

HEALTH BENEFIT PLAN

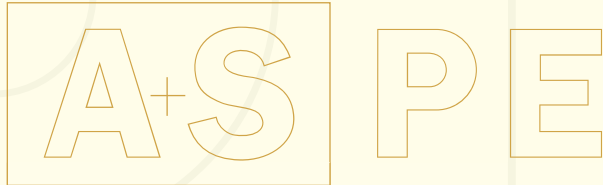
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ACCIDENT AND SICKNESS PROGRAM FOR EXCHANGES

Your ASPE Guide to Health Care Coverage

2014

WWW.USDOS.SEVENCORNERS.COM



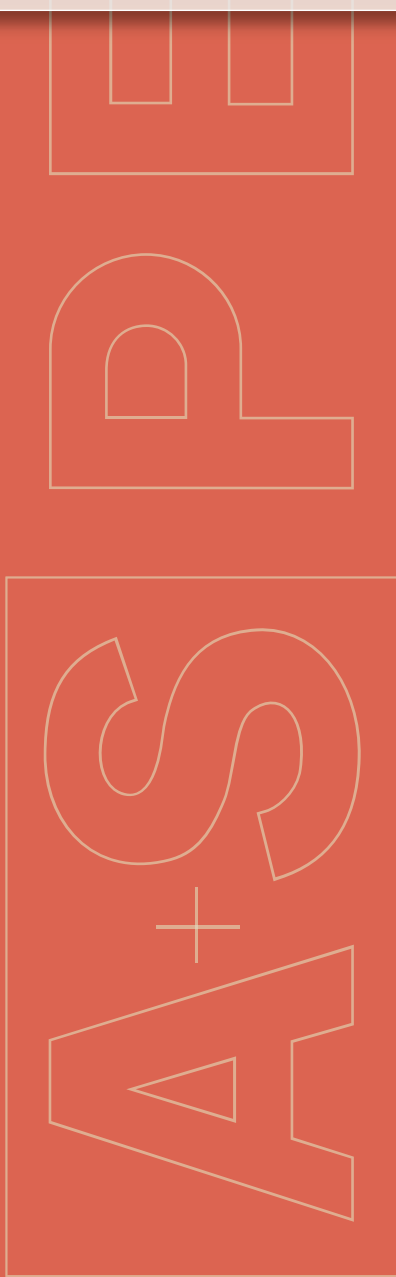
ACCIDENT AND SICKNESS PROGRAM FOR EXCHANGES

The United States Department of State (USDoS) is pleased to welcome you to the **Accident and Sickness Program for Exchanges (ASPE) Health Benefit Plan**. As an Exchange Participant, you receive a limited health care benefit plan designed by USDoS and administered by *Seven Corners, Inc.* This plan IS NOT an insurance policy.

The ASPE is a self-funded, limited, health care benefit plan designed to pay covered medical expenses for eligible Exchange Participants. Covered medical expenses are subject to limitations, and pre-existing conditions are not covered.

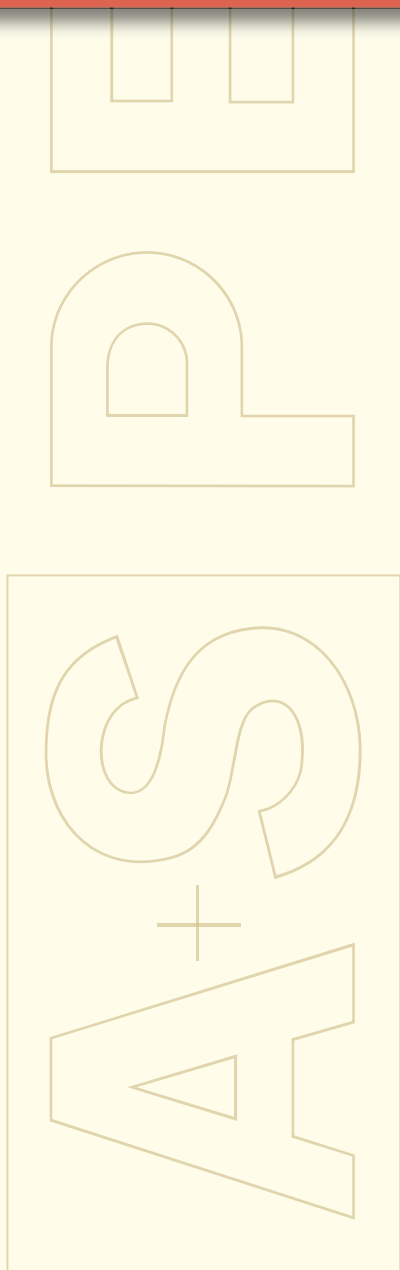
This guide is an overview of the health care benefits you are provided while serving on your USDoS funded program. It also explains how payments are made for your covered medical expenses. It is your responsibility to read and understand what medical expenses are covered and not covered by the ASPE health care benefit plan.

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ACCIDENT AND SICKNESS PROGRAM FOR EXCHANGES

Life-threatening medical emergency

Dial **911** from any telephone.

Find a doctor or hospital

Log on to www.usdos.sevencorners.com or call Customer Service toll free at **1.800.461.0430**

Show Your ID Card to the provider

This lets them know where to send your medical bills.

Questions about ASPE or medical bills

Call Customer Service toll free at **1.800.461.0430**, or send an pp to Customer Service at usdosinfo@sevencorners.com or go to www.usdos.sevencorners.com

Need a medical or prescription claim form

Call Customer Service toll free at **1.800.461.0430** or download forms at www.usdos.sevencorners.com (One form is provided in the back of this guide)

Medical Evacuation

Contact Seven Corners toll free at **1.800.461.0430**

Co-Pay

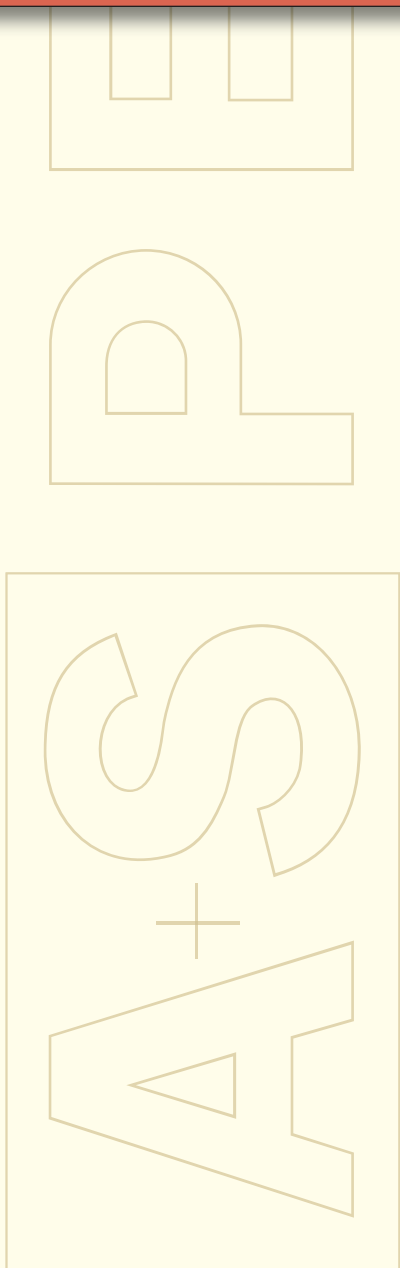
ASPE requires all its members (exchange participants) to pay co-pays. \$25 co-pay for office visits, \$75 co-pay for ER, Hospitalizations and Urgent Care. As a reminder the co-pay amounts will be pre-printed on the ASPE ID card.

Pre-certification

This healthcare plan requires precertification in the US for all inpatient hospital admissions, skilled nursing, outpatient chemo and radiation therapy, outpatient surgeries and procedures, pregnancies, physical or occupational therapy, dialysis, plasmaphoresis, MRI, PET scan, CT, home health and home infusion therapy.

You or your physician must call the Pre-certification phone number, (800)461-0430, to obtain preadmission approval at least one business day before a planned hospitalization. Certification for emergency admissions or admissions due to an unexpected illness or injury must be obtained within two business days following admission. Pre-certification is not a guarantee of coverage. A \$300 penalty will be applied if pre-certification is not obtained.

24/7/365—WWW.USDOS.SEVENCORNERS.COM



ACCIDENT AND SICKNESS PROGRAM FOR EXCHANGES

Life-threatening medical emergency

Contact your local emergency service or go to the nearest hospital.

Show Your ID Card to the provider

This lets them know where to send your medical bills.

Need Help

- ▶ Find a doctor or hospital
- ▶ Getting reimbursed for medical care
- ▶ Need a medical or prescription claim form
- ▶ Questions about ASPE or medical bills

Easy way to contact Customer Service from outside the US 24/7/365 is by calling collect at **+01.317.818.2867**, you will need assistance from the local operator to make this free call. You can also visit AT&T direct at **www.usa.att.com/traveler/access_numbers/index.jsp** to determine the AT&T toll free access code for your specific country. This code should be dialed followed by our toll free number **1.800.461.0430**.

E-Mail: usdosinfo@sevencorners.com

Find a medical provider outside the United States go to: **www.wellabroad.com**

Medical Evacuation

Contact Seven Corners collect at **+01.317.818.2867**

Co-Pay

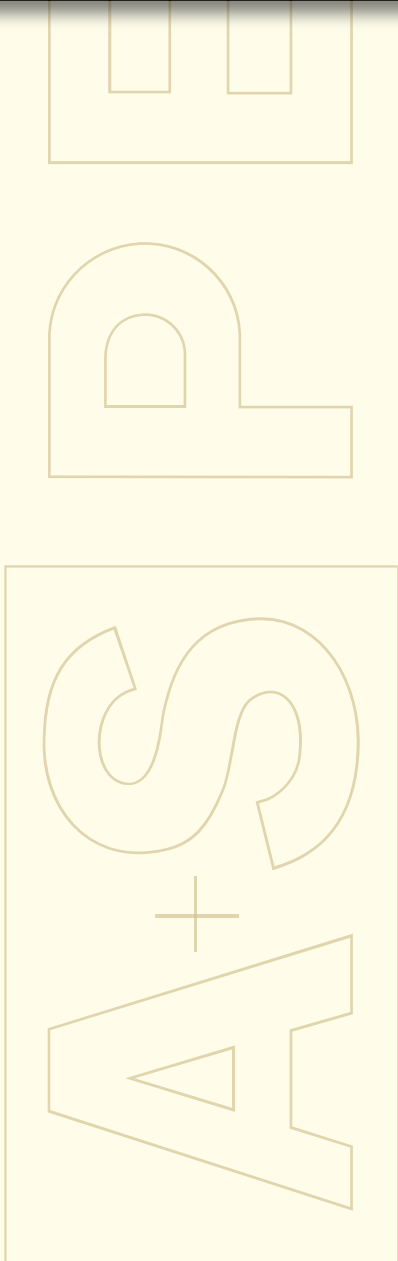
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Prenotification

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
- ▶ prior to any treatment for dental pain

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ACCIDENT AND SICKNESS PROGRAM FOR EXCHANGES

The USDoS health benefit program is administered by Seven Corners, Inc. As a specialist in claims and billing administration, you can be assured of quick and personalized service. Customer Service representatives are available to answer any questions you may have regarding the medical provider network, pharmacy program, medical bill payments or covered benefits.

