

United Methodist Volunteers in Mission Sports

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: ATR17-170101-26TM

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

Finding a Provider

Available by phone and email from our **Assist Department 24/7:**

Inside the United States: 1-800-690-6295 (Toll-Free);

Outside the United States: 1-317-818-2808 (Collect)

Fax: 1-317-815-5984

E-Mail: assist@sevencorners.com

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

<https://www.sevencorners.com/help/find-a-doctor>

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.

Simply enter your individual certificate number and birth date at <http://www.wellabroad.com> to get started.

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.

Eligibility	United Methodist Volunteers in Mission Sports members while traveling outside of their Home Country on a sanctioned United Methodist Volunteers in Mission Sports trip.
Medical Maximums	\$10,000; \$25,000; \$50,000: Medical Maximum is per person per Period of Coverage. (age 80+, maximum limited to \$10,000)
Deductible	\$50; Deductible is per person per Occurrence.
Coinsurance	Traveling Outside the United States: After You pay the Deductible, the plan pays 100% to the selected Medical Maximum. Traveling Inside the United States: After You pay the Deductible, the plan pays 80% of the next \$5,000 of eligible expenses, then 100% to the selected Medical Maximum.
Hospital Indemnity	\$150 per night, up to a maximum of 30 days (Applicable to individuals traveling outside the United States only)
Dental (Accident Coverage)	To a maximum of \$500 (Only available to programs purchased for 1 month or more.)
Dental (Sudden Relief of Pain)	To a maximum of \$250 (Only available to programs purchased for 1 month or more.)
Emergency Medical Evacuation/Repatriation	\$100,000 (in addition to the Medical Maximum)
Return of Mortal Remains	\$20,000
Local Cremation or Burial/Return of Urn	\$5,000
Return of Minor Child(ren)	\$50,000
Emergency Medical Reunion	\$10,000
Local Ambulance Benefit	\$5,000
Accidental Death & Dismemberment (AD&D)	\$50,000 principal sum for Insured
Loss of Checked Baggage	\$250
Interruption of Trip	\$5,000
Home Country Coverage	<i>Incidental Trips to The Home Country: Up to selected policy maximum</i> <i>Extension of Benefits: Up to \$5,000</i>
Unexpected Recurrence of a Pre-existing Condition	Up to \$2,500. This benefit is payable to U.S. citizens when traveling outside the United States and Canada.
Hospital Room & Board	Usual, Reasonable and Customary to the selected Medical Maximum
Intensive Care	Usual, Reasonable and Customary to the selected Medical Maximum
Outpatient Medical Expenses	Usual, Reasonable and Customary to the selected Medical Maximum
Hazardous Sports Coverage	Included
Assistance Services	Included
Benefit Period	180 days

Except as specifically indicated otherwise, all benefits are subject to Deductible and Coinsurance and are per Period of Coverage.



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Claims Submission

Documents required for submitting a claim include the following:

1. Completed Proof of Loss (Claim form) - can be found at: <https://www.sevencorners.com/claims>
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.

Currency conversions for claims are paid based on the exchange rate for the U.S. dollar on your date of service.

