



Cultural Vistas Enhanced Plan  
2024-2025  
FSG21-210426-01TM



**ENVISAGE**  
GLOBAL INSURANCE

# Using Your Insurance

If you need to seek medical treatment, please be sure to seek care appropriately for the condition/situation that you are experiencing, as this will make the billing and payment process much smoother.

Here are some guidelines for choosing appropriate medical care.

## 24/7 Call-A-Doc

Your plan includes access to a virtual telemedicine service. If you have a minor or non-urgent medical need, you can use 24/7 Call-A-Doc to see a doctor or get a prescription from anywhere, at any time using your phone or computer. The first 2 visits are free of cost and additional visits are \$35. Please [visit our website](#) for more details.

## Non-Emergency Care

For immediate care in non-emergency situations, you **SHOULD** go to a Walk-in Clinic, Urgent Care center or local doctor. Urgent Care and Walk-in Clinics are often the best places to seek medical care as you can walk right in and they require no appointment.

You **SHOULD NOT** go to the Emergency Room (ER) for this type of care unless it is a real emergency situation!

## Emergency Care

The Emergency Room (ER) is designed for medical emergencies. If you need emergency care for any reason, please get to the nearest Emergency Room (ER) or call the emergency services (911 in the USA) for immediate treatment.

**PLEASE NOTE** – an additional **\$100 Deductible** will apply for each Emergency Room visit for an illness which does not result in a direct Hospital admission. Injuries are not subject to the deductible.

## ID Card

It is extremely important that you carry your insurance ID card with you at all times and make sure to show it when you seek treatment. Your ID card will be emailed to you before you travel and should be kept with you at all times.

## Doctor/Hospital Search

You have the freedom of choice to visit any provider you wish, however you are strongly encouraged to visit medical providers who are part of the insurance plan network, especially in the USA. This will allow direct billing and can remove the need for you to pay up front for medical expenses.

- Inside the USA, you can [search for a network provider online](#).
- Outside the USA, you can seek treatment from any provider of your choices, pay up front and then file a claim for reimbursement.

## Need Help?

You can either visit your Student Zone or call the 24-Hour assistance line:

### Student Zone

The Student Zone is your one-stop resource for information, advice and

### Student Zone

assistance with your insurance plan.

### 24-Hour Assistance

Seven Corners is available 24-hours a day to assist you with your insurance needs, including pre-certification, claims, emergency evacuation and much more.

You can contact Seven Corners at:

Toll-free: (800) 690-6295  
Direct Dial: + 1 (317) 818 2808  
[assist@sevencorners.com](mailto:assist@sevencorners.com)



# Benefit Summary

Plan Benefits	Coverage
Lifetime Plan Maximum	\$3,000,000
Medical Maximum • 14 days to 79 years	\$250,000 per Insured Person, per Occurrence
Deductible	\$25 per Insured Person, per Occurrence
Coinsurance	After the deductible, the plan pays 100%, up to the Medical Maximum
Benefit Period	180 days
<b>Medical</b>	
Hospital Room & Board	Usual, Reasonable, and Customary to the Medical Maximum
Inpatient Hospital Services	Usual, Reasonable, and Customary to the Medical Maximum
Outpatient Hospital / Clinical Services	Usual, Reasonable, and Customary to the Medical Maximum
Emergency Room Services	Usual, Reasonable, and Customary to the Medical Maximum \$100 ER Copay, Waived if Admitted
Physician's Office Visits	Usual, Reasonable, and Customary to the Medical Maximum
Urgent Care Visits	Usual, Reasonable, and Customary to the Medical Maximum
Telehealth Consultations or Care	<b>With 24/7 Call-A-Doc:</b> First 2 Visits Are Free   Additional Visits are \$35 Usual, Reasonable, and Customary to the Medical Maximum
Physiotherapy / Chiropractic Care	\$100 per visit, 20 visits maximum
Prescription Drugs	Usual, Reasonable, and Customary to the Medical Maximum
Home Health Care	Usual, Reasonable, and Customary to the Medical Maximum
Extended Care Facility	Usual, Reasonable, and Customary to the Medical Maximum
Local Ambulance	Ground Ambulance Maximum: \$1,000 Air Ambulance Maximum: \$10,000
Incidental Trips to Home Country	\$1,000
Pre-existing Conditions <i>During the first 12 months</i>	\$5,000 limit
Mental Illness including Alcohol and Substance Abuse	<b>Mental Illness</b> Inpatient: \$10,000, 45-day limit Outpatient: 75% for the first 40 visits, 60% thereafter  <b>Alcohol and Substance Abuse</b> Inpatient: Up to 28 days Outpatient: Up to 30 visits
Wellness	<b>Female Preventive Examinations</b> Annual Mammogram Annual Cervical Cytologic Screening (Pap smear)
<b>Dental</b>	
Dental - Sudden Relief of Pain	\$200 per Occurrence
Dental - Accident	\$2,000 per Occurrence
<b>Emergency Services and Assistance</b>	
Emergency Medical Evacuation and Repatriation	\$50,000 (separate from Medical Maximum)
Emergency Medical Reunion <i>Transport to join hospitalized member</i>	\$200 per day, 10-day limit \$2,500 maximum
Return of Mortal Remains	\$25,000



