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Health Benefits Plan

Accident and Sickness Program for Exchanges (ASPE)

Your ASPE Guide to Health Care Coverage

This guide is current as of September 2, 2022.

sevencorners.com/gov/usdos



INTRODUCTION

The United States Department of State (USDOS) is pleased to welcome you to the Accident and Sickness Program for Exchanges (ASPE) Health Benefits Plan. As an Exchange Participant, you receive a limited health care benefits 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 emergent covered medical expenses for eligible Exchange Participants. Covered medical expenses are subject to policy limitations. The ASPE is secondary to any primary insurance that you may carry and covers you alone during your exchange program. ASPE does not provide routine healthcare coverage.

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 Benefits Plan.

Medical Clearance Information:

If any of your information has changed or needs to be updated since you initially submitted required medical clearance information to your program (i.e., medical information, health conditions, mental health, etc.), be sure to consult with your program staff about submitting any new or updated information, as far in advance of your departure date and program start date as possible.



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INSIDE THE U.S.: Quick Reference Guide

Life-Threatening Medical Emergency

Dial 911 from any telephone.

Find a Physician or Hospital

Visit sevendcorners.com/gov/usdos/provider-network or call Seven Corners 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 Seven Corners toll-free at 1-800-461-0430, send an email to usdosinfo@sevendcorners.com, or visit sevendcorners.com/gov/usdos.

Obtain a medical or prescription claim form

Call Seven Corners toll-free at 1-800-461-0430 or download forms at sevendcorners.com/gov/usdos.

Medical Evacuation

Contact Seven Corners toll-free at 1-800-461-0430. (See medical evacuation benefit on page 11 for more information.)

Copay

ASPE requires all Exchange Participants to pay Copays.

- \$25 Copay for office visits and Telemedicine consultations.
- \$75 Copay for Emergency Room (ER), hospitalizations and urgent care.

As a reminder, the Copay amounts are printed on the ASPE Identification Card.

Pre-certification

The ASPE Health Benefits Plan requires pre-certification in the U.S. for all Inpatient Hospital admissions, skilled nursing, Outpatient chemo and radiation therapy, Outpatient surgeries and procedures, pregnancies, physical or occupational therapy, dialysis, plasmapheresis, MRI, PET scan, CT, home health care and home infusion therapy.

- Your Physician must contact Seven Corners at 1-800-461-0430, to obtain pre-admission approval at least one (1) business day before a planned hospitalization.
- Certification for Emergency admissions or admissions due to an unexpected Sickness or Injury must be obtained within two (2) business days following admission. Pre-certification is not a guarantee of coverage.
- A \$300 penalty will be applied if pre-certification is not obtained.

Medical Claim Submission

Email: usdos.claims@sevendcorners.com

Fax: 317-575-6467

Or mail to:

ASPE Health Benefits
P.O. Box 21185
Eagan, MN 55121

Pharmacy Program

See Pharmacy Program section on page 17 for more information.

Prescription Claim Submission

Mail completed form and prescription labels to:
OptumRX
P.O. Box 29044
Hot Springs, AR 71903



OUTSIDE THE U.S.: Quick Reference Guide

Life-Threatening Medical Emergency

Contact your local Emergency service or go to the nearest Hospital.

Find a Physician or Hospital

Visit wellabroad.com or call Seven Corners at **317-818-2867**.

Show Your ID Card to the Provider

This lets them know where to send your medical bills.

Need Help

Call Seven Corners Customer Service 24/7 for help getting reimbursed for medical care, obtaining a medical or prescription claim form, questions about ASPE or medical bills.

The easiest way to reach Seven Corners Customer Service outside the U.S. is by calling **317-818-2867**.

Email: usdosinfo@sevendcorners.com

Website: sevendcorners.com/gov/usdos

Medical Evacuation

Contact Seven Corners at **317-818-2867**. (See medical evacuation benefit and pre-approval requirements on page 11 for more information.)

Copay

ASPE requires all Exchange Participants to pay Copays.

- \$25 Copay for office visits and Telemedicine consultations.
- \$75 Copay for Emergency Room (ER), hospitalizations and urgent care.

As a reminder, the Copay amounts are printed on the ASPE Identification Card.

Prescription Drugs

See Prescription Drugs section on page 18 for more information.

Medical & Prescription Claim Submission

Email: usdos.claims@sevendcorners.com

Fax: 317-575-6467

Or mail to:

ASPE Health Benefits

P.O. Box 21185

Eagan, MN 55121



USDOS WEBSITE: MyPlan

It's easy to access information about your ASPE Health Benefits Plan through the Seven Corners website. Visit sevencorners.com/gov/usdos for the most up-to-date information.

