For emergency evacuation, repatriation, and assistance services

If in the United States, call 1-866-761-8187
 If outside the United States, call 317-818-2865 (collect)

To obtain a list of U.S. providers, contact Nationwide Travel Assist or visit www.sevencorners.com/ppo




Nationwide Products

Please detach and keep with you at all times.

SEVEN CORNERS, INC.

Insured: JOHN DOE
 ID #: 6VRT09-11373
 Effective Date: 09/17/2009
 Trip Date: 06/01/2010 Through 08/15/2010
 Group #: NWD09-090301-01RT

Mail claims to:
 Seven Corners, Inc.
 303 Congressional Boulevard
 Carmel, IN 46032 USA



The person named on the front of this card is eligible for certain Services and Benefits as outlined in the material provided.

For claims, call Seven Corners at:
 If in the United States, call 1-800-335-0477
 If outside the United States, call 317-575-2656 (collect)

For emergency evacuation, emergency medical assistance or travel assistance services ONLY, call Seven Corners Assist at:
 If in the United States, call 1-800-690-6295
 If outside the United States, call 317-818-2808 (collect)

RoundTrip Products

Please detach and keep with you at all times.

SEVEN CORNERS, INC.

Insured: JOHN DOE
 ID #: 9VLL09-004487
 Coverage Period: 12/01/2009 Through 11/30/2010
 Group #: LON09-090401-01TM
 Policy Maximum: Plan A - \$50,000 Maximum
 Deductible: \$100 Per Injury / Sickness Per Person
 Pre-existing Benefit: Declined

Mail claims to:
 Seven Corners, Inc.
 303 Congressional Boulevard
 Carmel, IN 46032 USA



The person named on the front of this card (and dependents if noted) is eligible for certain Services and Benefits.

To confirm coverage and benefits, contact Seven Corners Claims at:
 If in the United States, call 1-800-335-0477
 If outside the United States, call 317-575-2656 (collect)

Seven Corners Assist must be contacted:

- As soon as non-emergency hospitalization is recommended
- Within 48 hours of the first working day following an emergency admission
- When your physician recommends any surgery including outpatient
- For emergency evacuation, repatriation, and assistance services

If in the United States, call 1-800-690-6295
 If outside the United States, call 317-818-2808 (collect)

To obtain a list of U.S. providers, contact Seven Corners Assist or visit www.sevencorners.com/ppo

Inbound Products

Sample ID Cards



SEVEN CORNERS
international provider network

Below is a sample of the ID cards that you may see from our members. If you have additional questions regarding an ID card, please contact us by calling 800-690-6295 or 317-818-2808 or e-mail us at international.network@sevencorners.com.

Front

SEVEN CORNERS

Card #: 5RES07-15739
 Group Name: RESIDE Worldwide Medical Plan
 Name: JOHN DOE
 Effective Date: 12/15/2009 through 12/14/2010
 Renewal Date: 12/15/2010
 Policy Period Deductible: \$250.00

Benefits Subject to Pre-Notification

Mail claims to:
 Seven Corners, Inc.
 303 Congressional Boulevard
 Carmel, IN 46032 USA



Back

First Health

Hospital admissions worldwide or medical or surgical claims which will exceed \$1000 in the United States the insured must contact the Assistance Provider for prenotification. Failure to prenotify will result in reduction of eligible benefits. Inside the U.S., (800) 690-6295. Outside the U.S., collect (317) 818-2808. 24-hour services in English and Spanish. To obtain a list of U.S. providers, contact Seven Corners Assist or visit www.sevencorners.com/ppo

Para la admisión en cualquier hospital o por cirugía ambulatoria en los Estados Unidos que exceda de \$1000, el asegurado debe contactar a la Compañía de Asistencia para la debida pre notificación. Incumplimiento en la notificación resultará en la reducción de los beneficios elegibles. Compañía de Asistencia: (800) 690-6295. Fuera de los Estados Unidos por cobrar (317)818-2808. Servicio 24 horas en Inglés y Español. Para obtener un listado de proveedores médicos en los Estados Unidos contacte a nuestra Compañía de Asistencia o visite nuestro web site www.sevencorners.com/ppo



Reside Products

**United States Department of State
 Accident and Sickness Program for
 Exchange Participants**

Insured: MARY E SAMPLE
 ID#: 302017476
 Coverage Period: 09/09/2002 - 10/21/2002
 Home Country: UNITED STATES OF AMERICA
 Program/Project: 1930












IMPORTANT INFORMATION ABOUT YOUR BENEFITS

The person named on the front of this card is eligible for certain Services and Benefits.

