



SEVEN CORNERS
TRAVEL INSURANCE

Life

Happens.



Embrace Life Abroad with Expat & Nomad Health Insurance.

Seven Corners Expat & Nomad Health Insurance covers U.S. residents living and working internationally for a year or more.

This summary of benefits provides additional details about the coverage included in this plan. Please contact us for more information, to get a quote, or to purchase coverage.



Toll free: 1-800-335-0611



Worldwide: 1-317-575-2652



Email: sales@sevencorners.com

After purchase, Freedom Health will collect premium, answer any benefit questions you might have, and handle claims.

About Seven Corners

For more than 30 years, Seven Corners Travel Insurance has offered customizable trip protection and travel medical insurance for domestic and international travelers. We know the unexpected can occur any time, anywhere. That's why we provide you with the best coverage and support so you'll be prepared when life happens.

About Freedom Health

Founded in 2003, Freedom Health Insurance is an award-winning private medical insurance (PMI) provider that offers exceptional customer service and simple yet flexible products at competitive premiums for people living worldwide.

Summary of Benefits

Important: All benefit limits apply to each insured person in each period of insurance unless otherwise stated.

	<i>Diamond</i>	<i>Platinum</i>	<i>Gold</i>	<i>Silver</i>	<i>Bronze</i>
EXPAT AND NOMAD HEALTH INSURANCE					
Maximum limit, per policy year	2,000,000	1,000,000	750,000	500,000	500,000
Currency	€/£/\$	€/£/\$	€/£/\$	€/£/\$	€/£/\$

	<i>Diamond</i>	<i>Platinum</i>	<i>Gold</i>	<i>Silver</i>	<i>Bronze</i>
A. INPATIENT & DAY-PATIENT BENEFIT					
Hospital accommodation – costs of a standard single en-suite room.	Covered in full				
Nursing fees, medical expenses and ancillary charges.	Covered in full				
Prescription drugs and dressings.	Covered in full				
Operating theatre charges, surgical drugs and dressings.	Covered in full				
Surgeon's, anaesthetist's and consultant's fees.	Covered in full				
Surgical appliances which form a permanent and integral part of the body, apart from neurostimulators and pacemakers as outlined in the exclusions.	Covered in full				
Organ transplant – surgical procedure in performing the following organ and/or tissue transplants: heart, heart/valve, heart/lung, liver, pancreas, pancreas/kidney, kidney, bone marrow, parathyroid, muscular/skeletal and cornea transplants.	Covered up to 300,000	Covered up to 200,000	Covered up to 200,000	Covered up to 100,000	Not covered
Oral surgical procedures as specified in our definition.	Covered in full				
Emergency dental treatment required to restore your oral health following a serious eligible accident that requires you being admitted to hospital. Please refer to the definition of emergency inpatient dental treatment.	Covered in full				
Diagnostic tests, including pathology and radiology.	Covered in full				
MRI/CT/PET scans.	Covered in full				
Physician and therapist fees including physiotherapy during an inpatient stay.	Covered in full				
Psychiatric treatment. 12 month waiting period applies	Fully covered up to a maximum of 28 days	Covered up to 10,000 for a maximum of 28 days	Covered up to 5,000 for a maximum of 28 days	Covered up to 5,000 for a maximum of 28 days	Not covered
Accommodation for one parent staying with an insured child under 16.	Covered in full				
Inpatient cash benefit where treatment has been received and no charges have been made.	100 per night, up to a maximum of 50 nights				

