

Premier International Health Plan INTERNATIONAL HEALTH PLAN



Studying in another country can be exciting and rewarding. However, during your studies you may need to seek medical care. This plan will ensure that you have the protection you need. 24-hour assistance services are provided.



Enroll Online Now at www.hbcstudent.com

Eligibility

International Students, under the age of 66, who are temporarily residing outside their Home Country. The Insured must remain engaged in educational activities outside their Home Country during the Period of Coverage Education or research activities shall mean the Insured: 1) is enrolled and participating in an educational, vocational, cultural exchange, or training programs; and 2) has a valid J-1, H-3, F, M, or Q Visa.

Period of Coverage

For each Insured Person benefits will begin on the latest of the following:

1. The Plan Effective Date; or
2. The moment you depart your Home Country; or
3. 12:01 am Standard Time on the date indicated on the Application; or
4. 12:01 am Standard Time on the date of receipt of premium by Seven Corners; or
5. The date requested on the Application.

For each Insured Person benefits will terminate on the earlier of the following:

1. Your return to your Home Country; or
2. 12:01 am Standard Time on the date shown on the ID Card, for which plan premium has been paid; or
3. 12:01 am Standard Time on the date you are no longer an eligible Participant under this Plan; or
4. The date the Plan is cancelled.

Home Country shall mean the country where an Insured Person has his or her true, fixed and permanent home and principal establishment.

Medical Expense Benefits

This Plan shall pay Reasonable and Customary charges for Covered Expenses, excess of the Deductible and Coinsurance up to the Medical Maximum, incurred by you due to a covered Injury or Illness which occurred during your Period of Coverage outside your Home Country (except as provided under the Home Country Coverage). All bodily disorders existing simultaneously which are due to the same or related causes shall be considered one Disablement. If a Disablement is due to causes which are the same or related to the cause of a prior Disablement, the Disablement shall be considered a continuation of the prior Disablement and not a separate Disablement. The initial Treatment of an Injury or Illness must occur within thirty (30) days of the date of Injury or onset of Illness.

Only such expenses, incurred as the result of and within twenty-six (26) weeks from a Disablement, which are specifically enumerated in the following list of charges, and which are not excluded in the Exclusions, shall be considered as Covered Expenses:

1. Charges made by a Hospital for room and board, floor nursing and other services inclusive of charges for professional service and (with the exception of personal services of a non-medical nature); charges made for an operating room.
2. Charges made for Intensive Care or Coronary Care charges and nursing services.
3. Charges made for diagnosis, treatment and Surgery by a Physician; charges made for the cost and administration of anesthetics.
4. Charges made for Outpatient treatment, same as any other treatment covered on an Inpatient basis. This includes ambulatory Surgical centers, Physicians' Outpatient visits/examinations, clinic care, and Surgical opinion consultations.
5. Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood transfusions, iron lungs, a medical treatment; dressings, drugs, and medicines that can only be obtained upon a written prescription of a Physician or Surgeon.

Medical Expense Benefits (cont.)

6. Charges for physiotherapy, if recommended by a Physician for the treatment of a specific Disablement and administered by a licensed physiotherapist.
7. Ground ambulance (within the metropolitan area) to and from the nearest Hospital with facilities for required treatment. If the Insured Person is in a rural area, then licensed ground ambulance transportation to the nearest metropolitan area shall be considered a Covered Expense.
8. Hotel room charge, when the Insured Person, otherwise necessarily confined in a Hospital, shall be under the care of a duly qualified Physician in a hotel room owing to unavailability of a Hospital room by reason of capacity or distance or to any other circumstances beyond control of the Insured Person.
9. Charges made for artificial limbs, eyes, larynx, and orthotic appliances, but not for replacement of such items.

The charges enumerated herein shall in no event include any amount of such charges which are in excess of Reasonable and Customary charges. If the charge incurred is in excess of such average charge, such excess amount shall not be recognized as a Covered Expense. All charges shall be deemed to be incurred on the date such services or supplies which give rise to the expense or charge are rendered or obtained.