Seven Corners must be contacted:

- To confirm coverage and benefits
- As soon as non-emergency hospitalization is recommended
- Within 48 hours of the first working day following an emergency admission
- When your physician recommends any surgery including outpatient
- For emergency evacuation, repatriation and assistance services

If in the United States, call 1-800-481-0430
 If outside the United States, call 317-818-2887 (collect)

To obtain a list of U.S. network providers call Seven Corners Assist or visit www.sevencorners.com
 SEND ALL CLAIMS TO: Seven Corners - All Claims - CO-PAY: \$15 co-pay for office visit
 P.O. Box 3724
 Carmel, IN 46032-3724

CUSTOMER SERVICE: Toll free: 1-800-481-0430 Fax: 317-818-2887 Collect: 317-818-2887
www.sevencorners.com

To obtain a medication Present the card and your prescription at a CVS Caremark Network Pharmacy

After Pharmacist - enter the Policy Number and Group Number and transmit the claim through your point-of-service system. Bin: 819448 PCN: PCG Group Number: 182904
 Pharmacy benefits questions call CVS Caremark toll free at 800-777-1023
 Monday - Friday 8:00 am - 9:00 pm, Saturday 9:00 am - 8:00 pm, and Sunday 10:00 am - 8:00 pm EST

Seven Corners provides administrative claims payment services only and does not assume financial risk or obligation with respect to claims.

USDoS ASPE

**MAYFAIR FULHEALTH INSURANCE CARD
 REGION 3**


Effective mm/yy Expiration mm/yy

CLIENT'S LOGO

Name: JOE SAMPLE
 Emp no.: 11111111
 MAYFAIR ID no.: 02000987
 Medical Deductible: \$
 Dental Deductible: \$
 Policy Type:


24 Hour Member and Providers Services:
 1-800 MAYFAIR
 01-317-818-2800
mayfair.region3@sevencorners.com

NOTICE: Pre-authorization is required for all inpatient admissions and most outpatient services.
 If a member is admitted to a hospital for an emergency, they or a family member/friend or colleague must call Member Services within 48 hrs.

The validity of the policy is subject to the current coverage dates listed in the Mayfair welcome letter.
 Visit: www.mayfairworldwide.com go to the Rosters page and login to check your dates of coverage.
 For changes in status (ie. From Single to Couple or Family) or coverage dates, members must email: medicalsurance@mayfairworldwide.com
 To obtain a list of providers visit: www.mayfairinfo.com

SEVEN CORNERS
 303 Congressional Blvd
 Carmel, IN 46032
 Email ID: mayfair.region3@sevencorners.com



Mayfair

Peace Corps Health Benefits Program

***FOR PAYMENT, MEMBER MUST PRESENT AUTHORIZATION FORM PC-127C OR PC-209B WITH THIS CARD.**

MEMBER: **John Doe**

123-45-6789 1/01/10

SOCIAL SECURITY NUMBER DATE ISSUED

ADMINISTERED BY: Seven Corners, Inc., www.peacecorps.sevencorners.com

IMPORTANT INFORMATION ABOUT YOUR BENEFITS

This health care plan requires authorization from Peace Corps for medical, mental health and dental services. A signed PC-127C or PC-209B form indicates authorization. Member must present this ID card and signed authorization form at time of service.

TO FIND A NETWORK PROVIDER IN YOUR AREA CALL:
 1.800.726.0766
 or on the web at:
www.peacecorps.sevencorners.com

CUSTOMER SERVICE:
 1.800.544.1802
www.peacecorps.sevencorners.com

CLAIMS MAILING ADDRESS:
 All claims must be submitted with a Peace Corps PC-127C or PC-209B authorization form to:
 Peace Corps - Attrn: claims
 P.O. Box 3370
 Carmel, IN 46082-3370
 Oct. 1, 2009

PeaceCorps