

GREEN COVER®



Affordable and Complete Health Insurance

Coverage in the U.S. for non-U.S. citizens who are 60 to 95 years of age



SEVEN CORNERS

AFFORDABLE AND COMPLETE HEALTH INSURANCE

Green Cover® provides 5 to 364 days of coverage for non-U.S. citizens who are 60 to 95 years of age.

CHOOSE THE COVERAGE YOU NEED

- Waiting to qualify for Medicare? Green Cover® is a great option — you may stay in the U.S. the entire time you are covered.
- Quick purchase process — Receive your ID card and policy immediately when you buy online.
- Provider Network — Our large provider network offers quality care.
- Choose your coverage length from 5 to 364 days. If you need additional coverage, you may buy a new policy when your prior one ends.
- If you have been in the U.S. for less than five years, you can buy Green Cover®.

YOUR BENEFITS

Green Cover® offers several plan options in an easy-to-understand format. You may choose Part A, Part B, or both.

Part A

Hospitalization Benefits include: Semi-private room & board, general nursing, miscellaneous hospital services & supplies, drugs, x-rays, lab tests, operating room expenses. Treatment is covered at these facilities:

- Hospitals — standard hospitalization and emergency treatment
- Hospice Facilities — both inpatient and outpatient
- Skilled Nursing Facilities — 30 day limit per coverage period
 1. Must follow a hospital confinement of 3 or more days
 2. Admission must be within 30 days of hospital confinement
- Home Health Care Services — 30 days limit per coverage period

Part B

- Physician and Surgeon Benefits for inpatient and outpatient Care
- Supplies, Therapy, and Ambulance Services

Included with all Options at No Extra Cost

International Travel Coverage (automatically included) – This coverage follows you anywhere outside of the United States. If you are 60 to 74 years of age, you have a \$5,000 limit of protection. If you are 75 to 95 years, your limit is \$2,500.

SPECIALIZED BENEFITS

Protection For	Coverage Amount
Alzheimer's Disease	\$25,000 Lifetime Maximum
Cardiac and/or Cancer	\$25,000*
Cataract Surgery	\$2,000
Dental (Accident Coverage)	\$500 per Accident
Skilled Nursing Facilities**	30 Days per Coverage Period
Home Health Care**	30 Days per Coverage Period

* After 180 days of coverage, benefits are paid up to your policy maximum.

**Covered under Part A only

DAILY RATES FOR PARTS A AND B

AGE	DEDUCTIBLE				
	\$1,000	\$1,500	\$2,500	\$5,000	\$10,000
60	\$11.87	\$10.22	\$8.37	\$6.89	\$6.56
61	\$12.10	\$10.42	\$8.67	\$7.02	\$6.76
62	\$12.23	\$10.75	\$8.77	\$7.19	\$6.82
63	\$12.46	\$10.85	\$9.00	\$7.32	\$6.96
64	\$12.66	\$11.18	\$9.30	\$7.48	\$7.05
65	\$12.86	\$11.24	\$9.46	\$7.75	\$7.19
66	\$13.42	\$11.67	\$9.79	\$7.95	\$7.38
67	\$14.01	\$12.10	\$10.05	\$8.27	\$7.62
68	\$14.60	\$12.66	\$10.29	\$8.60	\$7.78
69	\$15.13	\$13.15	\$10.58	\$8.77	\$8.04
70	\$15.76	\$13.71	\$10.85	\$9.03	\$8.21
71	\$16.32	\$14.01	\$11.27	\$9.49	\$8.47
72	\$16.98	\$14.64	\$11.87	\$9.79	\$8.70
73	\$17.57	\$15.03	\$12.20	\$10.12	\$8.93
74	\$18.03	\$15.36	\$12.76	\$10.55	\$9.16
75	N/A	\$15.96	\$13.19	\$10.81	\$9.63
76	N/A	\$16.48	\$13.71	\$11.21	\$9.99
77	N/A	\$16.81	\$14.01	\$11.54	\$10.12
78	N/A	\$17.31	\$14.54	\$11.80	\$10.42
79	N/A	\$17.80	\$14.93	\$12.16	\$10.65
80	N/A	N/A	\$15.49	\$12.40	\$10.98
81	N/A	N/A	\$16.35	\$13.68	\$11.87
82	N/A	N/A	\$17.14	\$15.16	\$12.99
83	N/A	N/A	\$18.03	\$16.65	\$14.01
84	N/A	N/A	\$18.69	\$18.00	\$15.10
85	N/A	N/A	N/A	\$19.45	\$16.25
86	N/A	N/A	N/A	\$20.87	\$17.34
87	N/A	N/A	N/A	\$22.29	\$18.46
88	N/A	N/A	N/A	\$23.60	\$19.55
89	N/A	N/A	N/A	\$25.02	\$20.67
90	N/A	N/A	N/A	N/A	\$21.86
91	N/A	N/A	N/A	N/A	\$22.98
92	N/A	N/A	N/A	N/A	\$24.07
93	N/A	N/A	N/A	N/A	\$25.19
94	N/A	N/A	N/A	N/A	\$26.27
95	N/A	N/A	N/A	N/A	\$27.40