Local Burial or Cremation	\$5,000
Natural Disaster Evacuation	\$10,000
Political Evacuation and Repatriation	\$10,000 per Occurrence
Other Coverage and Services	
24/7 Travel Assistance Services	Included
Accidental Death & Dismemberment (AD&D)	\$50,000 Principal Sum
Trip Interruption	\$2,500

# Claims

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## Inside the USA

If you sought treatment from an in-network provider, and provided your insurance ID card at the time of treatment, they should be able to bill the Seven Corners claims team directly with no payment up front.

**PLEASE NOTE** - After seeking treatment, even if you are not required to pay up front, please complete a claim form and email these documents to the claims email for processing.

## Outside the USA

When outside the USA, please seek treatment from a provider that is nearest to you, pay for the services upfront and then submit a claim for reimbursement.

## Prescription Medications

You will need to pay for any prescription medication up front and then submit the Rx information and receipt from the pharmacy with your claim to be reimbursed.

## Claim Forms

You can download a copy of the claim form from the [Student Zone](#) and submit it with your receipts to:  
Email - [claims@sevendcorners.com](mailto:claims@sevendcorners.com) (recommended)

Fax: (+1) 317 575 2659

Seven Corners, Inc.  
303 Congressional Blvd.  
Carmel, IN 46032

## Claims Update

Your claims tracking portal, MyAccount, is available in your [Student Zone](#) and allows you to view your claims activity and contact the claims team directly with any questions.

You can also email the claims team at [claims@sevendcorners.com](mailto:claims@sevendcorners.com) for an update on any claims that have been submitted.

# Eligibility

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You are eligible for coverage on this Plan if you meet the following criteria:

- A. you are an Insured Person;
  - A. You are at least fourteen (14) days old on Your Effective Date;
  - B. You have applied for coverage and are named on the Plan; and
  - C. The Company has accepted premium for You;
- B. You are traveling outside Your Home Country;
  - A. For all Insured Persons, Your Home Country is where You have Your Primary Residence;
  - B. and For United States citizens, including those with dual citizenship, Your Home Country also the United States, regardless of where You have Your Primary Residence;

- C. You are not a green card holder traveling within the United States or its territories; and
- D. You are a member of the Participating Organization.

It is Your responsibility to maintain all records regarding travel history and age and to provide any documents to the Administrator necessary to verify eligibility requirements.

# Exclusions

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Except as expressly provided for in the BENEFIT SUMMARY, all Charges, costs, expenses and/or claims incurred by the Insured Person, and any claim for death or dismemberment benefits, and directly or indirectly relating to or arising or resulting from or in connection with any of the following acts, omissions, events, conditions, Charges, consequences, claims, Treatment (including diagnoses, consultations, tests, examinations and evaluations related thereto), services and/or supplies are expressly excluded from coverage under this insurance, and the Company shall provide no benefits or reimbursements and shall have no liability or obligation for any coverage thereof or therefor:

- E. Acupuncture Exclusion: You are not covered for acupuncture.
- F. Aircraft Pilot or Crew Exclusion: You are not covered for Injury sustained while You are riding as a pilot, student pilot, operator, or crew member, in or on, boarding or alighting, from any type of aircraft.
- G. Airworthy Exclusion: You are not covered for Injury sustained while You are riding as a passenger in any aircraft which:
  - I. Does not have a current and valid Airworthy Certificate; or
  - II. Not piloted by a person who holds a valid and current certificate of competency for piloting such aircraft.
- H. Athletics Exclusion: You are not covered for Athletics.
- I. Competition Exclusion: You are not covered for Injury while participating in contests of speed or riding or driving in any type of competition.
- J. Congenital Exclusion: You are not covered for Congenital abnormalities and conditions arising out of or resulting therefrom.
- K. Contributory Negligence Exclusion: You are not covered for Injury if the proximate cause of the Injury is due to Your failure to take reasonable care with Your own safety, including but not limited to following applicable laws, safety regulations, and/or signed waivers.
- L. Cosmetic Exclusion: You are not covered for cosmetic or plastic Surgery including deviated nasal septum or breast reduction, or modifications of Your physical body intended to improve Your psychological, mental, or emotional well-being including, but not limited to, gender reassignment Surgery and related Treatment.
- M. Dental, Vision, and Hearing Exclusion: You are not covered for False teeth, dentures, dental appliances, dental Expenses, normal ear or hearing tests, hearing aids, hearing implants, eye refractions, eye examinations for prescribing corrective lenses or eyeglasses unless caused by Accidental Injury, eyeglasses, contact lenses, or eye surgery when the primary purpose is to correct nearsightedness, farsightedness, or astigmatism. This exclusion is waived for Sections 4.1 through 4.2.
- N. Durable Medical Equipment Exclusion: You are not covered for Durable Medical Equipment.
- O. Exercise Exclusion: You are not covered for exercise programs whether prescribed or recommended by a Physician or therapist.
- P. Extreme Activities Exclusion: You are not covered for Extreme Activities.
- Q. Financial Risk Exclusion: You are not covered for financial guarantee, financial default, bankruptcy, or insolvency risks.
- R. Home Country Exclusion: You are not covered while in Your Home Country. This exclusion is waived for Sections 3.4.
- S. Illegal Activity Exclusion: You are not covered for Injury or Illness resulting from the commission of a criminal offense or any other criminal or illegal activity as defined by the local governing body.
- T. Long-Term Disability Exclusion: You are not covered for long-term disability.
- U. Loss of Life Exclusion: You are not covered for loss of life. This exclusion is waived for Section 6.2.
- V. Medical Supervision Exclusion: You are not covered for Treatment, services, or supplies that are not administered by or under the supervision of a Physician or Surgeon and products that can be purchased without a Physician's or Surgeon's prescription.
- W. Medical Tourism Exclusion: You are not covered for conditions for which travel was undertaken to seek Treatment.
- X. Mental Illness Exclusion: You are not covered for Mental Illness and Rest Cures. This exclusion is waived for Section 3.6.
- Y. Military Exclusion: You are not covered while on active duty in the military, naval, coast guard, or air service of any country or while on duty as a member of a police force or unit.
- Z. No Cost Exclusion: You are not covered for Treatment paid for or furnished under any other individual, government, or group policy or Expenses incurred at no cost to You.
- AA. Occupational Disease Exclusion: You are not covered for Occupational Diseases.