Emergency Medical Evacuation/ Repatriation

The Company shall pay benefits for Covered Expenses incurred up to the maximum listed in the schedule of benefits if any covered Injury or Illness commencing during the Period of Coverage results in the Medically Necessary Emergency Medical Evacuation or Repatriation of the Insured Person. The Emergency Medical Evacuation or Repatriation must be ordered by the Assistance Company in consultation with the Insured Person's local attending Physician.

Emergency Medical Evacuation or Repatriation means: a) your medical condition warrants immediate transportation from the place where you are located (due to inadequate medical facilities) to the nearest adequate medical facility where medical Treatment can be obtained; or b) after being treated at a local medical facility, your medical condition warrants transportation with a qualified medical attendant to your Home Country to obtain further medical Treatment or to recover; or c) both a) and b) above.

Repatriation of Remains

Benefits will be paid for Reasonable and Customary Covered Expenses incurred up to \$100,000, to return your remains to your Home Country, if you should die. Covered Expenses include, but are not limited to, expenses for embalming or Cremation, a minimally necessary container appropriate for transportation, shipping costs, and the necessary government authorizations. All Covered Expenses in connection with a Return of Mortal Remains or Cremation must be preapproved and arranged by the Assistance Company.

Emergency Medical Reunion

When Emergency Medical Evacuation or Repatriation occurs, the Company will arrange and pay, up to the maximum listed in the schedule of benefits, for round trip economy-class transportation for one individual selected by the Insured Person, from the Insured Person's Home Country to the location where the Insured Person is hospitalized and return to the Home Country. Emergency Medical Reunion must be recommended by the attending Physician. The benefits payable will include: (1) The cost of a round trip economy air fare; (2) Reasonable travel and accommodation expenses (not to exceed \$200 per day) incurred in relation to the maximum of the maximum listed in the schedule of benefits. (3) The period of Emergency Medical Reunion is not to exceed 10 days, including travel.

SCHEDULE OF MEDICAL EXPENSE BENEFITS

Schedule of Medical Expense Benefits – Injury and Sickness

Maximum Benefit* \$250,000 for Each Injury or Sickness (Student ONLY)

Deductible – Per Injury or Illness

In-Network \$50 if not first treated by the Student Health Center (or if there is no Student Health Center)

Outside Network: \$150

\$0 if first treated by the Student Health Center

\$250 Maximum per Policy Year

Unless otherwise mentioned, deductibles, co-pays, coinsurance and benefits are considered on a Per Injury/Sickness basis.

Prescription of Medicine Co-Pay	\$10 for Generic and \$20 for Brand Name
Coinsurance	In Network or Outside the U.S.: 80% to \$25,000, then 100% to plan Maximum. Outside Network: 70% to plan Maximum.
Benefit Period	Covered Expenses incurred during the Period of Coverage
Maternity	Covered as any other illness. Conception must occur after the Effective Date of the Covered Person's coverage.
Therapeutic Termination of Pregnancy	\$500
Mental Illness and Alcohol & Drug Abuse	Students studying in the U.S.: \$10,000 Lesser of U.R.C. for the first 30 days of hospital confinement per Policy Year or 90% of U.R.C. up to limit of \$10,000 in the U.S. or \$5,000 outside the U.S.
Dental (Emergency)	\$250 per tooth to a maximum of \$1,000
Emergency Medical Evacuation	\$500,000
Repatriation of Mortal Remains	\$100,000
Emergency Reunion	\$2,500
Accidental Death & Dismemberment	\$5,000 per Insured
Chiropractic	\$1,000 per Policy Year, \$35.00 per visit up to 3 visits per week.
Assistance	24 hours- Worldwide

All coverages and plan costs listed in this Evidence of Benefits are in U.S. Dollar amounts.