Our Money Back Guarantee

If you buy Green Cover® and decide you don't need it, simply notify Seven Corners before your coverage start date to receive a full refund. If we receive your request after your coverage begins, the unused portion of your plan cost is refunded minus a cancellation fee if you have not submitted any claims.

DEDUCTIBLE AND COINSURANCE

Deductible Options — There are five deductible options: \$1,000, \$1,500, \$2,500, \$5,000, or \$10,000. Availability varies by age. You are responsible for paying your deductible first.

Coinsurance — This is paid after the deductible. We pay 80% of the next \$10,000 in expenses, and you pay 20%. We then pay 100% of any remaining expenses up to your policy maximum.

POLICY MAXIMUM

The maximum for your policy is determined by your age.

- Ages 60-74: \$250,000
- Ages 75-79: \$100,000
- Ages 80-89: \$50,000
- Ages 90-95: \$25,000

QUICK FACTS

Coverage Period — 5 to 364 days. Your coverage must begin within 5 years of your arrival in the U.S.

Continuing Coverage — If you initially buy less than 364 days, you may purchase additional days to a total of 364 days. We will send you a renewal notice, which allows you to extend your coverage. Your initial coverage start date is used for deductible and coinsurance calculations and to determine pre-existing conditions.

Coverage Start and End Date — Your coverage begins on the latter of: the date you request or the date we receive and approve your payment and application. Your ID card will state the start and end dates for you coverage.

OUR EXTENSIVE PROVIDER NETWORK

We have a large network of providers within the United States and worldwide. You can contact Seven Corners Assist for help finding a medical provider. You may also visit sevendcorners.com/ppo.

PRE-CERTIFICATION REQUIREMENTS

You must pre-certify the following expenses by contacting Seven Corners Assist at the phone number on your ID card: Inpatient Care, any Surgery or Surgical Procedure; CAT scan; MRI (magnetic resonance imaging). If you have an emergency hospital admission, you must pre-certify within 48 hours of your admission or as soon as reasonably possible.

Failure to pre-certify could result in a 50% reduction in benefits. Pre-certification does not guarantee benefits.

FILING A CLAIM

Filing a claim is easy! Complete and submit a claim form within 90 days of the date you receive medical treatment. If you have any questions, contact us at the phone numbers or email address shown on your ID card.

YOUR POLICY ADMINISTRATOR

Seven Corners* will handle your policy needs from start to finish. Since 1993, we have been providing insurance products and serving the needs of hundreds of thousands of policyholders worldwide. We are here to help! Our multilingual Seven Corners Assist team is available 24/7 to answer your questions.

*In California, Seven Corners operates under the name Seven Corners Insurance Services.

YOUR INSURANCE COMPANY

Your policy is backed by Certain Underwriters at Lloyd's, London, with an AM Best Rating of "A" (Excellent), so you know your coverage will be there when you need it.

WHAT ARE PRE-EXISTING CONDITIONS?

Pre-existing conditions are any medical condition that existed when you applied for Green Cover® or any time during the 12 months before your coverage start date. Green Cover does not cover pre-existing conditions. For a detailed explanation, please review the policy.

LOCATION RESTRICTIONS

When you complete your application for Green Cover, please note that we cannot accept an address from these states: Maryland, New York, South Dakota, Washington, and Colorado.