The website allows you to:

- Access a list of Physicians and facilities 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 ASPE Health Benefits Plan
- Access this benefit guide electronically
- Review a glossary of medical terms
- Access MyPlan

MyPlan

Once you arrive at sevencorners.com/gov/usdos, 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** — You can 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.

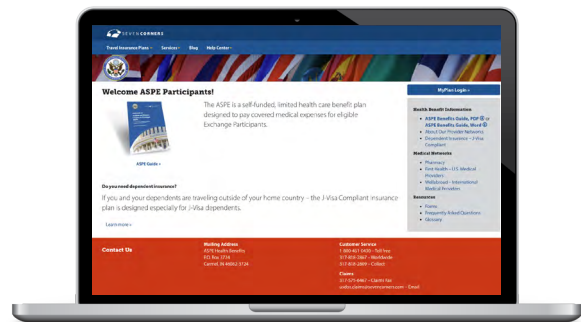
4. **Secure Customer Service email** — You can send an email with attachments if you have questions about items you received or viewed on MyPlan. This is a secure and encrypted email connection. Because you are viewing personal health information through MyPlan, a username and password are required. 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.





ELIGIBILITY

Eligibility for your **ASPE Health Benefits Plan begins** on the effective date of the grant, as listed on your ASPE ID card. This is the first date of your coverage period on your ID card.

Eligibility for your **ASPE Health Benefits Plan ends** on the last date of your grant, as listed on your ASPE ID card. This is the second date of your coverage period on your ID card. There is no grace period for ASPE coverage.

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 twenty-four (24) hours, if the travel time by the most direct route exceeds fourteen (14) hours.

Only you (the Exchange Participant) are covered under the ASPE Health Benefits Plan. ASPE does not cover dependents (spouses or children) and is not available for coverage of dependents. Dependents must secure their own, non-ASPE policies, to include emergency medical evacuation and repatriation benefits included within the policy.

You are not covered by ASPE if:

- You are on personal leave;
- You are in your home country or country of regular domicile;
- You travel outside the country of assignment without pre-approval from your program agency officer* (including short border crossings for shopping, leisure, etc.);
- During extended stopovers en route to or from your country of assignment; or
- During orientations in your home country.

**Note: Be sure to provide Seven Corners with a copy of the program agency officer's approval for travel outside your host country.*

If your medical condition requires you to return to your home country, your ASPE Health Benefits Plan will terminate upon arrival. If the grant is reinstated because your health permits the return to the host country, then your ASPE Health Benefits Plan will also be reinstated upon departure from your home for the country of assignment. ASPE coverage also ends if you decide to leave your program or if your program ends, for any reason. You will need to consider and plan ahead for any non-ASPE coverage you may need to secure once your ASPE coverage ends.

Example: If you are a U.S. citizen and your host country is France, you are covered by ASPE for the dates on your ID card (the dates of your grant, as listed on your ASPE ID card). If you decide to go on personal leave from your host country (France) and visit Egypt for a vacation, you are not covered by ASPE.

Example: If you are on a grant in the United States and decide to vacation in Canada or Mexico, or any other country outside the United States, you are not covered by ASPE.

If Seven Corners cannot find information about you or your grant, please contact your program agency or program advisor.



IDENTIFICATION CARDS

As an Exchange Participant enrolled in the ASPE Health Benefits Plan, you will receive an Identification Card to be used as proof of health care benefits when you require medical services.

Simply show your ASPE Identification Card to the facility or Physician at the time of service.

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

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

In the U.S., the ID card also serves as your prescription drug card. When filling prescriptions, you will need to show this card at the pharmacy, so carry it with you at all times.

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

Toll free: 1-800-461-0430

Worldwide: 317-818-2867

Email: usdosinfo@sevencorners.com

Or write to:

ASPE Health Benefits

P.O. Box 21185

Eagan, MN 55121

CUSTOMER SERVICE

The USDOS ASPE Health Benefits Plan is administered by Seven Corners, Inc. As a specialist in claims and billing administration, Seven Corners will provide you with quick and personalized service. Customer Service representatives are available to answer any questions you may have regarding the Medical Provider Network, Pharmacy Network, medical bill payments or Covered Services.

Customer Service Team:

Available 24/7

Toll free: 1-800-461-0430

Worldwide: 317-818-2867

Collect: 317-818-2809

Fax: 317-575-6467

Email: usdosinfo@sevencorners.com

Web: sevencorners.com/gov/usdos

Or write to:

ASPE Health Benefits

P.O. Box 21185

Eagan, MN 55121



BENEFIT COVERAGE

Schedule of Benefits

ASPE requires all Exchange Participants to pay Copays.

- \$25 Copay for office visits and Telemedicine consultations.
- \$75 Copay for Emergency Room (ER), hospitalizations, and urgent care.

As a reminder, the Copay amounts are printed on the ASPE ID card. You are responsible for Copays to the provider.