- BB. Pandemic Exclusion: You are not covered for any Illness incurred in the Host Country or Home Country as a result of an Epidemic, Pandemic, public health emergency, or other disease outbreak that may affect Your health, except for charges resulting from COVID-19/SARS-CoV-2.
- CC. Pre-Existing Conditions Exclusion: You are not covered for Pre-Existing Condition(s). This exclusion is waived for Sections 3.5 and 5.1 through 5.4.
- DD. Prosthesis Exclusion: You are not covered for replacement of artificial limbs, eyes, larynx, and orthotic appliances.
- EE. Proximity Exclusion: You are not covered for services, supplies, medications, testing, or Treatment prescribed, performed, or provided by a Relative, Family Member, or a person whom You directly supervise at Your place of employment.
- FF. Quarantine Exclusion: You are not covered for Expenses associated with Quarantine, isolation, or other confinement outside of a Hospital setting; including without limitation: lodging, meals, or other incidentals.
- GG. Radiation Exclusion: You are not covered for exposure to non-medical nuclear radiation or radioactive materials.
- HH. Reckless Endangerment Exclusion: You are not covered for Injury if You unreasonably fail or refuse to depart a country or location following the date a warning to leave is issued and such failure causes or contributes to Your Injury. Applicable warnings include those issued by the United States government, the appropriate authorities of either Your Host Country or Your Home Country, or by a global governing body.
- II. Reproductive Exclusion: You are not covered for Pregnancy, childbirth, abortion, or Illness or complications resulting from these conditions, miscarriage including that resulting from an Accident, postpartum care, preventing conception or childbirth, artificial insemination, infertility, impotency, sexual dysfunction, circumcision, or sterilization or reversal thereof.
- JJ. Restricted Travel Exclusion: You are not covered for travel after Your Physician has limited or restricted travel.
- KK. Routine Exclusion: You are not covered for routine and preventative care, vaccinations, sports or school-required physicals, or other examinations or tests conducted when there are no objective indications or impairments in normal health. This exclusion is waived for Section 3.7.
- LL. Self-Harm Exclusion: You are not covered for suicide, attempted suicide, self-destruction, or any attempt thereof, or any intentionally self-inflicted Injury or Illness.
- MM. Sexually Transmitted Infection (STI) Exclusion: You are not covered for sexually transmitted infections, sexually transmitted diseases, venereal diseases, and conditions and any consequences thereof.
- NN. Skin Exclusion: You are not covered for acne, Alopecia, hypertrophic scars, moles/nevus, Psoriasis, seborrhea or dandruff, skin atrophy, skin tags, or any cosmetic procedures that are not Medically Necessary.
- OO. Sleep Disorder Exclusion: You are not covered for sleep apnea or other sleep disorders.
- PP. Specialty Aircraft Exclusion: You are not covered for Injury while flying in any aircraft being used for acrobatic or stunt flying, racing, endurance tests, rocket-propelled aircraft, crop dusting or seeding or spraying, firefighting, exploration, pipe or power line inspection, any form of hunting or herding, professional aerial photography, banner towing, or any experimental purpose.
- QQ. Specialty Care Exclusion: You are not covered for Custodial Care, Educational or Rehabilitative Care, or any Treatment in any establishment for the care of the aged.
- RR. Substance Exclusion: You are not covered for abuse, misuse, illegal use, overuse, dependency upon, or being under the influence of alcohol, drugs, chemicals, or narcotic agents unless administered under the advice of a Physician and taken in accordance with the proper dosing as directed by the Physician.
- SS. Temporomandibular Joint (TMJ) Exclusion: You are not covered for Treatment of the Temporomandibular joint.
- TT. Terrorist Activity and War Exclusion: You are not covered for Terrorist Activity or War, Hostilities, and War-like Operations.
- UU. Therapy Exclusion: You are not covered for vocational, occupational, sleep, speech, recreational, or music therapy.
- VV. Timely Filing Exclusion: You are not covered for claims which are not received by the Company or Us within ninety (90) days of the date of service.
- WW. Transplant Exclusion: You are not covered for human organ transplants, marrow procedures, or tissue transplants.
- XX. Travel Accommodations Exclusion: You are not covered for travel accommodations. This exclusion is waived for Sections 5.5.
- YY. Usual, Reasonable, and Customary Exclusion: You are not covered for Treatment which:
- I. Exceeds Usual, Reasonable, and Customary Expenses;
  - II. Is Investigational, Experimental, or for research purposes; or
  - III. Is received in a Hospital emergency room visit that is not a Medical Emergency.
- ZZ. Weight Reduction Exclusion: You are not covered for weight reduction programs or the surgical Treatment of obesity including, but not limited to, wiring of the teeth and all forms of intestinal bypass Surgery.

**PLEASE NOTE:** This document is being provided for informational purposes only and does not supersede in any way the terms in the governing documents for your insurance plan. Please visit the [Student Zone](#) for a copy of your insurance certificate which includes the full plan wording and exclusions.