

# Inbound® USA

SCHEDULED TRAVEL MEDICAL INSURANCE FOR  
NON-U.S. RESIDENTS AND NON-U.S. CITIZENS

Covers travel to the United States.





## Our Inbound® USA Plans

If you're traveling to the United States, you should be aware medical expenses in the USA are some of the most expensive in the world. That's why it's important to consider a travel medical insurance plan like Inbound USA to protect you if you become sick or hurt on your trip. Because it has scheduled benefits, it is priced affordably even for longer trips and includes 24/7 multilingual travel assistance services.

To review the plan benefits, obtain a quote, and purchase a plan, visit our Inbound USA product page.

### Who can purchase this plan?

Non-United States citizens who are traveling to the USA can buy Inbound USA. You may buy coverage for yourself, your spouse, your children, and your traveling companions. To be covered, you must be at least 14 days of age and younger than 100 years of age. United States citizens, including those with dual citizenship, and Green Card/Permanent Resident cardholders cannot buy this plan for travel to the United States and U.S. territories.

### Where can I travel?

If you wish to buy this plan, your travel destination must be the USA. The plan provides limited coverage for travel to additional countries for trips that originate in the USA. See the International Travel Coverage benefit for details.

### Coverage Length

You can buy up to 364 days of coverage. If you buy less than 364 days, we will email you an extension (renewal) notice before coverage ends. There is a \$5 fee for each extension. If you purchase Inbound USA Choice you can extend your coverage up to 1,092 days (3 years). For details regarding how an extension beyond 364 days works for Inbound Choice, visit the product page.

## ABOUT SEVEN CORNERS

Founded in 1993, Seven Corners, Inc. is an award-winning travel insurance provider that serves customers all over the world with our insurance products and assistance services.

We will take care of your plan needs from start to finish — we don't outsource any services! We'll guide you through your purchase, provide your coverage information, answer your questions along the way, assist with your travel needs, and process your claims. Our goal is to provide you with outstanding service every step of your journey with us.

### Seven Corners Assist

If you need travel assistance during your trip, our own in-house multilingual team, **Seven Corners Assist**, is available 24/7.

**24/7 Travel Assistance** — We can provide local weather details, currency rates, embassy contact information, interpreter referrals, help with lost passport recovery, and pre-trip information such as inoculation and visa requirements.

**24/7 Medical Assistance** — We can help you locate appropriate medical care through our provider directory, arrange second opinions, arrange emergency medical evacuations, and medical record transfers.

## YOUR UNDERWRITER

You can feel confident with Inbound USA's strong financial backing through Certain Underwriters at Lloyd's, London\*, an established organization with an AM Best rating of A (Excellent). Your coverage will be there when you need it.

\*In specific scenarios, coverage is provided by Tramont Insurance Company Limited. For details regarding Tramont, visit [tramontinsurance.com](http://tramontinsurance.com).

## Schedule of Benefits

All benefits are shown in United States dollar amounts. All medical and dental benefits are subject to the deductible. All benefits are provided up to the amount shown and are per person, per occurrence (injury or illness), unless otherwise noted. No coinsurance applies. **The initial treatment of an injury or illness must occur within 30 days of the date of Injury or onset of Illness.**

	<b><i>Inbound® Basic</i></b> <i>Essential Medical Coverage for Visitors to the U.S.</i>	<b><i>Inbound® Choice</i></b> <i>Most Popular</i>
<b>PLAN OPTIONS</b>		
Benefit Period	180 Days	180 Days
Lifetime Plan Maximum (The maximum amount payable for the total period of coverage.)	\$1,000,000	\$1,000,000
Medical Maximum Options (Per person, per Injury or Illness)	<b>Ages</b> 14 days to 69 years old: \$50,000; \$100,000; \$150,000  70 to 99 years old: \$50,000; \$100,000	<b>Ages</b> 14 days to 69 years old: \$50,000; \$100,000; \$150,000  70 to 99 years old: \$50,000; \$100,000
Deductible Options (You pay)	<b>Ages</b> 14 days to 69 years old: \$0; \$50; \$100  70 to 99 years old: \$100; \$200	<b>Ages</b> 14 days to 69 years old: \$0; \$50; \$100  70 to 99 years old: \$100; \$200
<b>MEDICAL TREATMENT AND SERVICES</b>		
Hospital Room and Board (Includes nursing care, hospital miscellaneous expenses (pre-admission and while hospital confined), operating room, lab tests, x-rays, anesthesia, drugs or medicine, therapeutic services, supplies.)	\$1,000 per day 30-day maximum	\$2,000 per day 30-day maximum
Hospital Intensive Care Unit	Additional \$500 per day 8-day maximum	Additional \$750 per day 8-day maximum
Surgery (Inpatient and Outpatient)	\$3,000	\$5,000
Anesthetist (Inpatient and Outpatient)	\$500	\$1,000
Assistant Surgeon (Inpatient and Outpatient)	\$500	\$1,000
Physician's Office Visits, including Urgent Care and Telehealth (Inpatient and Outpatient)	\$50 per visit, 1 per day 30 visits maximum	\$75 per visit, 1 per day 30 visits maximum
Consulting Physician	\$250	\$500
Private Duty Nursing	\$500	\$650
Pre-Admission Tests within 7 days of Hospital admission	\$750	\$1,000
Diagnostic Basic (X-rays and Laboratory Tests)	\$500	\$750
Diagnostic Comprehensive (PET, CAT, MRI)	\$750	\$1,250
Emergency Room Services	\$250	\$500
Prescription Drugs	\$150 per Period of Coverage	\$200 per Period of Coverage