Exclusions

No benefit, treatment, medication, charges or the consequences thereof shall be payable for Accident Medical, Sickness Medical, Mental Illness, Alcohol and Drug Abuse, Dental, Emergency Medical Evacuation/Repatriation, Return of Mortal Remains, and Emergency Medical Reunion, as the result of, related to, or in connection with:

1. Any Pre-existing Condition as defined hereunder. This exclusion does not apply to Emergency Medical Evacuation/ Repatriation or Return of Mortal Remains.
2. Charges for Treatment(s) of the following Illness(es) or Surgery(ies), which Manifest(ed) themselves or are recommended, or symptoms occur during the first 180 days of Coverage hereunder beginning on the initial Effective Date: any condition of the breast, any condition of the prostate, disorders of the reproductive system, hysterectomy, gall stones or kidney stones, any acne diagnosis or acne related condition, asthma, allergies, tonsillectomy, back conditions, adenoidectomy, hemorrhoids, hemorrhoidectomy, hernia, or any Surgery(ies) that is(are) not Emergency in nature, as Emergency is defined hereunder.
3. Injury or Illness which is not presented to the Company for payment within 180 days of receiving Treatment;
4. Charges for Treatment which is not Medically Necessary;
5. Charges provided at no cost to you;
6. Charges for Treatment which exceeds Reasonable and Customary charges;
7. Charges incurred for Surgery or Treatments which are, Experimental/ Investigational, or for research purposes;
8. Services, supplies or Treatment, including any period of hospital confinement, which were not recommended, approved and certified as Medically Necessary and reasonable by a Physician;
9. Suicide or any attempts thereof, while sane or self destruction or any attempt thereof, while insane;
10. Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with:
 - a) war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war.
 - b) mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power.
 - c) acting on behalf of or in connection with any organization with activities directed towards the overthrow by force of the Government de jure or de facto or to the influencing of it by terrorism or violence.
 - d) martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege (hereinafter for the purposes of this Exclusion called the "Occurrences").

Any consequence happening or arising during the existence of abnormal conditions (whether physical or otherwise), whether directly or indirectly, proximately or remotely occasioned by, or contributed to by, traceable to, arising in connection with, any of the said Occurrences shall be deemed to be consequences for which the Plan shall not be liable for, except to the extent that you prove that such consequence happened independently of the existence of such abnormal conditions.
11. Injury sustained while participating in professional athletics;
12. Routine physicals, immunizations or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or X-ray examinations, except in the course of a Disablement established by a prior call or attendance of a Physician;
13. Treatment of the Temporomandibular joint;
14. Vocational, speech, recreational or music therapy;
15. Services or supplies performed or provided by a Relative of yours, or anyone who lives with you;
16. Cosmetic or plastic Surgery, except as the result of a covered Accident; for the

- purposes of this Plan, Treatment of a deviated nasal septum shall be considered a cosmetic condition;
17. Elective Surgery which can be postponed until you return to your Home Country, where the objective of the trip is to seek medical advice, Treatment or Surgery;
 18. Treatment and the provision of false teeth or dentures, normal ear tests and the provision of hearing aids;
 19. Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eyeglasses or for the fitting thereof, unless caused by Accidental bodily Injury incurred while covered hereunder;
 20. Treatment in connection with alcoholism and drug addiction, or use of any drug or narcotic agent, unless otherwise covered under this policy;
 21. Injury sustained while under the influence of or Disablement due wholly or partly to the effects of intoxicating liquor or drugs other than drugs taken in accordance with Treatment prescribed and directed by a Physician for a condition which is covered hereunder, but not for the Treatment of drug addiction;
 22. Any Mental and Nervous disorders or rest cures, unless otherwise covered under this policy;
 23. Congenital abnormalities and conditions arising out of or resulting there from;
 24. Expenses which are non-medical in nature;
 25. Expenses as a result of, or in connection with, intentionally self-inflicted Injury or Illness;
 26. Expenses as a result of, or in connection with, the commission of a felony offense;
 27. Injury sustained while taking part in mountaineering, hang gliding, parachuting, bungee jumping, racing by any animal or motor vehicle or motorcycle, snowmobiling, motorcycle motor scooter riding, scuba diving involving underwater breathing apparatus (unless PADI or NAUI certified), water skiing, snow skiing and snowboarding (except for recreational downhill and/or cross country snow skiing or snowboarding. No cover provided while skiing/boarding in any violation of applicable laws, rules or regulations, away from prepared and market in-bound territories; and/or against the advice of the local ski school or local authoritative body); and any other sport or athletic activity which is undertaken for thrill seeking and exposes the insured to abnormal or extreme risk of injury;
 28. Treatment paid for or furnished under any other individual or group policy or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for Treatment without any cost to you;
 29. Dental care, except as the result of Injury to natural teeth caused by Accident, unless otherwise covered under this Plan;
 30. Routine Dental Treatment;
 31. For Pregnancy or Illness resulting from Pregnancy, childbirth, or miscarriage, unless otherwise covered under this Plan;
 32. Drug, Treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, Treatment for infertility or impotency, sterilization or reversal thereof;
 33. Treatment for human organ tissue transplants and their related Treatment;
 34. Expenses incurred while in your Home Country, except as provided under the Home Country Coverage and Home Country Extension of Benefits Coverage;
 35. Expenses incurred during a hospital emergency visit which is not of an emergency nature;
 36. Injury sustained as the result of the Insured Person operating a motor vehicle while not properly licensed to do so in the jurisdiction in which the motor vehicle accident takes place;
 37. Covered Expenses incurred for which the Trip to the Host Country was undertaken to seek medical Treatment for a condition;
 38. Covered Expenses incurred during a Trip after your Physician has limited or restricted travel;
 39. Sex change operations, or for Treatment of sexual dysfunction or sexual inadequacy;
 40. Weight reduction programs or the surgical Treatment of obesity;