The maximum amount you will pay in Copays is \$500 per Benefit Year. If during your grant period you reach that amount, you will be refunded any Copays in excess of \$500, once you submit your receipts as proof of payment.

ASPE will cover the remaining expenses at 100% up to your benefit maximum, if the medical condition is not otherwise excluded.

If you use a provider outside the Medical Provider Network, you may have to pay additional expenses if the provider bills more than the Usual, Customary, and Reasonable Charges. ([See Glossary of Terms for further explanation.](#))

Maximum Benefit

\$100,000 per Injury or Sickness.

Repatriation of Mortal Remains

Paid by USDOS at 100%, up to \$25,000.

Medical Evacuation

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

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 ensure medical services are covered, Seven Corners must be contacted at the numbers shown below for these situations:

- to confirm coverage and benefits;
- as soon as non-Emergency hospitalization is recommended;
- within forty-eight (48) hours of the first working day following an Emergency hospitalization;
- when your Physician recommends any surgery, including Outpatient;
- prior to any Emergency treatment for dental pain; or
- for medical evacuation, repatriation, and assistance services, prior to any travel or treatment taking place outside of the host country.

Toll-free: 1-800-461-0430

Worldwide: 317-818-2867

The ASPE Health Benefits Plan will pay 100% of all Covered Expenses listed below. Payment will not exceed the maximum benefit limit shown on the Schedule of Benefits.

An Injury or Sickness is payable if:

- it does not exceed your plan's maximum benefit;
- you have been continuously covered under the ASPE Health Benefit Plan;
- treatment of the Injury or Sickness occurred in your assigned host country, or
- it is a Covered Service.

After the conclusion of an Exchange Participant's program, treatment for a covered Injury or Sickness is covered up to one (1) calendar year from the date of onset, not to exceed the maximum benefit amount. This post-program conclusion coverage does not apply to acupuncture, chiropractic, massage therapy, maternity care, or Pre-existing Conditions. Those benefits terminate at the end of the Enrollment period, regardless of other conditions of this plan. Covered Expenses are subject to plan Exclusions.

BENEFIT COVERAGE (CONT.)

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 twenty-five (25) visits per Benefit Year. Acupuncture benefits terminate at the end of the Enrollment period, regardless of other conditions of this plan.

Ambulance — Professional ambulance service.

Birth Control — Oral or implantable contraceptives, diaphragms, patch, ring, intrauterine devices (IUDs), and contraceptive injections when prescribed by a Physician.

Chemotherapy and Radiation Therapy — Services for medical conditions.

Chiropractic — Care is limited to twenty-five (25) visits per Benefit Year. Chiropractic benefits terminate at the end of the Enrollment period, regardless of other conditions of this plan.

Congenital Anomalies — Services to maintain stable condition or prevent a relapse.

Dental — Treatment for Emergency alleviation of pain only, limited to \$2,500 per Benefit Year.

Diagnostic Testing — Fees for diagnosis by a Physician, surgeon, Registered Nurse, anesthesiologist, for a covered Injury or Sickness. 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 an eligible condition, coverage determination will be made by USDOS on a case-by-case basis. Supporting documentation must be forwarded to Seven Corners for review.

Eyes — Eye examination, eyeglasses or contact lenses required for repair caused by a covered Injury, limited to \$300 maximum.

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 eligible 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) through age 26, Hepatitis A Vaccine, Hepatitis B Vaccine, Meningococcal Tetravalent (Meningitis) (Meningitis B ages 16-23), 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. https://www.acha.org/documents/resources/guidelines/ACHA_Immunization_Recommendations_April2022.pdf

Laboratory Tests and X-rays — Covered if recommended and performed by a licensed provider for diagnostic purposes due to symptoms, Injury, or Sickness.

Latent Tuberculosis — Any expenses incurred in respect of pulmonary tuberculosis after diagnosis. Expenses with respect to treatment of the Exchange Participant for any manifestation of infection of the Exchange Participant with Tuberculosis.

Massage Therapy — When prescribed by a licensed Physician or chiropractor and performed by a state licensed massage therapist. Limited to six (6) visits per Benefit Year. Massage therapy benefits terminate at the end of Enrollment period, regardless of other conditions of this plan.

Maternity — Medical expenses for maternity care, including childbirth. Maternity benefits terminate at the end of the Enrollment period, regardless of other conditions of this plan. 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 thirty-one (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 Benefits Plan does not pay the expenses of a newborn to a dependent of an Exchange Participant.

BENEFIT COVERAGE (CONT.)

Maternity (cont.) — The Exchange Participant is advised to obtain commercial insurance to cover maternity care of the dependent and dependent's newborn.