CUSTOMER SERVICE:

Available 24/7

Call toll free: 1.800.461.0430

Seven Corners utilizes AT&T Direct for its toll-free 800 numbers. Virtually anywhere in the world you can dial an access code, and then dial **1.800.461.0430** and be connected to Seven Corners. For a complete listing of access codes please visit:

www.usa.att.com/traveler/access_numbers/index.jsp

Call collect: +01.317.818.2867 outside the US

Seven Corners can also be reached by contacting your local operator and placing an international collect call. Advise the operator you are calling collect to **+01.317.818.2867**. All collect calls are accepted by Seven Corners.

Fax: (317) 575-6467

E-mail: usdosinfo@sevencorners.com

On-line: www.usdos.sevencorners.com

OR WRITE TO:

ASPE Health Benefits

Attn: Customer Service

P.O. Box 3724

Carmel, IN 46082-3724

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ACCIDENT AND SICKNESS PROGRAM FOR EXCHANGES

WWW.USDOS.SEVENCORNERS.COM

It's easy to access information about your health plan through the Seven Corners' customized website designed especially for USDOS members. You can have instant access to ASPE health care plan information anytime day or night. While this guide was meant to provide you with comprehensive information about your benefit plan, you should always refer to the website for the most up to date information available.

The USDOS customized website is located at:
www.usdos.sevencorners.com

The website allows you to:

- ▶ Access a list of all doctors and hospitals in the Medical Provider Network
- ▶ Access a list of pharmacies in the Pharmacy Network
- ▶ Download necessary forms for pharmacy and medical claim reimbursement
- ▶ View a list of frequently asked questions regarding the USDOS plan
- ▶ Access this benefit guide electronically
- ▶ Review a glossary of medical terms
- ▶ Access MyPlan. A password secure area where you can get personal and private health care information specifically for you.

MYPLAN

Once you log into www.usdos.sevencorners.com, you can select a special service called MyPlan, which is an area where you can access secure information for you specifically.

1. **Claim Information**—If you have a question about whether a claim has been paid to a provider or if Seven Corners has received your claim for reimbursement to you, you can log in and find all of the medical service bills received by Seven Corners and the status of payment of those bills.
2. **Eligibility Information**—If you are interested to see when you might have had breaks in coverage or the dates you are eligible for coverage.
3. **Printable ID cards**—If you misplace the ID card provided to you, you can download a temporary ID card that has your personal information on it.
4. **Secure Customer Service email**—you can send an email and attach any information you have questions on that you received or viewed on MyPlan. This is a secure and encrypted email connection.

Because you are viewing personal health information through MyPlan, a username and password are required. It is easy to activate a MyPlan account, simply follow the steps on the website.

Setting up your MyPLAN Account

- ▶ Click on the "Setup New Account" link
- ▶ Enter your MyPlan ID (*ID card number*) and date of birth (mm/dd/yyyy).

Once your MyPlan ID and date of birth have been confirmed, you will be instructed to pick a username and password that you will enter every time you want to login to MyPlan (*see general login screen*). The username and password will now be your key to enter the MyPlan site.

Remember to bookmark the MyPlan login page for future ease of use.

Welcome to MyPlan
 MyPlan is a web site designed to allow secure access to your benefit plan and claim information. MyPlan requires account activation and information is displayed via secure web browser connection.

What policies have access to the MyPlan Website?
 The MyPlan website is available for Compass Benefit members, government program members and certain Seven Corners group account members. This website is not accessible to individual Seven Corners plan members.

This is my first time to MyPlan, what do I do?
 There are two pieces of information that you will need first. We have either issued or you need to obtain from us a MyPlan ID and a PIN Number. The MyPlan ID and PIN Number will be needed to setup a MyPlan account. If you have these two pieces of information follow the "Setup New Account" link to the left.

Have you forgotten your password?
 If you have already setup your account and forgotten your password, follow the link "Forgot Your Password?" to the left. We will ask for your username that you chose when you setup your account along with the email address that we have on file. If the information matches we will send your password to the email that we have on file.

ELIGIBILITY

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ACCIDENT AND SICKNESS PROGRAM FOR EXCHANGES

Eligibility for your health benefits begins:

On the effective date of the grant as printed on your ID card—start date.

Eligibility for your health care benefits ends:

On the last date of your grant as printed on your ID card—end date.

Coverage begins at the time you depart from your home country and continues until you return to your home country. This travel benefit is only valid when you travel directly to and from the country of assignment—immediately prior to and after a USDOS exchange program. This includes coverage for any allowed layover of up to 24 hours if the travel time by the most direct route exceeds 14 hours.

Only you (the grantee) are covered under the ASPE health care benefit plan. ASPE does not cover dependents (spouses or children).

You are not covered by ASPE if:

- ▶ you are in your home country or country of regular domicile;
- ▶ you are on personal leave;
- ▶ you travel outside the country of assignment without pre-approval from your program agency officer*;
- ▶ During extended stopovers en route to or from your country of assignment; or
- ▶ During orientations in your home country.

***Note:** Be sure to give Seven Corners a copy of your authorized travel outside your host country.

If your medical condition requires you to return to your home country, your ASPE health benefits will terminate upon arrival. If the grant is reinstated because your health permits the return to the host country, then ASPE health benefits will also be reinstated upon departure from your home for the country of assignment.

Example: If you are a US citizen and your host country is France you are covered by ASPE for the dates on your ID card (the dates of your grant). If you decide to go on personal leave from your host country (France) and go to Egypt for a vacation you are not covered by ASPE. In addition if you become ill or have an accident while on personal leave, and then return to your host country, your accident or illness will be considered a pre-existing condition and will not be covered by ASPE.

Example: If you are on a grant in the United States and decide to vacation or holiday in Canada or Mexico, or any other country outside the United States you are not covered by ASPE. If you become ill or have an accident while outside the United States and then return to finish your grant, your accident or illness will be considered a pre-existing condition and will not be covered by ASPE.

If you are not located in the system at Seven Corners, contact your Program Agency.

IDENTIFICATION CARDS

ASPE

ACCIDENT AND SICKNESS PROGRAM FOR EXCHANGES



As an Exchange Participant enrolled in the ASPE health benefit plan, you will receive an identification card to be used as proof of health care benefits when you need services. Simply show your identification card to the hospital or doctor at the time of service.

You should carry your ASPE identification card with you at all times while you on your grant. Whether you are inside or outside the United States the ASPE ID card provides important information in case you need emergency treatment. In addition, the ASPE ID card includes the address providers need to file medical bills for payment.

If you have not received an ID card please contact your program agency before contacting Seven Corners.

In the US the identification card is also your prescription drug card for use when filling prescriptions. You will need to show this card at the pharmacy, so carry it with you at all times.

If your ID card is lost or misplaced, you can obtain a temporary ID card immediately to ensure no disruption in service.

- ▶ Call toll free: 1.800.461.0430
- ▶ Call collect: +01.317.818.2867 outside the US
- ▶ Go online at www.usdos.sevencorners.com and select MyPlan

Or write to:

**ASPE Health Benefits
Attn: Customer Service
P.O. Box 3724
Carmel, IN 46082-3724**

BENEFIT COVERAGE

ASPE

ACCIDENT AND SICKNESS PROGRAM FOR EXCHANGES

SCHEDULE OF BENEFITS

ASPE requires all its members to pay co-pays. \$25 co-pay for office visits, \$75 co-pay for ER, Hospitalizations and Urgent Care. As a reminder the co-pay amounts will be pre-printed on the ASPE ID card.

The maximum amount you will pay in co-pays is \$500.00 per benefit year. If during your grant period you reach that amount, you will be refunded any co-pays in excess of \$500.00 once you submit your receipts as proof of payment.

ASPE will cover the remaining expenses at 100% up to your Policy Maximum if the medical condition is not pre-existing.

If you use a provider outside the Medical Network, you may have to pay additional charges if the Provider bills more than the Usual, Customary, and Reasonable Rate. (See glossary for further explanation)

Maximum Benefit

Depending on your exchange program, \$50,000 or \$100,000 per sickness per injury.

\$50,000 for short-term (less than 6 months) exchanges per sickness per injury.

\$100,000 for long-term (over 6 months) exchanges per sickness per injury

Repatriation of Mortal Remains

Paid by USDoS at 100%, up to \$10,000

Medical Evacuation

Paid by USDoS at 100%, up to the amount approved by USDoS after medical review.

You are responsible for a \$15.00 co-pay per office visit, ER, urgent care and hospitalization.

COVERED EXPENSES

All covered expenses incurred as a result of the same or related cause (including complications) shall be considered as resulting from one Injury or Sickness. To be sure medical services are covered, 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;
- ▶ prior to any emergency treatment for dental pain, or;
- ▶ for emergency evacuation, repatriation and assistance services.

In the U.S. call: **1.800.461.0430**

Outside the U.S. call collect: **+01.317.818.2867**

The ASPE health benefit plan will pay 100% of all Covered Expenses listed below in the Schedule of Benefits. Payment will not exceed the Maximum Benefit limit shown on the Schedule of Benefits.

An Injury or Sickness is payable if:

1. it does not exceed your program's Maximum Benefit;
2. you have been continuously covered under the ASPE benefit plan;
3. the sickness or injury occurred in your assigned host country, or;
4. it is a covered service.