Definitions

Accident or Accidental shall mean an event, independent of Illness or self inflicted means, which is the direct cause of bodily Injury to an Insured Person.

Airworthiness Certificate shall mean the "Standard" Airworthiness Certificate issued by the Federal Aviation Agency of the United States or its foreign equivalent issued by the government authority having jurisdiction over civil aviation in the country of its registry.

Benefit Period shall mean the allowable time period you have to receive Treatment for a Covered Injury or Illness.

Company shall mean The Insurance Company of the State of Pennsylvania.

Coinsurance shall mean the percentage amount of eligible Covered Expenses, after the Deductible, which is your responsibility to pay.

Common Carrier shall mean any public air conveyance operating under a valid license providing for the transportation of passengers for hire.

Deductible shall mean the amount of eligible Covered Expenses which are the responsibility of each Insured Person and must be paid by each Insured Person before benefits under the Policy are payable by the Company.

Disablement as used with respect to medical expenses shall mean an Illness or an Accidental bodily Injury necessitating medical treatment by a Physician as defined in this Policy.

Eligible Benefit(s) shall mean benefits payable by the Company to reimburse expenses which are for Medically Necessary services, supplies, care, or treatment; due to Illness or Injury; prescribed, performed or ordered by a Physician; Reasonable and Customary charges; incurred while insured under this program and which do not exceed the maximum benefit.

Emergency shall mean a medical condition manifesting itself by acute signs or symptoms which could reasonably result in placing the Insured Person's life or limb in danger if medical attention is not provided within 24 hours.

Hospital as used in this Policy shall mean except as may otherwise be provided, a Hospital (other than an institution for the aged, chronically ill or convalescent, resting or nursing homes) operated pursuant to law for the care and treatment of sick or Injured persons with organized facilities for diagnosis and Surgery and having 24-hour nursing service and medical supervision.

Illness wherever used in this Policy shall mean sickness or disease of any kind.

Injury wherever used in this Policy shall mean bodily Injury caused solely and directly by violent, Accidental, external, and visible means occurring while this Policy is in force and resulting directly and independently of all other causes in Disablement covered by this Policy.

Insured or Insured Person shall mean a person eligible for benefits under the Policy who has applied for coverage and is named on the application and for whom the company has accepted premium.

Medical Necessary shall mean services and supplies received while insured that are determined by the Company to be: (1) appropriate and necessary for the symptoms, diagnosis, or direct care and treatment of the Insured Person's medical conditions; (2) within the standards the organized medical community deems good medical practice for the Insured Person's condition; (3) not primarily for the convenience

of the Insured Person, the Insured Person's Physician or another Service Provider or person; (4) not Experimental/Investigational or unproven, as recognized by the organized medical community, or which are used for any type of research program or protocol; and (5) not excessive in scope, duration, or intensity to provide safe and adequate, and appropriate treatment. For Hospital stays, this means that acute care as an Inpatient is necessary due to the kinds of services the Insured Person is receiving or the severity of the Insured Person's condition, in that safe and adequate care cannot be received as an Outpatient or in a less intensified medical setting. The fact that any particular Physician may prescribe, order, recommend, or approve a service, supply, or level of care does not, of itself, make such treatment Medically Necessary or make the charge of a Covered Expense under this Policy.