EXCLUSIONS

Below is a summary of items that are not covered. For a specific listing of items, please review your policy.

- Pre-existing conditions;
- Treatment of the following during the first 180 days of coverage: conditions of the breast, prostate, or reproductive system; gall stones, kidney stones, acne or acne related conditions, any surgery which is not emergency in nature;
- Treatment which is not medically necessary; elective surgery, cosmetic or plastic surgery, treatment exceeding reasonable & customary charges, vocational, occupational, speech, recreational, music therapy, expenses due to or in connection with a felony or criminal offense; chronic fatigue syndrome, congenital abnormalities & related conditions; expenses related to a self-inflicted injury or illness; treatment related to alcohol usage, drug addiction, use of any drug or narcotic agent; injury or illness due to being under the influence of alcohol, chemicals or drugs other than drugs taken as prescribed by a physician; injury or illness due to operation of a vehicle after consuming alcohol, chemicals, or drugs; allergies; mental and nervous disorders, rest cures, quarantine or isolation; dental care (unless the result of an injury to a sound natural tooth caused by an accident); eye refractions; eye examinations done to prescribe corrective lenses for eyeglasses; false teeth or dentures; normal ear tests; hearing aids; vaccinations; inoculations; routine physicals; expenses resulting from subjective pain; coverage outside the United States unless covered under the International Travel Coverage Benefit; expense covered by Medicare or any other private or public program; expenses incurred after you are eligible for Medicare; expenses incurred after you become a U.S. citizen; purchase or rental of durable medical equipment outside of a hospital; outpatient drugs; injury due to participation in professional athletics, amateur, and interscholastic athletics.
- Injury sustained while participating in mountaineering, hang gliding, parachuting, bungee jumping, zip lining, racing of any kind, snowmobiling, motorcycle/motor scooter riding, scuba diving involving underwater breathing apparatus, water skiing, snow skiing, snowboarding, luge, paragliding, motocross, Moto X, any sport or athletic activity undertaken for thrill seeking which exposes you to abnormal or extreme risk of injury &/or is in violation of applicable laws, rule, or regulations;
- Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with war, invasion, act of foreign enemy, warlike operations (whether war be declared or not), civil war or commotion; riot; rebellion; insurrection; revolution; overthrow of the legal government; explosions of war weapons, usage of nuclear, chemical, biological weapons; terrorist activity.

Green Cover® APPLICATION

You cannot buy Green Cover® if you are eligible for Medicare. If you have been a legal resident of the United States for five years, you are eligible to purchase Medicare, and you should not complete this application. This plan is not available to U.S. citizens. If you become a U.S. citizen, this coverage will automatically end.

A separate application must be completed for each person who wishes to purchase coverage. Each applicant will receive his or her own policy.

APPLICANT INFORMATION Please type or print in ink.

Last Name: _____

First Name: _____

Date of Birth: (MM/DD/YY) ____/____/____ Gender: M F

Are you a U.S. citizen? Yes No (If you answered yes, you are not eligible to buy this plan.)

What is your country of citizenship? _____

Mailing Address: (U.S. address required.) _____

City: _____ State: _____

Important: We cannot accept an address in Maryland, New York, South Dakota, New York, or Colorado.

Postal Code: _____ Country: USA

Work Phone: () _____ Home Phone: () _____

Email Address: _____

Coverage Start Date: (MM/DD/YY) ____/____/____ Coverage End Date: (MM/DD/YY) ____/____/____
(The minimum coverage period is 5 days, and the maximum is 364 days.)

U.S. Arrival Date: (MM/DD/YY) ____/____/____

CALCULATING YOUR PLAN COST

POLICY MAXIMUM This is determined by your age. Policy limits are shown on page 3.

DEDUCTIBLE AMOUNT: \$1,000 \$1,500 \$2,500 \$5,000 \$10,000

Ages 60 to 74 - Choose any deductible

Ages 75 to 79 - Choose \$1,500; \$2,500; \$5,000; or \$10,000

Ages 80 to 84 - Choose \$2,500; \$5,000; or \$10,000

Ages 85 to 89 - Choose \$5,000; or \$10,000

Ages 90 to 95 - Choose \$10,000

COVERAGE TYPE: (Choose from the options below.)