BENEFIT COVERAGE

ASPE

ACCIDENT AND SICKNESS PROGRAM FOR EXCHANGES

When an Exchange Participant ends their program, treatment for a covered Injury or Sickness is covered up to one calendar year from the date of onset, not to exceed the maximum benefit amount. This coverage does not apply to Acupuncture, Chiropractic, Massage Therapy or Maternity care—those benefits terminate at the end of the enrollment period regardless of other conditions of this policy. **Covered Expenses** are subject to the pre-existing condition exclusion.

Accident or Injuries—Including to mouth and teeth are covered under medical benefits.

Acupuncture—When prescribed and performed by a physician or physical therapist to treat a covered injury or sickness. Limited to 25 visits per benefit year. Acupuncture benefits terminate at the end of the enrollment period regardless of other conditions of this policy.

Ambulance—Professional ambulance service.

Birth Control—Oral or implantable contraceptives, diaphragms, patch, ring, IUDs and contraceptive injections when prescribed by a medical doctor.

Chemotherapy and Radiation Therapy—Services for medical conditions.

Chiropractic—Care is limited to 25 visits per benefit year. Chiropractic benefits terminate at the end of the enrollment period regardless of other conditions of this policy.

Diagnostic Testing—Fees for diagnosis by a physician, surgeon, registered nurse, anesthesiologist, for a covered injury. Additional testing related to a known condition which was diagnosed, treated or would have caused a prudent person to seek treatment prior to the effective date is excluded under the plan.

Durable Medical Equipment (DME)—Rental charge for Durable Medical Equipment, or the purchase of this equipment, whichever is less. Prostheses and Orthopedic Appliances are covered only if required as the result of an accident. If prosthesis or an orthopedic appliance is required for a condition that is not pre-existing, coverage determination will be made by USDoS on a case-by-case basis. Supporting documentation must be forwarded to Seven Corners for review.

Hospital Room and Board Charges—Payment will be limited to the hospital's normal charge for semi-private accommodation.

Home Health and Skilled Nursing Services—Covered if the medical condition is not pre-existing and the cost of the service is less than an inpatient stay.

Immunizations—Vaccinations that follow the guidelines set by the American College Health Association (ACHA) which include: Measles, Mumps, Rubella (MMR), Polio, Varicella, Tetanus, Diphtheria, Pertussis, Quadrivalent Human Papillomavirus Vaccine (HPV), Hepatitis A Vaccine, Hepatitis B Vaccine, Meningococcal Tetravalent (Meningitis), Influenza, Pneumococcal Polysaccharide Vaccine and Tetanus booster—only if booster is required by the University. In addition, Hepatitis C and Tuberculosis skin test (PPD) are also covered. http://www.acha.org/Publications/docs/ACHA_RIPI_Mar2011.pdf

Laboratory Tests and X-rays—Covered if recommended and performed by a licensed provider for diagnostic purposes due to symptoms, illness or injury (not related to a pre-existing condition).

Massage Therapy—when prescribed by a licensed physician or chiropractor and performed by a state licensed massage therapist. Limited to 6 visits per benefit year, massage therapy benefits terminate at the end of enrollment period regardless of other conditions of this policy.

Maternity—Medical expenses for maternity care, including childbirth. Maternity benefits terminate at the end of the enrollment period regardless of other conditions of this policy. In addition to the medical expenses for maternity care for the Exchange Participant, the medical expenses of the child newly born during the grant period are covered for the first 31 days up to the assigned maximum benefit. For coverage beyond the 31-day period, an Exchange Participant must obtain commercial health insurance coverage for the newborn dependent at personal expense. The ASPE health benefit plan does not pay the expenses of a newborn to a dependent of an Exchange Participant. The Exchange Participant is advised to obtain commercial insurance to cover maternity care of the dependent and dependent's newborn.

BENEFIT COVERAGE

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Medevacs Outside of the US—Contact Customer Service collect at +01.317.818.2867 to arrange transportation and medical care as well as pre-approval. *If pre-approval is not obtained through Customer Service and transportation and coordination of care is not provided through Seven Corners, travel services will not be covered.*

The ASPE program will pay the actual expense incurred as a result of a covered Injury or Sickness for medical evacuation of Covered Person, including physician or nurse accompaniment to the nearest suitable medical facility. This evacuation will be paid only upon USDoS/Seven Corners approval.

Men's Health Benefits—Are covered after completing six months of eligibility, for men 50 and older one (1) annual prostate exam including a PSA.

Mental or Nervous Disorders—Treatment of Mental and Nervous conditions are payable subject to the following schedule:

Inpatient Care: Lifetime maximum benefit is thirty (30) days of hospital confinement;

Outpatient Care: Lifetime Maximum benefit is thirty (30) visits. Outpatient Mental or Nervous benefits terminate at the end of the enrollment period regardless of other conditions of this policy.

Authorized providers of care: A licensed physician, licensed clinical psychologist or a master of social work (MSW) may provide services that are medically necessary for mental and nervous disorders.

Physical Therapy—Services provided by a licensed physician or a licensed physical therapist when prescribed by a physician or chiropractor and directly related to the complications associated with a covered Injury or Sickness incurred during the period of coverage.

Physiotherapy—A physical or mechanical therapy, diathermy, ultrasonic, a heat treatment in any form, manipulation or massage, when ordered by a licensed physician or chiropractor. (See *massage therapy benefit on page 10*).

Prescription Drugs—When prescribed by a licensed physician. Refer to Prescription Drug Program section of this guide and/or the website for more information.

Repatriation of Mortal Remains—In the event of a covered Exchange Participant's death, the ASPE health benefit plan will pay for actual charges incurred up to the Maximum limit of \$10,000.00 for services related to the preparation and transportation of the body. This benefit does not include the transportation expenses of anyone accompanying the body or any personal effects. Seven Corners should be contacted in the event of a grantee's death.

Utilization Management Program—The health benefit plan includes a utilization management program to review the Exchange Participant's medical care to identify conditions that may adversely affect their completion of an exchange program. The ASPE utilization management program is administered by Registered Nurses and Board Certified Physicians and is focused on Individual case management of potentially catastrophic cases.

Women's Health Benefits—Includes one (1) annual GYN health exam per benefit year that includes one (1) pelvic examination, Pap smear, breast examination and lab work related to ONLY GYN health when performed at the time of annual GYN exam. If follow-up diagnostic Pap smears are *medically necessary*, they will be covered. In addition one (1) baseline mammogram for women 35 and older and one (1) annual mammogram for women 40 and over; one (1) Bone Mineral Density (BMD) screening test for all women over age 65, estrogen deficient women and women at clinical risk for osteoporosis when performed as part of the annual GYN exam. A repeat BMD test is covered every two years.

BENEFIT EXCLUSIONS

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Pre-existing Conditions are not covered. You are urged to retain or obtain your own health insurance to cover ongoing or potential medical requirements relating to pre-existing conditions.

As stated throughout the guide, the ASPE Benefit Plan does not cover pre-existing conditions. A pre-existing condition is any condition which:

- a. originated prior to your effective date of coverage;
- b. you received consultation from a physician about—prior to your effective date of coverage;
- c. you received treatment or medication for—prior to your effective date of coverage; or
- d. would have caused any prudent person to seek medical advice or treatment, prior to your effective date of coverage.

Note: ASPE does not define pregnancy as a pre-existing condition.

Other Services/Expenses in addition to pre-existing conditions that are not covered include the following:

Abortion—A surgical procedure used for the purpose of birth control and/or an elective termination of pregnancy.

Acupuncture—This program does not cover acupuncture before or after the enrollment period.

Alcohol, Drug Abuse or Detoxification Treatment—Expenses incurred resulting from the use of alcohol or intoxicants, or any illicit drugs or abused drugs by the Exchange Participant, (abused drugs include prescription drugs that may be used illicitly); expenses incurred due to substance abuse treatment.

Allergy Tests or Injections—Any services related to the treatment of allergies including diagnostic testing, injections and treatment.

Chiropractic—This program does not cover chiropractic services before or after the enrollment period.

Claim Submission—After 1 year from date of service.

Congenital Anomalies—Treatment of congenital anomalies, and the conditions arising or resulting directly from them.

Cosmetic Surgery—Expenses incurred for elective plastic or cosmetic surgery. Plastic surgery is only covered if service is a direct result of a covered Injury that necessitated medical treatment within 24 hours of the accident.

Dental—No dental services are covered. Only treatment for emergency alleviation of pain will be paid, in which case dental treatment shall be limited to \$1,000 per benefit year.

Dependents—Coverage for accompanying spouses and dependent children must be purchased separately.

Expenses incurred for the treatment of an Injury or Sickness more than one calendar year after the time of the Injury or onset of the Sickness.

Expenses incurred within your home country or country of regular domicile, unless:
it is necessary and authorized treatment received after the individual has proven Sickness or Injury in the country of assignment; or is related to a pre-approved medevac, and which would have otherwise been covered had the expenses occurred in the country of assignment up to the maximum benefit allowed.

Expenses in excess of Usual, Customary and Reasonable Charges (UCR).

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Experimental Procedures—Services or supplies which are experimental or investigative in nature; including any treatment, procedure, facility, equipment, drugs, drug use, devices, or supplies that are not recognized as accepted medical practice; and any such items that require federal or other governmental agency approval not received at the time services were rendered.

Eyes—Services in connection with eye examination, eyeglasses or contact lenses except as required for repair caused by a covered Injury limited to \$300 maximum.

Feet—Expenses incurred in connection with weak, strained or flat feet, corns, calluses or toenails, shoes and other supportive devices for the feet. This does not apply to infections of the toenails or feet and does not apply to casts, splints or braces for treatment of injuries.

Genetic Testing—Except for standard tests given during pregnancy such as Cystic Fibrosis, Trisomy 18 and Down's syndrome. ASPE follows guidelines set by the American Congress of Obstetricians and gynecologists (ACOG).

Hearing—Services in connection with hearing aids, except as required for repair or equivalent replacement when caused by a covered injury.

Impotence/Erectile Dysfunction

Infertility—Expenses incurred for services related to the diagnostic testing, treatment of infertility or other problems related to the inability to conceive a child. *(There will be no exceptions in coverage for infertility testing or treatment.)*

Injury or Sickness sustained or contracted during any period of unofficial travel outside the country of assignment.

Maternity—This program does not cover maternity before or after the eligibility period.