Pre-existing Condition shall mean Any Injury or Illness which meets the following criteria: a) condition(s), including any associated complications or consequences, which manifest during the 6 months prior to the Effective Date of coverage under this policy; (b) condition(s) that would have caused a person to seek medical advice, diagnosis, care or treatment, including any associated complications or consequences, during the 6 months prior to the Effective Date of coverage under this Policy; (c) condition(s) for which medical advice, diagnosis, care or treatment was recommended, received, or noticed, including any associated complications or consequences, during the 6 months prior to the Effective Date of coverage under this Policy.

Reasonable and Customary(R&C) shall mean the maximum amount that the Company determines is Reasonable and Customary for Covered Expenses the Insured Person receives, up to but not to exceed charges actually billed. The Company's determination considers: (1) amounts charged by other Service Providers for the same or similar service in the locality where received, considering the nature and severity of the bodily Injury or Illness in connection with which such services and supplies are received; (2) any usual medical circumstances requiring additional time, skill or experience; and (3) other factors the Company determines are relevant, including but not limited to, a resource based relative value scale. For a Service Provider who has a reimbursement agreement, the Reasonable and Customary charge is equal to the amount that constitutes payment in full under any reimbursement agreement with the Company.

Spinal Manipulation shall mean outpatient treatment in connection with the detection or correction by manual or mechanical means of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference as a result of or related to distortion, misalignment or subluxation of or in the vertebral column.

Treatment means a specific in-office or hospital physical examination of or care rendered to you, consultation, diagnostic procedures and services, Surgery, medical services and supplies including medication prescribed or provided by a Service Provider.

Policy Provisions

Refund of Plan Cost: Seven Corners will only refund your Plan Cost if a written request is received prior to the Plan's effective date. 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.

Claim Forms: Upon receipt of a notice of claim, claim forms shall be furnished to you for filing Proof of Loss.

Claims Services: Important Note: Claim forms and receipts for medical expenses must be sent to Seven Corners quickly. Claim submissions must be made within ninety (90) days after the Date of Service. If claims are received after ninety (90) days, they may be considered ineligible.

To report claims or verify eligibility, send the original bills and claim forms to Seven Corners, or call or fax to the numbers below. Be certain to include your ID# shown on the ID Card with all correspondences:

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

800-335-0477 or 317-575-2256 / Fax: 317-575-2659
e-mail: claims@sevencorners.com
www.sevencorners.com

Excess Benefits: All coverages, except Accidental Death and Dismemberment, shall be in excess of all other valid and collectible Insurance Indemnity, and shall apply only when such benefits are exhausted. Other valid and collectible Insurance Indemnity, for which benefits may be payable, are Insurance programs provided by:

- a) Individual, group or blanket Insurance or coverage
- b) Other pre-payment coverage provided on a group or individual basis
- c) Any coverage under labor management trusted plans, union welfare plans, employer organizational plans, employee benefit organization plans, or other arrangement of benefits for individuals of a group
- d) Any coverage required or provided by any state or socialized Insurance program;
- e) Any no-fault automobile Insurance
- f) Any third party liability Insurance

Monetary Limits: The monetary limits stated in this Plan and the Plan Cost shall be in U.S. dollars. For service outside of the territorial limits of the United States, the exchange rate date used to determine the amount of U.S. dollars to be paid is the exchange rate effective for the date the claims expense was incurred.

Subrogation: To the extent the Plan pays for a loss suffered by you, the Plan will take over the rights and remedies you had relating to the loss. This is known as subrogation. You must help the Plan to preserve its rights against those responsible for the loss. This may involve signing any papers and taking any other steps the Plan may reasonably require. If this Plan takes over your rights, you must sign an appropriate subrogation form supplied to you.