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B. ADDITIONAL BENEFITS					
Complications during childbirth – cover for the following conditions that arise during childbirth and that require a recognised obstetric procedure: Postpartum haemorrhage and retained placental membrane. Complications of childbirth are only payable where the cover also includes a routine maternity benefit. In this case, complications of childbirth shall also refer to medically necessary caesarean sections. 12 month waiting period applies	Covered up to 10,000	Covered up to 5,000	Covered up to 2,500	Covered up to 2,500	Not covered
Complications in pregnancy resulting from, abnormal presentation; ectopic pregnancy, miscarriage; missed abortion; pre-eclampsia, gestational diabetes or hydatidiform mole that arise during the antenatal stages of pregnancy. 12 month waiting period applies	Covered up to 10,000	Covered up to 5,000	Covered up to 2,500	Covered up to 2,500	Not covered
Hormone replacement therapy.	Covered up to 250	Covered up to 250	Covered up to 250	Covered up to 250	Not covered
Home nursing benefit. Immediately following or instead of an inpatient stay.	Covered up to 3,500	Covered up to 2,000	Covered up to 1,500	Covered up to 1,500	Not covered
Local ambulance.	Covered in full				
	<i>Diamond</i>	<i>Platinum</i>	<i>Gold</i>	<i>Silver</i>	<i>Bronze</i>
C. OUTPATIENT BENEFIT					
Medical practitioner's, specialist's and consultant's fees, prescribed medicines, drugs and dressings.	Covered in full	Covered up to 5,000	Covered up to 2,500	Covered up to 1,500	Covered up to 1,000 when following an inpatient surgical procedure for up to 90 days.
Diagnostic tests, including pathology and radiology.	Covered in full	Covered up to 5,000	Covered up to 2,500	Covered up to 1,500	Covered up to 1,000 when following an inpatient surgical procedure for up to 90 days
Physiotherapy by a registered physiotherapist, when referred by a medical practitioner, specialist or consultant. Physiotherapy is initially restricted to six sessions per condition, after which the treatment must be reviewed by the referring medical practitioner. Should further sessions be required, a progress report must be submitted to us, which indicates the medical necessity for any further treatment.	Covered in full	Covered up to 5,000 Sublimited to 1,000	Covered up to 2,500 Sublimited to 500	Covered up to 1,500 Sublimited to 500	Covered up to 1,000 when following an inpatient surgical procedure for up to 90 days
Chiropractic, osteopathic, homeopathic, Chinese herbal medicine and acupuncture.	Covered in full	Covered up to 5,000 Sublimited to 1,000	Covered up to 2,500 Sublimited to 500	Covered up to 1,500 Sublimited to 500	Covered up to 1,000 when following an inpatient surgical procedure for up to 90 days
Psychiatric treatment. 12 month waiting period applies	Covered up to 2,000	Covered up to 5,000 Sublimited to 1,000	Covered up to 2,500 Sublimited to 500	Covered up to 1,500 Sublimited to 500	Not covered
Routine health checks, including vaccinations.	Covered up to 300	Covered up to 5,000 Sublimited to 200	Covered up to 2,500 Sublimited to 200	Covered up to 1,500 Sublimited to 100	Not covered
MRI/CT/PET scans.	Covered in full				
Outpatient surgery.	Covered in full				

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D. CANCER BENEFIT					
Oncology tests, drugs, consultant's fees including cover for chemotherapy and radiotherapy, when the treatment is aimed to cure the cancer.	Covered in full				
Treatment on an inpatient, day-patient or outpatient basis that maintains, monitors and provides relief of symptoms of cancer that is diagnosed as a chronic medical condition.	Covered up to a lifetime limit of 50,000	Covered up to a lifetime limit of 40,000	Covered up to a lifetime limit of 30,000	Covered up to a lifetime limit of 20,000	Not covered
Palliative treatment and end stage medical care of cancer that has been diagnosed as terminal.	Covered up to a lifetime limit of 50,000	Covered up to a lifetime limit of 40,000	Covered up to a lifetime limit of 30,000	Covered up to a lifetime limit of 20,000	Not covered

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E. CHRONIC MEDICAL CONDITIONS BENEFIT					
Treatment of an acute episode of a chronic medical condition where you have become medically unstable.	Covered within the limits specified in section A and C	Covered within the limits specified in section A and C	Covered within the limits specified in section A and C	Covered within the limits specified in section A and C	Covered within the limits specified in section A and C
Treatment that maintains, monitors and provides relief of symptoms, including palliative treatment of a chronic medical condition on an inpatient, day-patient or outpatient basis.	Covered up to a lifetime limit of 50,000	Covered up to a lifetime limit of 40,000	Covered up to a lifetime limit of 30,000	Covered up to a lifetime limit of 20,000	Not covered

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F. TERMINAL ILLNESS BENEFIT					
Palliative treatment and end stage medical care of a diagnosed terminal illness.	Covered up to a lifetime limit of 50,000	Covered up to a lifetime limit of 40,000	Covered up to a lifetime limit of 30,000	Covered up to a lifetime limit of 20,000	Not covered

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G. DENTAL OUTPATIENT BENEFIT					
Routine dental treatment - one annual check-up, including one annual scale and polish.	Covered up to 75% of 3,000	Covered up to 75% of 1,000	Covered up to 75% of 500	Not covered	Not covered
Diagnostic tests such as x-rays..	Covered up to 75% of 3,000	Covered up to 75% of 1,000	Covered up to 75% of 500	Not covered	Not covered
Clinically necessary dental treatment to restore your teeth and oral health, such as fillings, gum treatment, crowns, bridges, inlays and extractions.	Covered up to 75% of 3,000	Covered up to 75% of 1,000	Covered up to 75% of 500	Not covered	Not covered
Emergency outpatient dental treatment – treatment received for the immediate relief of dental pain, including temporary fillings, limited to 3 fillings per policy period, and/or the repair of damage caused in an accident. The treatment must be received within 24 hours of the emergency event. This does not include any form of dental prostheses or root canal treatment.	Covered up to 75% of 3,000	Covered up to 75% of 1,000	Covered up to 75% of 500	Not covered	Not covered
Dental surgery to include extraction of teeth and root canal surgery.	Covered up to 75% of 3,000	Covered up to 75% of 1,000	Covered up to 75% of 500	Not covered	Not covered
Orthodontic treatment for an insured person under 18 years of age only. 12 month waiting period applies.	Covered up to 75% of 3,000	Covered up to 75% of 1,000	Covered up to 75% of 500	Not covered	Not covered