Newborn Expenses for coverage beyond the 31-day period—For coverage beyond the 31-day period an Exchange Participant must obtain commercial health insurance coverage for the newborn dependent at their personal expense. The ASPE Health Benefit Plan does not pay the expenses of a child newly born to a dependent of an Exchange Participant. The Exchange Participant is advised to obtain commercial insurance to cover maternity care of the dependent and dependent's newborn.

Non-Medically Necessary Services and Supplies—The diagnosis or treatment of a covered Sickness or Injury, of which are not recommended by an attending physician.

Nasal—Surgical correction of deviated nasal septum, including submucosal resection.

Perilous Activity—

1. Flying, except:
 - a. as a passenger on a regularly scheduled airline;
 - b. as a passenger on a chartered carrier for purposes of an approved grant program activity;
 - c. as a passenger in the Military Airlift Command of the US or similar air transport services of other countries.
2. Playing, practicing, or participating in professional sports, or during travel for such purposes. Professional sports also includes skateboarding, snowboarding, BMX racing, X-games (extreme sports).

If your participation in a professional sports event is part of your grant the perilous activity clause does not apply.

BENEFIT EXCLUSIONS

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3. Operation of a vehicle while not properly licensed to do so or riding in a noncommercial vehicle operated by a person not licensed to do so in the jurisdiction in which the accident takes place.
4. Operation of a vehicle while under the influence of drugs or alcohol.
5. Dangerous activity not directly related to the fulfillment of grant objectives, e.g. bungee jumping, scuba diving, skydiving, rock climbing (indoor/outdoor), hang gliding, operation of an all terrain vehicle (ATV) or motocross bike.

If your grant requires that you travel to areas requiring an ATV or snowmobile then item 5 does not apply.

Personal Comfort Items—Any personal comfort item (purchased or rented) such as a dehumidifier, humidifier, air cleaner.

Political Demonstration—Injuries due to participating in any demonstrations against the government of your host country while you are on an ECA grant in your host country.

Professional Medical Services—Rendered by a member of the Exchange Participant's immediate family or anyone who lives with the Exchange Participant.

Routine Physical or Health Examinations—"Routine exams" included but are not limited to health exams for school, immunizations, vaccinations, etc.

Services or Supplies—For any Injury or Sickness received prior to the Exchange Participant's effective date under the ASPE health benefit plan, or which are not actually incurred while this Program is in force.

Sexual Transformations, Sexual Impairment or Sexual Inadequacy Treatment

Transplants—Services or supplies for or related to any tissue, solid organ or stem cell transplants and any complications resulting from any such procedures. Immunosuppressant drugs and drugs related to transplant procedures.

Transportation—Expenses incurred for taxicabs or other transportation to and from the doctor's office or other place of treatment, except if an approved medical evacuation expense.

Temporomandibularjoint Disease (TMJ)—Medical or dental services or supplies for the treatment of TMJ.

Unreceipted blood, blood plasma or blood expanders

Vaccinations except those pre-approved. Contact Seven Corners for information.

War—Loss due to war, declared or undeclared, while in the service in the Armed Forces of any country.

Weight Loss Programs including Gastric Bypass and/or Banding Surgery

Workers Compensation—Expenses covered under any occupational benefit plan, Workers Compensation Act or similar law, automobile medical payment or no-fault plans, public assistance programs, government plan, any other valid/collectible group insurance, or any primary insurance. ASPE will pay medical expenses not paid by such primary insurance due to application of deductibles or limitations on benefits, provided that such expenses would otherwise be covered by the provisions of this Program.

A+S P+E

ACCIDENT AND SICKNESS PROGRAM FOR EXCHANGES

ASPE health care benefit plan contains a Medical Provider Network inside the US. A Medical Provider Network is a network, or group, of doctors and hospitals that have entered into an agreement with Seven Corners to accept discounted fees for medical services. The Medical Provider Network is a Preferred Provider Network (PPO). Claims for services provided by a Preferred Provider are mailed directly to Seven Corners at the address on the back of your identification card.

If you receive your medical services from one of the doctors and hospitals in the Medical Provider Network your benefits will be paid at the negotiated provider contracted rate if they are a covered benefit. Also, if you use a provider in the Medical Provider Network the provider can not bill you for any covered benefits except the \$15.00 co-pay for office visits, ER, urgent care or hospitalizations.

Usual, Customary and Reasonable Charges (UCR)

If you do not receive care from a provider in the Medical Provider Network, benefits will be paid at standard Usual, Customary and Reasonable Charges (UCR) for the area in which care was delivered if they are a covered benefit. If the provider bills more than UCR, you will be responsible for any charges over and above the UCR, as non-preferred providers are not under negotiated contracted rates.

35 mile exemption

If your home address is over 35 miles from the nearest medical network provider, you are exempt from the provider network guideline. You are free to see any provider of your choice. You will need to call Seven Corners Customer Service to coordinate this exemption.

Using a Medical Provider Network means lower out-of-pocket expense for you.

To locate a provider or hospital in the USDoS Medical Provider Network:

Go to www.usdos.sevencorners.com and select the tab marked medical provider.

The website will provide you with the most up to date information about Medical Network Providers in your area. If you do not have access to the Internet or want to discuss your provider choice with Customer Services, you can call customer service toll free in the US at **1.800.461.0430**.

Do not wait to find a provider for Emergency Care. Go straight to the nearest ER. Emergency care is defined by Seven Corners as a need for hospitalization, trauma (i.e., broken bones, accidents), acute and spontaneous non-controllable pain, blurry vision, intense headache, chest pain, shortness of breath, unmanageable high fever, open wounds, or any life-threatening situation.

If you have a life-threatening emergency, please call your local emergency service or go to the nearest hospital. If you are unsure where the nearest hospital is located, Seven Corners staff can assist.

Out-of-Network charges

If you pay for your medical services out-of-pocket or are billed at the time of service you will need to submit a claim for payment or reimbursement. (See page 30, *Payment of Medical Claims*) for more information.

A+S P+E

ACCIDENT AND SICKNESS PROGRAM FOR EXCHANGES

The ASPE Health Benefit Plan utilizes the First Health International provider network in the US in all states. The First Health International provider network serves as a premier national network with superior access to over 688,000 medical providers in urban, suburban, and rural markets across the country. In the US, when you call a doctor's office or present your ID card, it is important for you to say "My healthcare plan utilizes the First Health International Network. Are you a First Health International participating provider?"



A+SAFE

ACCIDENT AND SICKNESS PROGRAM FOR EXCHANGES

Exchange participants on grants outside the US may go to any provider they want. Seven Corners offers a Medical Network outside of the US but the non-US Medical Network work slightly different from the US Medical Networks. Seven Corners offers www.wellabroad.com for exchange participants to locate providers overseas who are associated with their non-US medical network.



Non US doctors and hospitals are contracted to provide access to USDoS participants based on payment of Usual and Customary Rates for Local Nationals. Seven Corners has built Usual and Customary Rate tables for specific regions outside of the United States. There are two types of Non US Medical Network Providers which are defined below:

Direct Pay Providers—Direct Pay Contracted Providers are defined as providers that Seven Corners has reviewed and determined that the provider meets all the necessary requirements for quality care based on their country licensing authority. Additionally, these providers have agreed to a payment fee schedule which is not more than the rates local nationals pay and they have agreed to accept payment directly from Seven Corners without billing the participant first. Participants may not be required to pay out of pocket when accessing these providers for covered services. Seven Corners wire transfers payment to provider's bank account in the currency of the providers' choice or can mail the provider a check.

Referral Provider—Referral Providers are defined as providers that Seven Corners has reviewed and has determined the provider meets all the necessary requirements for quality care based on their country licensing authority.

Seven Corners has loaded these providers in a database, and has sent them information on joining the Seven Corners Direct Pay Network, but they have not yet agreed to join the Direct Pay usually due to lack of large numbers of participants in their area. As participant numbers in the area grow or providers are accessed, Seven Corners continues negotiations with those providers in an attempt to move them into our Direct Pay Contracted Provider list.

If a provider has not agreed to participate in the Seven Corners network, Seven Corners will still attempt to negotiate a direct pay or guarantee of payment agreement with the provider so you will not have to incur all of the out-of-pocket expenses at the time care is received.

To locate a provider or hospital in the USDoS Non-US Medical Network:

- ▶ Call toll free: **1.800.461.0430** (see page 4)
- ▶ Call collect: **+01.317.818.2867** outside the US
- ▶ www.wellabroad.com

Emergency—In the case of an emergency during which the member is outside the United States our Assistance Department should be contacted immediately. We ask that you gather as many details as possible for our Assistance staff during this call. Our office can be reached **24/7/365** days a year by calling **1.800.461.0430** or collect **+01.317.818.2867**. You may dial this number direct or you may contact your local operator and request to make a collect call to this line. The caller may also visit: www.usa.att.com/traveler/access_numbers/index.jsp to determine the AT&T toll-free access code for your specific country. This code should be dialed followed by our toll-free number, **1.800.461.0430**.

Seven Corners is available to support you with an emergency number and guide you to a Direct Pay or Referral Provider, but clearly we want you to seek immediate care at the nearest facility. In emergency situations where care is needed immediately, you are not required to call Seven Corners.

If you have a life-threatening emergency, please call your local emergency service or go to the nearest hospital.

ASPE

ACCIDENT AND SICKNESS PROGRAM FOR EXCHANGES



www.catamaranrx.com

The ASPE benefit plan provides a US paid prescription drug program with a Pharmacy Network to be used in combination with your health benefits. Through the nationwide Pharmacy Network community and chain pharmacies, and the mail service pharmacy option, you have the broadest choice of pharmacies to choose from to satisfy your prescription drug needs.

Your identification card contains all the information that your pharmacist needs. Simply present your ID card to have your prescriptions filled at any one of the Pharmacy Network providers in your area. The pharmacy will then electronically transmit a claim for that medication and within minutes have approval for filling the prescription.

The Catamaran Network includes over 70,000 pharmacy locations nationwide.

To locate a pharmacy

- ▶ Go to www.usdos.sevencorners.com or go directly to www.catamaranrx.com to register and access a list of in network pharmacies
- ▶ Call Pharmacy Member Services at 1.800.531.6351.

In the US if you pay for prescription drugs out of your pocket, you can complete the Prescription Reimbursement Claim Form.