Pre-Notification: For each scheduled hospital admission, emergency hospital confinement, or Outpatient Treatment, you or someone on your behalf must contact the Assistance Company for pre-notification as soon as possible, but no later than forty-eight (48) hours prior to the admission to a the hospital, hospital confinement or Outpatient Treatment. For Emergency hospital Confinement, you or someone on your behalf must notify the Assistance Company as soon as possible,

but not later than forty-eight (48) hours after the date of admission. If you fail to pre-notify with the Assistance Company, Covered Expenses will be reduced to and payable at 50% after the Deductible. Pre-Notification does not guarantee or confirm benefits or the payment of said benefits.

PPO Providers: Persons insured under this plan may choose to be treated within or outside of the Seven Corners PPO Network. Reimbursement rates will vary according to the source of care as described under the Plan Schedule of Benefits herein. Assignment of a Network Provider does not guarantee eligibility or right to student health benefits. Please be aware that if a Covered Person is treated at a PPO Hospital, it does not mean that all providers at the Hospital are PPO providers. In addition, if a Covered Person is referred by a PPO provider to another provider or facility, it does not mean that the provider or the facility to which the Covered Person is referred is also a PPO. For the most current list of network providers, check the Seven Corners website at www.sevencorners.com/networkproviders. It is the Covered Person's responsibility to verify that a provider is a Participating Provider prior to services being rendered.

How to Obtain Travel Assistance

To receive assistance worldwide, call Seven Corners Assist at the numbers below and provide them with your ID Number.

For Emergency Medical Evacuation, Return of Remains, Emergency Reunion, Return of Minor Child, Assistance Services, call:

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

Wellabroad.com

In our ever changing world, Seven Corners' WellAbroad® seeks to prepare individuals and groups with the advanced tools for successful travel. WellAbroad® offers medical, political and cultural information and includes many benefits and educational resources, such as:

- Text messaging alerts - Registered users receive updates regarding weather emergencies, security issues, customs alerts, and health care or pandemic warnings.
- Provider network directory - Clients and travelers can create customized country profiles which allow instant access to providers in the specified regions to which they are traveling.
- Online forums - Fellow travelers and Seven Corners' staff post experiences and travel tips which can be accessed at any time.

Happy travels – www.wellabroad.com.

Seven Corners

Since 1993, Seven Corners, Inc. has alleviated many of the concerns with international travel by providing insurance plans to private citizens, governments, missionaries, students, and corporations of various nations around the globe. Each year, thousands of insureds purchase coverage from Seven Corners in order to obtain the most comprehensive and reliable products in the international insurance industry. Our assistance professionals are experienced in the complexity and importance of receiving medical care internationally. As an insured of Seven Corners, you can feel confident that there is someone ready to assist you with a medical situation 24 hours a day, 7 days a week, 365 days a year.

In California, operating under Seven Corners Insurance Services.

Information

For Enrollment Online:

Health Benefit Concepts
 P.O. Box 15408
 Surfside Beach, SC 29587
 Phone: 800-463-2317
 Email: al@hbcstudent.com
 Website: www.hbcstudent.com

Policy And Claims Administration to be Provided by:



Seven Corners, Inc.
 303 Congressional Boulevard
 Carmel, IN 46032
 800-335-0477
 Fax: 317-575-2659

International 24 Hour Assistance Services Provided by:

Seven Corners Assist
 Carmel, IN USA
 Refer to group number (assigned when policy is issued) when calling

If in the United States or Canada: 1-800-690-6295
 If outside the United States or Canada: 0-317-818-2808 (collect)

PPO Network Provided by:

Hygeia. (www.sevencorners.com/ppo)

The Group Plan is Underwritten by:

This Insurance is underwritten by The Insurance Company of the State of Pennsylvania, a member of Chartis Insurance, which is rated A "Excellent" by AM Best.

Premium Age

Monthly Rates

0 to 24	\$45
25 to 29	\$66
30 to 34	\$84
35 to 39	\$118
40 to 44	\$149
45 to 49	\$161
50 to 54	\$299
55 to 65	\$359
Spouse	\$538
Dependent Child	\$108

Payment of Premium: Premium should be made payable to Seven Corners, Inc. and can be paid either by check or credit card (Visa, MasterCard, Discover, Diners Club). Premium is due in advance, meaning that prior to the insureds departing on their international trip, payment should be sent to Seven Corners, Inc. so that is properly credited and coverage is in place.