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<p>Medical evacuation when an insured person is placed on a critical list or in our opinion, adequate treatment is not available locally or if adequately screened blood is unavailable in the event of an emergency. If a medical evacuation is eligible, we will evacuate the insured person to the nearest appropriate medical centre (which may or may not be located in the insured person's home country) or we will, where appropriate, endeavour to locate and transport screened blood and sterile transfusion equipment. The medical evacuation will be carried out in the most economical way having regard to the medical condition.</p>	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full when an inpatient or day-patient admission is needed
<p>Accommodation after a medical evacuation if you are unable to travel after discharge – If medical necessity prevents the insured member from undertaking the evacuation or transportation following discharge from an inpatient episode of care, we will cover the reasonable cost of hotel accommodation up to a maximum of 7 days, comprising of a private room with en-suite facilities. We do not cover costs for hotel suites, 4 or 5 star hotel accommodation. Hotel accommodation for an accompanying person is not covered.</p>	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full when an inpatient or day-patient admission is needed
<p>Economy class return airfare to country of residence – Following completion of treatment, we will cover the cost of the return trip, at economy rates, for the evacuated insured person to return to his/her principal country of residence. The return journey must be made within one month after the eligible treatment has been completed.</p>	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full when an inpatient or day-patient admission is needed
<p>Where an insured person has been evacuated to the nearest appropriate medical centre for ongoing treatment, we will agree to cover the reasonable cost of hotel accommodation comprising of a private room with en-suite facilities. The cost of such accommodation must be more economical than successive transportation costs to/from the nearest appropriate medical centre and the principal country of residence.</p>	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full when an inpatient or day-patient admission is needed
<p>Economy travelling expenses of a companion – We will cover the economy class travel, accommodation and economy class return airfare expenses for pre-authorized costs of a close business companion or the insured person's dependants having to accompany the insured person for an emergency medical evacuation, this benefit will only apply when the insured person is evacuated when placed on a critical list.</p>	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full when an inpatient or day-patient admission is needed
<p>Repatriation of mortal remains – the transportation costs of the deceased's mortal remains from the principal country of residence to the country of burial. Covered expenses include, but are not limited to, expenses for embalming, a container legally appropriate for transportation, shipping costs and the necessary government authorisations. Cremation costs will only be covered in the event that this is required for legal purposes. Costs incurred by any accompanying persons are not covered. All covered expenses in connection with the repatriation of mortal remains must be pre-authorized by us.</p>			Covered in full		

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I. COMPASSIONATE EMERGENCY VISIT BENEFIT					
Costs incurred by an insured person for an economy class return airfare from the principle country of residence to visit a close family member, up to the age of 70 years, in the event of a medical condition that results in that close family member being placed on a critical list, or his/her death. Limited to one return journey per insured person, per policy year.			Covered in full		

	<i>Diamond</i>	<i>Platinum</i>	<i>Gold</i>	<i>Silver</i>	<i>Bronze</i>
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J. MATERNITY BENEFIT

Only available to female members who are aged between 18 and 44. Cover only becomes available for treatment received 11 months after the policy inception.

Any medically necessary costs incurred during a routine, non-complicated pregnancy or childbirth, including hospital charges, specialist fees, the mother's pre- and post-natal care and midwife fees. We will only provide cover for one 2D ultrasound scan in each trimester.	Covered up to 7,500	Covered up to 5,000	Covered up to 2,500	Not covered	Not covered
Newborn care after a covered pregnancy – we will provide cover for reasonable routine accommodation charges of your newborn. We will also provide cover for necessary examinations before discharge to include: · a physical examination · Vitamin K · Hepatitis B vaccine · BCG vaccine · blood tests for PKU, congenital hypothyroidism and G6PD	Covered up to 7,500	Covered up to 5,000	Covered up to 2,500	Not covered	Not covered
Medically necessary c-sections.	Covered up to 10,000	Covered up to 5,000	Covered up to 2,500	Not covered	Not covered
Birth defects and congenital abnormalities.	Covered up to 20,000	Covered up to 15,000	Covered up to 10,000	Not covered	Not covered
Newborn accommodation when staying in hospital with the mother up to 10 nights.	Covered in full	Covered in full	Covered in full	Not covered	Not covered

	<i>Diamond</i>	<i>Platinum</i>	<i>Gold</i>	<i>Silver</i>	<i>Bronze</i>
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K. EMERGENCY MEDICAL COVER (OUTSIDE OF AREA)

Cover for emergency medical treatment outside your area of cover.	Covered up to 50,000	Covered up to 40,000 for a maximum of 60 days	Covered up to 30,000 for a maximum of 30 days	Not covered	Not covered
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	<i>Diamond</i>	<i>Platinum</i>	<i>Gold</i>	<i>Silver</i>	<i>Bronze</i>
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L. ACCIDENTAL DEATH BENEFIT

Death of an insured person as a result of an accident.	100,000	100,000	100,000	Not covered	Not covered
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This summary of benefits is intended as a brief summary of benefits. It is not your policy document and does not contain a complete list of the coverage, limitations, and exclusions of this coverage. If there is any difference between this summary and your policy document, the provisions of the policy document will prevail.