## Schedule of Benefits *(continued)*

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<b>OTHER TREATMENT AND SERVICES</b>		
Outpatient Surgical Facility and Day Surgery Miscellaneous (Related to outpatient day surgery and surgery performed in a hospital emergency room, trauma center, physician's office, or clinic.) Includes operating room, lab tests, x-rays, anesthesia, drugs/medicine, therapeutic services and supplies.	\$750	\$1,000
Initial Orthopedic Prosthesis or Brace	\$1,000	\$1,250
Durable Medical Equipment	\$1,200	\$1,500
Mental Illness including Substance Abuse	Same as any Illness	Same as any Illness
Physiotherapy	\$30 per visit, 1 per day 12 visits maximum	\$40 per visit, 1 per day 12 visits maximum
Local Ambulance	\$250	\$500
<b>Pre-certification Penalty — \$500</b>	Required inside the United States for specific types of treatment. Penalty does not apply to a medical emergency. See pre-certification section in your plan document for details.	Required inside the United States for specific types of treatment. Penalty does not apply to a medical emergency. See pre-certification section in your plan document for details.
Incidental trips to Home Country*	\$25,000	\$50,000
Acute Onset of Pre-Existing Conditions	<b>Ages</b> 14 days to 69 years old: \$50,000	<b>Ages</b> 14 days to 69 years old: \$75,000
	70 to 79 years old: \$25,000	70 to 79 years old: \$25,000
	80 and older: N/A	80 and older: N/A
Dental — Sudden Relief of Pain*	\$500	\$750
Dental — Accident	\$500	\$750
Emergency Medical Evacuation**	\$100,000 separate from medical maximum	\$100,000 separate from medical maximum
Return of Mortal Remains**	\$20,000	\$25,000
Local Burial or Cremation**	\$5,000	\$5,000
Terrorist Activity	\$25,000	\$50,000
24/7 Travel Assistance Services	Included	Included
Common Carrier Accidental Death and Dismemberment	\$25,000 per Insured Person (aggregate limit of \$125,000 per any one accident)	\$25,000 per Insured Person (aggregate limit of \$125,000 per any one accident)
International Travel Coverage*	Up to medical maximum	Up to medical maximum

\*This benefit is only available if you purchase a minimum 30 days of coverage.

\*\*These benefits must be arranged by Seven Corners Assist. Failure to utilize Seven Corners Assist may result in a denial of benefits.

Please be aware this coverage is not a general health insurance plan; it is an interim, travel medical program intended for use while away from your home country.

**It is your responsibility to maintain all records regarding travel history and age and provide necessary documents to Seven Corners to verify your eligibility for coverage.**

This brochure is intended as a brief summary of benefits and services. It is not your plan document and does not contain a complete list of the coverage, limitations, and exclusions of this coverage. If there is any difference between this brochure and your plan document, the provisions of the plan document will prevail. Benefits and plan costs are subject to change.

**PATIENT PROTECTION AND AFFORDABLE CARE ACT:** THIS IS NOT QUALIFYING HEALTH COVERAGE ("MINIMUM ESSENTIAL COVERAGE") THAT SATISFIES THE HEALTH CARE COVERAGE REQUIREMENT OF THE AFFORDABLE CARE ACT. IF YOU DON'T HAVE MINIMUM ESSENTIAL COVERAGE, YOU MAY OWE AN ADDITIONAL PAYMENT WITH YOUR TAXES.

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**Seven Corners, Inc.**

303 Congressional Boulevard

Carmel, IN 46032 USA

1-800-335-0611 or 1-317-575-2652

[www.sevencorners.com](http://www.sevencorners.com)

v.05.17.2022