A copy of this form is provided in the back of this guide, and additional forms are available through one of the following ways:

- ▶ Go to www.usdos.sevencorners.com and download the *Prescription Reimbursement Claim Form*
- ▶ Call Customer Service: 1.800.461.0430
- ▶ Present your ID card to have your prescriptions filled.

Direct Mail Service

Your health care plan requires that all maintenance medications or medications taken on an ongoing basis must be purchased through the Direct Mail Service.

Direct Mail Service provides a convenient way for you to have your medication delivered right to your home or office. Mail Service should be the first choice for people using maintenance medications. These are medications taken on an ongoing basis such as asthma, heart and cardiovascular conditions, diabetes, and oral contraceptive medications. With the Mail Service Pharmacy, you are authorized a 90-day supply of your medications each time it is refilled.

To start using Direct Mail Service you'll need a prescription from your doctor for the medication. Ask your doctor to authorize a 90-day supply and four refills. Be sure to also obtain a prescription for an initial fill at your local pharmacy if you need to use the medication right away or don't have existing supplies of your medications.

Prescription Mail Order Form is provided in the back of this guide, and additional forms are available through one of the following ways:

- ▶ Go to www.usdos.sevencorners.com to download the *Prescription Mail Order Form*
- ▶ Go to www.catamaranrx.com
- ▶ Call Customer Service: 1.800.461.0430

Please visit www.catamaranrx.com to find pharmacy locations near you or go to www.usdos.sevencorners.com and click on the tab pharmacy network

You may obtain up to a one-month supply (30 days) of your prescription medication from an in-network pharmacy and up to a three-month supply (90 days) through the Direct Mail Service. (See *exclusions to the Prescription program on page 22.*)

- ▶ \$15 co-pay for all brand name drugs with a generic equivalent available.

ASPE

ACCIDENT AND SICKNESS PROGRAM FOR EXCHANGES

Prescriptions Outside the US

If you are planning to leave the US, and you know you will need a prescription drug refill of any kind while you are overseas, you should follow these steps:

1. **Gather information about the availability of the medication** in the host country to which you are traveling. Due to regulations regarding controlled substances and/or prescription medications, drugs available in the US are not necessarily available overseas and vice versa. If the medication you are taking is not available in your host country, there are many restrictions on shipping prescription medication that can affect your ability to get your medication. In addition, if the medication you take is available in your host country, the Ministry of Health or customs may not allow your medication to be shipped from the US. (i.e. Birth control medication including the Nuvaring). Whether or not a medication can be sent to you outside the US can vary by types of medication (i.e., special packaging), by mail carrier type, and sometimes it is just simply not allowed.
2. **Call your doctor** and see how much of a day supply of your medication he/she can prescribe you so you can have it filled before you leave, and discuss with him/her the information you found out about your specific prescription and its dispensing regulations in the country you are going. Find out what s/he suggests and if there are any alternatives if you are NOT able to get the drug you are currently being prescribed once you leave the US.

It is your responsibility to determine and insure that you will be able to purchase maintenance medication in your host country. To ensure you do not encounter issues, get all the facts!

3. **Even if the medication is a covered prescription under ASPE**, it may not be allowed into the country you are traveling. Don't assume that you can get a prescription just because ASPE would pay for the medication.

4. **The following countries will not accept prescriptions shipped from the US.**

Argentina	Germany	Peru
Armenia	Italy	Russia
Brazil	Kazakhstan	Switzerland
Croatia	Kosovo	Syria
Finland	Mexico	Turkey
France	Norway	Ukraine

5. **Take all of your findings into consideration relating to your health** before you make your travel arrangements. Important medications may not be available, and you need to make every personal effort to determine what your options are if you cannot obtain a drug your doctor has prescribed for you that you need to continue to take while out of the US.

If you find out your prescription is allowed and you work everything out with your provider, the following process describes the method of obtaining the prescription through Seven Corners:

1. Please review the list of medication excluded from the ASPE pharmacy benefits. If the drug you are taking is not a covered ASPE approved medication, the payment will be YOUR responsibility.
2. If it is a covered ASPE medication and it is a maintenance medication that is allowed to be shipped to your host country, the minimum for ordering through mail service is a 90-day supply. It is your responsibility to purchase at least a 60-day supply of required medication to take with you to your host county—this is not reimbursable by ASPE.
 - ▶ Prescriptions **must** be written by a licensed US physician.

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ACCIDENT AND SICKNESS PROGRAM FOR EXCHANGES

- ▶ Prescriptions ordered through the mail order pharmacy will be filled using generics unless specified by your Doctor.
- ▶ Mail order prescriptions **cannot** be filled until you are active on your grant and in your host country. **ASPE does not pay for prescription medications before or after your grant.** (see dates on your ASPE ID card)
- ▶ Mail order prescriptions **cannot** be shipped to an American Embassy or through the Embassy *pouch* unless you have written permission from the Embassy. Written permission **must** accompany the prescription form—no exceptions. Shipments going through the Embassy *pouch* **cannot** be tracked nor can ASPE/Seven Corners guarantee timely delivery.
- ▶ Please use the ***Outside the US-Mail Order Prescription Form*** to order your prescriptions. The form **must** be completely filled out and include a street mailing address, e-mail and phone number for a FedEx or DHL shipment. A copy is provided in the back of the guide and additional copies can be obtained in one of the following ways: Go to **www.usdos.sevencorners.com** to download an ***Outside the US-Mail Order Prescription Form***. Call customer service at **1.800.461.0430** or collect at **+01.317.818.2867**

Remember that if you have less than 90 days left on your grant, your refill will not be a full 90 day refill. It will be filled with an amount necessary to cover you during your eligibility period.

Prescriptions Drugs not obtained through Mail Order

When you pay for prescription drugs out of pocket and it is a covered ASPE medication you can complete a ***Outside the US-Reimbursement Form for Prescription Drugs***. The form is provided in the back of this guide and additional forms are available through one of the following ways:

- ▶ Go to **www.usdos.sevencorners.com**, select forms, and download the ***Outside the US-Reimbursement Form for Prescription Drugs***
- ▶ Call Customer Service **1.800.461.0430** or collect at **+01.317.818.2867**

To obtain reimbursement, the form must be submitted with the medication receipt which must include:

- ▶ the name and address of the pharmacy or hospital
- ▶ where the medication was purchased,
- ▶ the physician's name,
- ▶ the date of service,
- ▶ a description of the prescription drug, and the charge

Mail reimbursement to:

**Seven Corners
P.O. Box 3724
Carmel, IN 46082-3724**

PHARMACY PROGRAM EXCLUSIONS

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ACCIDENT AND SICKNESS PROGRAM FOR EXCHANGES

The following exclusions apply to both US and Outside of US Pharmacy Programs

- ▶ Any over-the-counter drug or medical supplies that can be bought without a prescription
- ▶ Any quantity of drugs dispensed which exceeds the supply and refill limits
- ▶ Any prescription or refill dispensed more than one year after the original prescription
- ▶ Prescriptions filled prior to the effective date or after the termination date of the Exchange Participant's coverage
- ▶ AIDS related drugs (HIV)
- ▶ Anorexiant, anti-obesity drugs
- ▶ Antivirals: including HAART treatments.
- ▶ Biological sera
- ▶ Any drug for cosmetic purposes, including, but not limited to, Rogaine
- ▶ All drugs related to Erectile Dysfunction (ED)
- ▶ Fertility drugs
- ▶ Fluoride preparations
- ▶ Human growth hormones
- ▶ Immunization agents
- ▶ Drugs not approved by the FDA
- ▶ Drugs labeled "Caution-Limited by Federal Law to Investigational Use," drugs which are in connection with experimental or investigative services or supplies, including drugs requiring federal or other governmental agency approval or granted at the time they are prescribed.
- ▶ Multiple Sclerosis agents such as Betaseron, Avonex, Copaxone, Tysabri
- ▶ Non-insulin syringes/needles
- ▶ Nutritional Supplements
- ▶ Drugs used to deter smoking
- ▶ Therapeutic devices or appliances or other non-medical substances, regardless of their intended use
- ▶ Services or supplies including, but not limited to, administration of high dose chemotherapy or radiation therapy
- ▶ Immunosuppressant drugs are not covered
- ▶ Drugs related to tissue or solid organ transplants procedures
- ▶ OTC Vitamins, or vitamin derivatives

ASPE

ACCIDENT AND SICKNESS PROGRAM FOR EXCHANGES

Non-Medical Provider Network Services

If you receive covered medical services from a medical provider that is not in the Medical Provider Network and you paid for medical bills out of your pocket, you must complete an **Accident/Illness Medical Claim Form** and submit it along with your itemized medical bills to receive reimbursement for your payment.

An Accident/Illness Medical Claim is provided in the back of this guide, and additional forms are available through one of the following ways:

- ▶ Go to www.usdos.sevencorners.com, to download the Accident/Illness Medical Claim
- ▶ Call Customer Service 1.800.461.0430 or collect at +01.317.818.2867 outside the US and one will be mailed to you

You must submit information NO LATER than one year from the date of the medical service to receive reimbursement. Original bills will not be returned. Keep a photocopy of all bills and receipts for your personal records. The bills you submit MUST INCLUDE the following information:

- ▶ Name, address and professional status of the person or organization providing the service
- ▶ Provider Tax ID number (for providers in the US)
- ▶ Name of patient receiving service
- ▶ Date of service
- ▶ Description of each service
- ▶ Diagnosis
- ▶ Charge for each service
- ▶ For eligible psychotherapy expenses, include the length of each session and session type (ex. group or individual)

Sign the completed claim form and mail it to the address on the back of your identification card.

Medical Network Provider Services

Claims are automatically submitted to Seven Corners by the provider or hospital when you use a medical provider that is in the Medical Provider Network. You are responsible for paying your co-pay at the time of service. Payment for services, other than the co-pay, will not be expected in advance. Additionally, when you use the Medical Provider Network, you will not be responsible for charges over the usual, customary and reasonable charges. All covered services are paid according to the negotiated fee schedule.

Your Co-Pay

ASPE requires all its members (exchange participants) to pay co-pays. \$25 co-pay for office visits, \$75 co-pay for ER, Hospitalizations and Urgent Care. As a reminder the co-pay amounts will be pre-printed on the ASPE ID card.

Appealing a Payment Decision

If your claim is denied for payment, you may appeal the denial decision by submitting an appeal in writing to:
usdosinfo@sevencorners.com

Or write to:

ASPE Health Benefits
Attn: Appeals
P.O. Box 3724
Carmel, IN 46082-3724

Availability of Funds

Payment of medical benefits is subject to the availability of appropriated funds at the time the claim is filed.