Part A Part B Parts A & B

Enter the Daily Rate from the table on page 3. This is your Daily Rate Total. 1. _____

For Part A or B, multiply line 1 x 0.6 and enter the result on line 2.
For Parts A & B, enter the number from line 1 on line 2. 2. _____

Enter the Total Number of Coverage Days you need on line 3.
(Include coverage start and end days in your calculation.) 3. _____

Multiple line 3 by line 2. Enter the result on line 4. 4. _____

Administrative Fee 5. _____ + \$5.00

Add line 4 and line 5. This is Your Total Amount Due. \$ _____

METHOD OF PAYMENT

Check Money Order MasterCard Visa Discover American Express

Card Number: _____ Expiration Date: (MM/YY) _____ Daytime Phone: () _____

Name on Card: _____

Billing Address: _____

Signature (Required) _____

DECLARATION

I am not a U.S. citizen, and I am not eligible for the United States Medicare System.

Total payment for the full term of coverage must be paid in U.S. dollars when you apply. Checks must be issued from a U.S. bank. Credit card purchase is subject to validation and acceptance by the credit card company.

I declare that I have read and understand the terms and conditions of this product. I understand that pre-existing conditions, as defined, are excluded, unless otherwise specifically noted as covered in the policy. I understand this program is for persons traveling outside their home country.

I hereby subscribe to the World Commercial Trust and enroll in the group coverage for which I am eligible under the group contract issued by Certain Underwriters at Lloyd's, London.

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud. Whenever coverage provided by this policy would be in violation of U.S or appropriate state law, including U.S. economic or trade sanctions, such coverage will be null & void.

Patient Protection and Affordable Care Act: This insurance is not subject to, and does not provide certain insurance benefits required by the United States Patient Protection and Affordable Care Act (PPACA). The insurance benefits provided by this policy are stated in your policy documents and do not include additional benefits required by PPACA. PPACA requires certain U.S. residents and citizens to obtain PPACA compliant insurance coverage. In certain circumstances, penalties may be imposed on U.S. residents and citizens who do not maintain PPACA compliant insurance coverage. You should consult your attorney, insurance agent or tax professional to determine if PPACA's requirements are applicable to you.

Seven Corners, Inc., is a U.S. company and under the regulation of the Office of Foreign Assets Control (OFAC), which requires us to search the identity of each individual or company applying for insurance coverage from the country you have selected. If your name or company is published on the OFAC "Specially Designated Nationals" list, we will not be able to offer you coverage and will rescind your policy and return your premium in full. For more information on OFAC, please visit: <http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>.

Completing Your Application -

If paying by check or money order, make payable to World Commercial Trust and return the application with your payment for the total premium to:

World Commercial Trust - P.O. Box: 56575, Station A - Toronto, ON M5W 4L1.

If paying by credit card, you may mail or fax to us. Fax: 317-575-2659

Signature of Insured or Proxy (Required) (Proxy is someone acting on behalf of insured) Date

IMPORTANT INFORMATION

Please be aware that this is not a general health insurance policy, but an interim, limited benefit period program.

Patient Protection and Affordable Care Act: This insurance is not subject to, and does not provide certain insurance benefits required by the United States Patient Protection and Affordable Care Act ("PPACA"). The insurance benefits provided by this policy are stated in your policy documents and do not include additional benefits required by PPACA. The PPACA requires certain U.S. residents and citizens to obtain PPACA compliant insurance coverage. In certain circumstances penalties may be imposed on U.S. residents and citizens who do not maintain PPACA compliant insurance coverage. You should consult your attorney, insurance agent or tax professional to determine if the PPACA's requirements are applicable to you.

AGENT INFORMATION

MCIS Multichoice Insurance Services
38350 Fremont Blvd, Suite 200
Fremont, CA 94536

EMAIL: contact@multichoiceinsurance.com
<http://www.multichoiceinsurance.com>

T: 855-444-6247
P: 510-353-1180
FAX: 510-402-4743

ADMINISTERED BY



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Disclaimer: This brochure is intended as a brief summary of benefits and services. It is not your plan document. If there is any difference between this brochure and your plan document, the provisions of the plan document will prevail. Benefits and premiums are subject to change.