Legal Action

No legal action may be brought against the ASPE prior to the expiration of 120-days after written claim form and other proof of loss have been submitted. Additionally, no legal action may be brought against the ASPE after the expiration of three years from the time of submission of written claim form and required proof of loss.

COORDINATION OF BENEFITS

ASPE

ACCIDENT AND SICKNESS PROGRAM FOR EXCHANGES

Multiple Plans

The ASPE program contains a Coordination of Benefits provision. This provision is used when you are eligible for payment of claims under more than one health care benefit plan.

When you have health care coverage other than ASPE (except Medicare or Medicaid), your other coverage is the **primary payer** and must pay claims first up to the limit of its policy. ASPE is then designated as the secondary payer and must pay any remaining amount covered by your ASPE plan.

The ASPE is secondary to all other insurance polices, except Medicare/Medicaid

If you have health care coverage other than this USDoS plan, use the following guidelines to determine when claims should be submitted to USDoS as the primary payer:

- 1st:** Submit claims to private insurance carrier and obtain payment and EOBs
- 2nd:** Submit your original medical bills and EOBs from your primary carrier, and ASPE will pay your remaining charges covered under your ASPE benefit plan.

If you become disabled prior to age 65 or are otherwise entitled to Medicare benefits (i.e. for renal dialysis), the benefits you are entitled to receive from Medicare will be reduced by the amount the ASPE health benefit plan would pay. You must first use ASPE health plan benefits to which you are entitled before submitting charges to Medicare or Medicaid for reimbursement.

Subrogation

If you receive an injury due to the actions of another person, and benefits are paid under your ASPE plan due to that injury, USDoS will be entitled to a refund from such recovery of all benefits paid if money is recovered from the third party, its insurer, or uninsured motorist insurance. Upon request, you must complete the required Accident forms and return them to USDoS and cooperate fully with USDoS asserting its right to recover.

Overpayment

When payments for a given medical treatment have been made in excess of the amount necessary, USDoS has the right to recover such overpayments. The Administrator (Seven Corners) for USDoS will notify you (the grantee) of the overpayment and request reimbursement from you or the health care provider.

GLOSSARY OF TERMS

ASPE

ACCIDENT AND SICKNESS PROGRAM FOR EXCHANGES

Administrator—A private company contracted by the USDoS to administer the ASPE health benefit plan. The current ASPE administrator is **Seven Corners, Inc.**

Ambulatory Surgical Facility—An establishment which may or may not be part of a Hospital and which meets the following requirements:

1. is in compliance with the license or other legal requirements in the jurisdiction where it is located;
2. is primarily engaged in performing surgery on its premises;
3. has a licensed medical staff, including Physicians and Registered Nurses;
4. has permanent operating room(s), recovery room(s) and equipment for emergency care, and
5. has an agreement with a Hospital for immediate acceptance of patients who require Hospital care following treatment in the ambulatory surgical facility.

Benefit Year—The one-year period that begins on your start date in the ASPE program.

Certificate of Coverage—Is a “Proof of Coverage” letter providing evidence of your prior health coverage. Upon request this document is provided by Seven Corners.

Co-Pay—Co-pay is the specified dollar amount that a patient is expected to pay directly to the provider at the time of service.

Covered Charges—Charges for medical services or supplies that are:

1. allowable by the ASPE health benefit plan;
2. administered or ordered by an eligible health care provider;
3. medically necessary to the diagnosis and treatment of an Injury or Sickness;
4. related to medical conditions that are not pre-existing per the ASPE health benefit plan definition, and
5. not in excess of the negotiated rate based on services provided or the usual, customary and reasonable fee schedule.

Covered Services—Medical services or supplies covered by the ASPE health benefit plan are those related to medical conditions which are not pre-existing, and provided by a provider acting within the scope of their license. In order to be considered a covered service, charges must be incurred while your coverage is in force.

Covered Expense—Expenses for medical services or supplies that are:

1. allowable by the ASPE health benefit plan,
2. administered or ordered by a Physician,
3. medically necessary to the diagnosis and treatment of an Injury or Sickness,
4. related to medical conditions that are not pre-existing per the ASPE health benefit plan definition, and
5. not in excess of the negotiated rate based on services provided or the usual, customary and reasonable fee schedule.

Covered Person—Exchange Participants in an eligible ECA/USDoS sponsored exchange program enrolled in the ASPE benefit plan. “Eligible Program” does not include those for which USDoS support is primarily for administrative or facilitative support rather than direct Participant costs. “Participants” does not include escorts, escort/ interpreters, staff of organizations receiving grant support directly or indirectly from USDoS, independent consultants associated with these organizations, or dependents of program participants.

Durable Medical Equipment (DME)—DME means medical equipment which:

1. is prescribed by the Physician who documents the necessity for the item, including the expected duration of its use;
2. can withstand long term repeated use without replacement;
3. is not useful in the absence of Injury or Sickness; and
4. can be used in the home without medical supervision.

Emergency—A sudden, unexpected onset of a medical condition that is of such a nature that failure to render immediate care by a licensed medical provider would place the Exchange Participant’s life in danger, resulting in the loss of life or limb, or would cause serious impairment to the Exchange Participant’s health.

GLOSSARY OF TERMS

ASPE

ACCIDENT AND SICKNESS PROGRAM FOR EXCHANGES

Enrollment—Exchange Participants are eligible to participate in the ASPE Health Benefit Plan when they are enrolled in the program by their program agency, commission or cooperating agency. The program agency, commission or cooperating agency issues each Exchange Participant an ASPE identification card.

Exclusions—Any services or supplies related to pre-existing conditions or any other non-covered plan benefits.

EOB—Is an acronym for Explanation of Benefits. Although EOBs often look like a medical bill, the EBO tells you what portion of a claim was paid to the health care provider and what portion of the payment, if any, you are responsible for.

Experimental—Any treatment, procedure, facility, equipment, drug, device or supply which:

1. is not accepted as standard medical treatment for the condition being treated; or
2. requires but has not received federal or other governmental agency approval at the time of service.

Health Care Provider—A licensed physician, hospital or clinic that provides medical services.

Hospital—An institution which:

1. operates as a Hospital pursuant to law for the care and treatment of sick or injured persons as inpatients;
2. provides 24-hour nursing service by registered nurses on duty or on call;
3. has a staff of one or more Physicians available at all times;
4. provides organized facilities for diagnosis, treatment and surgery either on its premises, or in facilities available to it on a pre-arranged basis, and
5. is not primarily a nursing, rest, convalescent home or similar establishment, or any separate ward, wing or section of a Hospital used as such.

Identification Card—A card issued by the ASPE health benefit plan that bears the member's name, identifies the membership by number and may contain information about your coverage.

Injury—An accidental bodily injury sustained by an Exchange Participant while covered under the ASPE health benefit plan and which occurs independent of all other causes.

Inpatient—A person who is a resident patient, using and paying for the room and board facilities of a Hospital.

Intensive Care Facility—An intensive care unit, cardiac care unit, or other unit or area of a Hospital:

1. reserved for the critically ill requiring close observation; and
2. equipped to provide specialized care by trained and qualified personnel and special equipment and supplies on a standby basis.

Loss—The financial loss associated with an accident or illness for a claim submitted to the Administrator.

Medical Network Provider—Providers of service who have been selected or have decided to become part of a preferred network to work with an insurer to help control costs to patients.

Medicare—The program of health care for the aged and disabled established by Title XVIII of the Social Security Act of 1965, as amended.

Mental Health Care Provider—A licensed physician, licensed clinical psychologist, licensed clinical social worker or a master of social work (MSW), acting within the scope of your license who is not the Exchange Participant or a member of the Exchange Participant's immediate family, who may provide services that are medically necessary for mental and nervous disorders only.

Outpatient—A person who receives medical services and treatment on an Outpatient basis in a Hospital, Physician's office, Ambulatory Surgical Center, or similar centers, and who is not charged room and board for such services.

Pharmacy Network—The retail and mail service pharmacy network.

Physician—A qualified, licensed health care practitioner, acting pursuant to a license, who is not the Exchange Participant or a member of the Exchange Participant's immediate family.

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ACCIDENT AND SICKNESS PROGRAM FOR EXCHANGES

Pre-Existing Condition—Any condition which:

- a. had its origins prior to the Exchange Participant's effective date of coverage;
- b. a Physician was consulted prior to the Exchange Participant's effective date of coverage;
- c. treatment or medication was received prior to the Exchange Participant's effective date of coverage, or
- d. would have caused any prudent person to seek medical advice or treatment, prior to the Exchange Participant's effective date of coverage.

Note: For purposes of the ASPE, pregnancy is not defined as a pre-existing condition.

Pre-Notification—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.

Providers of Service—When you are ill or injured, your coverage helps pay the hospital and your physician as well as appropriate charges for other approved health care professionals. These providers include but are not limited to:

Hospital—Any hospital accredited by the Joint Commission on the Accreditation for Health Organizations, including Veterans Administration Hospitals and Department of Defense Hospitals.

Physicians—Any provider licensed in the state or country where the services were provided. These include: Doctor of Medicine (MD), Doctor of Osteopathy (DO), Doctor of Dental Surgeries (DDS or DMD), Podiatrist (POD) and Psychologist (Ph.D.).

Certified Nurse Midwife—Must be a licensed registered nurse and certified as a nurse midwife by the American College of Nurse Midwives.

Other Providers—Nurse anesthetist, nurse practitioner, psychiatric social worker, respiratory therapist, speech therapist, occupational therapist, optician, optometrist, physicians' assistant, private duty nurse, technical surgical assistant, registered physical therapist or physiotherapist. All of the above mentioned providers must be licensed or certified in the jurisdiction where the services were provided.

Registered Nurse—A graduate nurse who has been registered or licensed to practice by a State Board of Nurse Examiners or other state authority, and who is legally entitled to place the letters RN after your name.

Right of Recovery—When payments for a given medical treatment have been made in excess of the amount necessary, the USDoS has the right to recover such overpayments. The USDoS will notify the Exchange Participant of overpayment and request reimbursement from the health care provider.

Sickness—An illness, disease, or physical condition of an Exchange Participant commencing while coverage is in force.

Usual, Customary and Reasonable (UCR)—The payment amount as determined by a nationally recognized MDR fee schedule based upon geographic location. The Administrator purchases the MDR fee schedule from Ingenix, and the Administrator reserves the right of final determination of the amount payable for any service or supply.

The following is the basis for determination of UCR:

Usual - an amount a professional provider routinely charges for a given service.

Customary - an amount which falls within the range of charges for a given service billed by most professional providers in the same locality who have similar training and experience.

Reasonable - an amount that is Usual and Customary or an amount not considered excessive in a particular case because of unusual circumstances.

If the charge is in excess of the UCR, no payment with respect to the excess is made, and the excess will not qualify as a Covered Expense under the ASPE health benefit plan.

A+S P E

ACCIDENT AND SICKNESS PROGRAM FOR EXCHANGES



ACCIDENT/ ILLNESS MEDICAL CLAIM FORM

**Instructions:**

1. This form is to be used when filing a claim for reimbursement of Medical Expenses and must be completed by the Exchange Participant in full.
2. Fully itemized, original bills including Patient's Name, Nature of Illness / Injury, must be included with this claim form.
3. Description and Charge for each service provided must be included with this completed claim form.
4. This form must be signed and dated in all applicable sections.
5. This form and all attached bills must be submitted to the address indicated above.
6. For International claims, please complete and attach the Correspondence/Payment instruction form.

The furnishing of this form, must not be construed as an admission of any liability on Seven Corners, nor a waiver of any of the conditions of the ASPE health benefit plan.

1.) Current Effective Date ___/___/___ Current Termination Date ___/___/___ Original Effective Date ASPE ___/___/___

2.) ID Number: _____ 3.) E-Mail Address: _____
(Required for claims processing)

4.) Name of Exchange Participant: _____ Date of Birth ___/___/___ Sex: Male Female

5.) Name of Patient _____ Date of Birth ___/___/___ Sex: Male Female

6.) Current Residence Address: _____

7.) Date of Arrival in Host Country: ___/___/___ Daytime Phone Number: (____) _____

8.) Permanent Address (In Home Country): _____

Where do you want your payments\correspondence to go: US Outside of US Please complete Payment instruction form.

9.) Date scheduled to return to Home Country: ___/___/___ Check here if return date is not yet determined.

10.) If Accident, provide details, i.e., how when and where accident occurred: _____

11.) If Illness, advise when and where symptoms first occurred and nature of Illness: _____

12.) Name and address of Consulting Physicians: _____

13.) Have you ever been treated for this Illness before? Yes No If Yes, when? _____

14.) Provide Name and Address of your Regular Physician in your Home Country: _____

15.) Please advise names of any prescription medications you are presently taking: _____

16.) Indicate other Health Insurance coverage, include name, address, policy number and certificate number of Insurer: _____

17.) If submitting bills for settlement please indicate: Total amount claimed, Including Currency of Claim: _____

I, the undersigned authorize any hospital or other medical-care institution, physician or other medical professional, pharmacy, insurance support organization, governmental agency, group policyholder, insurance company, association, employer or benefit plan administrator to furnish to the Claims Administrator named above or its representatives, any and all information with respect to any injury or illness suffered by, the medical history of, or any consultation, prescription or treatment provided to, the person whose death, injury, illness or loss is the basis of claim and copies of all of that person's hospital or medical records, including information relating to mental illness and use of drugs and alcohol, to determine eligibility for benefit payments under the ID Number identified above. I authorize the employer or benefit plan administrators to provide the Claims Administrator named above with financial and employment-related information. I understand that this authorization is valid for the term of coverage of the ID Number identified above and that a copy of this authorization shall be considered as valid as the original. I understand that I, or my authorized representative, may request a copy of this authorization. In addition, I hereby certify that the above information is true and correct to the best of my knowledge and belief.

X _____
Signature of Patient or Parent, If Patient is a Minor

Date

Fraud Warning

In many jurisdictions of the United States, any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in prison.



PAYMENT AUTHORIZATION INSTRUCTIONS

By completing and submitting the Payment Authorization Form, you will provide the necessary financial information to be reimbursed for your expenses.

PAYMENT AUTHORIZATION FORM INSTRUCTIONS

1. Please complete all sections legibly and completely. If a question does not apply to you, please use n/a.
2. Please sign and date appropriately.
3. For an ACH, if the bank is located in the United States, complete boxes 1 and 2. *(The names in box 1 and 2 must match.)*
4. For an ACH, if the bank is located outside of the United States, complete boxes 1 and 3. *(The names in box 1 and 3 must match.)*
5. For a wire transfer, complete boxes 1 and 3. *(The names in box 1 and 3 must match.)*
6. For a check, complete boxes 1 and 2. *(The names in box 1 and 2 must match.)*
7. For more information about how to file a claim visit: www.sevencorners.com/file-a-claim

ASPE Health Benefits
Attn: Claims
PO BOX 3724
Carmel, IN 46082
Toll Free: 1(800)461-0430
Fax: (317)575-6467
claims@sevencorners.com

PAYMENT AUTHORIZATION FORM

1. For an ACH, if the bank is located in the United States, complete boxes 1 and 2. (The names in box 1 and 2 must match.)
2. For an ACH, if the bank is located outside of the United States, complete boxes 1 and 3. (The names in box 1 and 3 must match.)
3. For a wire transfer, complete boxes 1 and 3. (The names in box 1 and 3 must match.)
4. For a check, complete boxes 1 and 2. (The names in box 1 and 2 must match.)

METHOD OF PAYMENT - ONE MUST BE SELECTED

 ACH

Only in U.S. \$, Canada \$
Euros & Pounds

 Check

Check will be written and shipped to
person in "Contact Information" field.

 International Wire Transfer

1 - CONTACT INFORMATION

(P.O. Boxes are not accepted)

Name: _____ Member ID# _____

Physical/Street Address: _____

Email: _____ Telephone Number: _____

I authorize Seven Corners, Inc. to contact me using the email address I provided in this form to discuss and/or inform me of payment confirmation.

2 - US ACCOUNT INFORMATION - COMPLETE FOR ACH PAYMENT IF BANK IS IN THE U.S. (NO FEES APPLIED)

(Name in "Contact Information" must match name on bank account)

Account Type: Checking Savings

Account Holder(s) Name: _____ Full Bank Name: _____

Complete Bank Address: _____

ABA Routing Number: _____ Account Number: _____

3 - INTERNATIONAL / NON-US ACCOUNT INFORMATION - COMPLETE FOR WIRE TRANSFER PAYMENT OR ACH OUTSIDE THE U.S.

Preferred Reimbursement Currency: _____

Full Bank Name: _____ Branch Name/Number: _____

Complete Bank Address: _____

Account Holder(s) Name: _____

(Exact, full, legal name(s) of account holder(s) as it appears on bank statements. Joint accounts require all names.)

Account Number: _____

Complete the fields below as appropriate for your specific account. Please contact your bank to confirm the exact information required to successfully receive a foreign funds transfer.

Routing Number: _____ SWIFT/BIC: _____

IBAN: _____ CLABE: _____

BSB: _____ Sort Code: _____

Other (please specify): _____

I hereby authorize Seven Corners, Inc. (hereinafter COMPANY) to mail any payments to the above listed address and to deposit any amounts owed me for reimbursement of medical expenses or services rendered by initiating credit entries to my account at the financial institution (hereby BANK) indicated above. Further, I authorize BANK to accept and to credit any credit entries indicated by COMPANY to my account. In the event that COMPANY erroneously deposits funds in my account (by way of example, I am not entitled to the funds or the amount of deposit is incorrect or such funds are deposited in the wrong account), I authorize COMPANY to debit or credit my account in the amount necessary to correct the initial deposit, but in no case shall any debit exceed the amount of the initial deposit. I further agree COMPANY is not responsible for any transaction fees charged and will release Seven Corners of any liability in the event of lost or stolen payments.

Account Holder Signature

Date



MEMBER REIMBURSEMENT DRUG CLAIM FORM

Complete this form, attach prescription labels and mail to:

Catamaran
P.O. Box 5206
Lisle, IL 60532-5206



Cardholder Information	
Cardholder's ID Number:	Group/Employer/Union Name and Number: RX 2537
Cardholder's Name: (Last, First, Middle)	Cardholder's Birthdate: (MM/DD/YY YY)
Cardholder's Address: (Street, City, State, Zip)	Cardholder's Phone Number:

Patient Information					
Prescription(s) were for:					
Patient Name: (First, Middle, Last)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Employee <input type="checkbox"/>	Spouse <input type="checkbox"/>	Dependent <input type="checkbox"/>	Patient Birthdate: (MM/DD/YYYY)

Reason for Request	
<input type="checkbox"/> Coordination of benefits with primary pharmacy or medical plan.	<input type="checkbox"/> Eligibility issue at the pharmacy
<input type="checkbox"/> Compound claim	<input type="checkbox"/> Other, please describe:
<input type="checkbox"/> Out of area/ urgent/emergency request	

Pharmacy Information	
Pharmacy Name:	Pharmacy NABP Number:
Pharmacy Address: (Street, City, State, Zip)	
Pharmacy Telephone Number: ()	Pharmacist Signature: _____ Date: _____

Prescription Information					
<i>Please include the prescription labels with this form (receipts are not acceptable) or a pharmacy printout signed by the pharmacist. You can ask your pharmacist for assistance in completing the information below. Completing this entire form will result in timely processing of your claim. For questions concerning this claim please call the toll free number listed on your pharmacy ID card.</i>					
1 Date Filled:	Rx Number:	Rx: (Check One) <input type="checkbox"/> New <input type="checkbox"/> Refill	Quantity:	Day's Supply:	National Drug Code: (11 digits)
Medication Name, Strength, Dosage Form:			Physician Name:	NPI/DEA #	Rx Price Paid:
2 Date Filled:	Rx Number:	Rx: (Check One) <input type="checkbox"/> New <input type="checkbox"/> Refill	Quantity:	Day's Supply:	National Drug Code: (11 digits)
Medication Name, Strength, Dosage Form:			Physician Name:	NPI/DEA #	Rx Price Paid:
3 Date Filled:	Rx Number:	Rx: (Check One) <input type="checkbox"/> New <input type="checkbox"/> Refill	Quantity:	Day's Supply:	National Drug Code: (11 digits)
Medication Name, Strength, Dosage Form:			Physician Name:	NPI/DEA #	Rx Price Paid:

I certify that all information provided on this form is correct and that the prescription(s) submitted are for me or for members of my family who are eligible. I certify that the prescription(s) submitted are for the sole use of the named patient. I understand that fraudulent acts (including false claims) may be subject to civil or criminal penalties. I also authorize release of eligible information pertaining to this claim(s) to the plan administrator, underwriter, plan sponsor, policyholder and/or employer.

Signature: _____	Date: _____
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SEVEN CORNERS Prescription Drug Claim Form

Important!

Always allow up to 21 days from the time you send this form until the time you receive the response to allow for mail time plus claims processing. Make a copy of all documents submitted and do not staple or tape receipts or attachments to this form. No documents will be returned.

Mail to: Catamaran
P.O. Box 5206
Lisle, IL 60532-5206

Submission Requirements

You **MUST** include all original receipts for your claim to process. You **MUST** include your pharmacy receipt. Cash register receipts will only be accepted for diabetic supplies. The minimum information required is:

- Patient Name
- Date of Fill
- Total Charge
- Prescription Number
- Metric Quantity
- Pharmacy Name and Address or Pharmacy NABP Number
- Medicine NDC Number
- Days Supply

Example Pharmacy Receipt:

The image shows a sample pharmacy receipt from Family Drug, Inc. with arrows pointing to specific fields on the receipt and labels for the claim form. The receipt includes the pharmacy name and address, prescription number (Rx# 1234567), patient name (John Smith), medication name (TOPROL XL 100MG TAB), NDC number (00186-1092-05), days supply (DS 15), quantity (#15), and total charge (\$ 22.76). The fill date is 9/07/06.

Mail This Completed Form To:

Mail to: Catamaran
P.O. Box 5206
Lisle, IL 60532-5206

To avoid having to submit a paper claim form:

- Always have your card available at time of purchase.
- Always use pharmacies within your network
- Use medication from your formulary list
- If problems are encountered at the pharmacy, call the number on the back of your card

Important! A signature is **REQUIRED** in both A and B

Fraud Prevention Regulation: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Signature of Plan Participant

Date

Release of Information: I certify that I (or my eligible dependent) have received the medicine described herein and that the plan participant named is eligible for prescription benefits. I also certify that the medicine received is not for treatment of an on-the-job injury or covered under another benefit plan. I authorize release of all information pertaining to this claim to Catamaran, the prescription benefit manager; insurance underwriter; sponsor; policyholder; and/or employer. I certify that all the information entered on this form is correct.

Signature of Plan Participant

Date

Catamaran™ Home Delivery for prescription medications



the convenient and
cost-effective way to get
your prescriptions filled



Order Form (please print)

Patient Name (First MI Last)		Date of Birth	
Shipping Address*			
City		State	Zip
Preferred Phone Number		Alternate Phone Number	
Member ID #		Group #	

* A physical address (not a P.O. Box) is typically required for temperature-sensitive medications and controlled substances.

Shipping Methods:	<input type="checkbox"/> Normal (no charge)	<input type="checkbox"/> 2nd Day Air (\$11.00)	<input type="checkbox"/> Next Day Air (\$25.00)
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Payment Methods:

- Check
- Money Order
- Visa
- MasterCard
- American Express
- Discover

Credit Card Payments choose one: <input type="checkbox"/> One-time use only <input type="checkbox"/> Approved for future recurring orders

Credit Card #: _____

Exp. Date: _____

Name of Cardholder

NOTE: Make check payable to: Catamaran Home Delivery. DO NOT send cash. Orders received without payment may result in delays in processing and may therefore extend delivery times.

I certify the information provided on this form is correct. I authorize the release of all information to the plan sponsor, administrator or underwriter. I authorize Catamaran to substitute generic drugs in all cases where permissible under applicable state laws and consistent with doctor's orders. My signature also acknowledges I have been provided with a copy of the Notice of Privacy Practice.

Signature

Date

Total Co-Payment: \$ _____

Shipping: \$ _____

Total: \$ _____

State and federal regulations require patient identification when dispensing controlled substance prescriptions. Please provide **one** of the following:

Driver's License:
State _____ # _____

— or —

Social Security # _____

Contact Us

Catamaran Home Delivery

P.O. Box 407096

Ft. Lauderdale, FL 33340-7096

Member Services:

1-800-881-1966 (TTY: 711)

Available 24 hours a day, 7 days a week for your prescription needs

www.mycatamaranRx.com

Getting Started

Have your doctor write your prescription for the maximum days supply allowed by your plan (typically a 90-day supply plus 3 refills for a one-year supply).

Write the patient's name, date of birth and identification number on the back of each original prescription.

Complete the order form and patient profile section of this brochure. Mail the form, original prescriptions and payment information to:

Catamaran Home Delivery
P.O. Box 407096
Ft. Lauderdale, FL 33340-7096

We'll do the rest!

Most orders are shipped through the U.S. Postal Service with delivery to your home, office or alternate location. Controlled substances may require an adult signature upon receipt. Packaging does not indicate that medications are enclosed.

Please allow 10–14 days for delivery of your prescriptions. Expedited shipping options are also available. Please note that this only reduces transit time and will NOT affect the processing time of your prescription. If you do not get your order within 14 days, please contact Member Services.

_____ for additional information _____

call **1.800.881.1966 (TTY: 711)**
or visit **mycatamaranRx.com**



Frequently Asked Questions

What drugs are covered?

Prescription drugs that are covered by your benefit plan are available through mail order. Insulin, insulin syringes and test strips need a prescription when you order them through Catamaran Home Delivery.

When will I get my order?

You should receive your order within 10–14 days. Please allow a few extra days for your first order.

Am I charged for shipping?

Shipping is free. You can get Next Day or Second Day delivery for an extra charge.

Is my information kept private?

Yes, we keep this information completely private. Please read the Notice of Privacy Practices included with this guide. After reading it, you must sign the bottom of the order form.

Patient Profile

Use one form per patient. Additional forms are available at mycatamaranRx.com.

Please review your order carefully. Once submitted, an order cannot be cancelled or returned.

Drug Allergies						Medical Conditions					
Other	Penicillin	Codeine	Sulfa	Aspirin	None	Other	Diabetes	Glaucoma	Heart Condition	High Blood Pressure	Thyroid
Patient Name (First MI Last)						Describe other allergies or conditions:					
Date of Birth: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female											
Plan Member (Insured)											
ID# _____											
Relation to Member:											
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent											

Prescription Info

If you would like Catamaran to contact your physician to request a prescription for you, please provide the information below. Your order will be shipped once we receive the prescription. Remember, you can always view the status of your order online.

Drug Name & Dosage	Doctor Name	Doctor Phone #	Doctor Fax #

If a prescription medication is entered above, but a doctor's prescription is NOT enclosed, we will contact the physician listed.



Outside the U.S.



Administered by Seven Corners
P.O. Box 3724
Carmel, IN 46082-3724
Toll Free (800) 461-0430
Fax (317) 575-6467

FOR OFFICE USE ONLY
AUTH#:

Mail Order Prescription Form

This service is provided by Seven Corners to provide prompt delivery of required prescription medications for USDOS Exchange Participants outside of the US, with no "up front" payment by the Exchange Participant for qualifying prescriptions.

To receive your prescription medication in the mail:

- **The Prescription must be a covered drug as defined by the USDOS Health Care Program.**
- Your order must be at least a three (3) month supply in order to qualify for the Direct Mail Prescription Service for Exchange Participants **outside of the US.**
- Complete the requested information below each time prescriptions are to be filled.
- Prescriptions must be **valid and written by a licensed U.S. Physician.**
- Place your prescription or refill request along with this completed form in an envelope and mail to: Seven Corners, P.O. Box 3724, Carmel, IN 46082-3724, or
- You may fax this form to 317-575-6467; however, **PLEASE NOTE** - in order for us to accept a faxed prescription, the prescription must be faxed with a cover sheet directly from the physician's office.
- **Prescriptions faxed by Participants are not valid and will not be accepted.**
- Be sure to provide your ID number, phone number and email address.
- Provide your doctor's name and phone number, and if available fax number, for each prescription included with the order form.
- **Eligible prescriptions** will be filled and shipped to the mailing address provided on this form.

Exchange Participant's Name		Gender	Exchange Participant's ID Number	
Exchange Participant's Phone Number	Birthdate	Exchange Participant's Email		Eligibility Start & End Dates
Complete address where medication is to be mailed (No P.O. Boxes allowed)				

PRESCRIPTION DRUG NAME	QTY	REFILL (Y/N)	DOCTOR'S NAME & PHONE NO.

I certify that the information on this form is correct.

Exchange Participant's Name (please print)

Exchange Participant's Signature

Date



Outside the U.S.



Administered by Seven Corners
P.O. Box 3724
Carmel, IN 46082-3724
Toll Free (800) 461-0430
Fax (317) 575-6467

Reimbursement Form for Prescription Drugs

To receive reimbursement for prescription drugs purchased outside of the US:

- **The Prescription must be a covered drug as defined by the USDOS ASPE Health Benefit Program.**
- Complete the requested information below for each prescription drug you are requesting reimbursement.
- You may mail this form and your receipt(s) to Seven Corners, P.O. Box 3724, Carmel, IN 46082-3724, or fax to 317-575-6467.
- Be sure to provide your ID number, phone number, email address and mailing address.
- Provide your doctor's name and phone number and the name of the pharmacy and phone number for each prescription you are requesting reimbursement.
- Claim forms submitted without the required information will cause payment delays or may be returned to you.

Exchange Participant's Name	Exchange Participant's ID Number
Exchange Participant's Birthdate	Exchange Participant's Gender
Exchange Participant's Phone Number	Exchange Participant's Email
Complete address where reimbursement is to be mailed	
Doctor's Name and Phone Number	
Pharmacy Name and Phone Number	

Name of Prescription Drug	Quantity	Cost

I certify that the patient for whom this claim is made is eligible under the USDOS ASPE Health Benefit Program and that the prescription is for the sole use of the named patient.

Exchange Participant's Name (please print)

Exchange Participant's Signature

Date

**For help with completing this form, please call Seven Corners toll free at 1-800-461-0430 or call collect at 317-818-2867
Email: usdosinfo@sevencorners.com**

ASPE Health Benefit Plan
Administrator

Seven Corners, Inc.
P.O. Box 3724
Carmel, IN 46082-3724



SEVEN CORNERS