Medical Evacuation — Contact Seven Corners to arrange transportation and medical care, and to obtain pre-approval. If pre-approval prior to travel or treatment outside of the host country is not obtained through Seven Corners, and/or transportation and coordination of care is not provided by Seven Corners, travel services and related claims will not be covered.

The ASPE Health Benefits Plan will pay the actual expense incurred as a result of a covered Injury or Sickness for medical evacuation of a Covered Person, including Physician or nurse accompaniment to the nearest suitable medical facility. This evacuation will be paid only upon approval by USDOS/Seven Corners and coordination of the medical evacuation through Seven Corners.

Men's Health Benefits — Services are covered after completing six (6) months of eligibility, for men age fifty (50) and older for 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.

Telemedicine: Lifetime Maximum benefit is six (6) sessions and must be provided by The ANVIL Group. Any additional sessions will require medical recommendation from The ANVIL Group in conjunction with Seven Corners and current ASPE benefits. (**See Mental Health Services Hotline on page 21.**)

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 Benefits Plan will pay for actual charges incurred up to the maximum limit of \$25,000 for services related to the preparation and transportation of the body. This benefit does not include funeral/ceremony expenses or the transportation expenses for others or of anyone accompanying the body or any personal effects. Seven Corners should be contacted immediately, in the event of an Exchange Participant's death.

Telemedicine — Covers consultations when provided by a licensed Physician, subject to service availability.

Utilization Management Program — The ASPE Health Benefits 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 — Covers one (1) annual gynecological health exam per Benefit Year, including one (1) pelvic examination, Pap smear, breast examination, and lab work related to gynecological health ONLY when performed at the time of annual gynecological exam. If follow-up diagnostic Pap smears are medically necessary, they will be covered. The plan also covers one (1) baseline mammogram for women age thirty-five (35) and older and one (1) annual mammogram for women age forty (40) and over. In addition, one (1) Bone Mineral Density (BMD) screening test for all women over age sixty-five (65) and estrogen deficient women and women at clinical risk for osteoporosis when performed as part of the annual gynecological exam. A repeat BMD test is covered every two (2) years.



BENEFIT EXCLUSIONS

Services/Expenses 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 plan does not cover acupuncture before or after the Enrollment period.

Alcohol, Drug Abuse, or Detoxification Treatment — Except in the event of medically necessary acute stabilization, 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 plan does not cover chiropractic services before or after the Enrollment period.

Claim Submission — Expenses submitted after one (1) year from the date of service.

Congenital Anomalies — The plan does not cover expenses incurred for curative treatment.

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

Dental — This plan does not cover dental services, unless for Emergency treatment to alleviate pain.

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, where the conclusion of that one (1) calendar year occurs after the exchange program has ended.

Expenses incurred within your home country or country of regular domicile, unless:

1. it is necessary and authorized treatment received after the individual has proven Injury or Sickness in the country of assignment; or
2. it is related to a pre-approved medical evacuation, 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).

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 — Vision services unless for eye examination, eyeglasses or contact lens repair caused by a covered Injury.

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 including, but not limited to, Cystic Fibrosis, Trisomy 18, and Down's Syndrome, up to \$500. ASPE follows guidelines set by the American Congress of Obstetricians and Gynecologists (ACOG).

BENEFIT EXCLUSIONS (CONT.)

Hearing Aids — Services in connection with hearing aids, except as required 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.)

Maternity — This plan does not cover maternity before or after the Enrollment period.

Newborn Expenses — 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 Benefits 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 Injury or Sickness, which are not recommended by an attending Physician.

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

Perilous Activity —

1. Flying, except:
 - as a passenger on a regularly scheduled airline;
 - as a passenger on a chartered carrier for purposes of an approved grant program activity;
 - as a passenger in the Military Airlift Command of the U.S. 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 include skateboarding, snowboarding, BMX racing, X-games (extreme sports), and boxing.

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

3. Operation of a vehicle while not properly licensed to do so or riding in a non-commercial 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., boxing, bungee jumping, scuba diving, skydiving, rock climbing (indoor/outdoor), hang gliding, operation or passenger of an all-terrain vehicle (ATV) or motocross bike, downhill skiing, horseback riding, parachuting, zip lining, parasailing, bungee jumping, water skiing, wakeboard riding, jet skiing (operation or passenger of), windsurfing, snowmobiling (operation or passenger of), spelunking, and motorcycle/motor scooter riding (operation or passenger of).

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

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

Pre-Existing Conditions — This plan does not cover treatment of Pre-existing Conditions before or after the Enrollment period.

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, sports physicals, etc.

Services or Supplies — For any Injury or Sickness received prior to the Exchange Participant's effective date under the ASPE Health Benefits Plan, or which are not actually incurred while this plan

Sexual Transformations, Sexual Impairment, or Sexual Inadequacy Treatment

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

BENEFIT EXCLUSIONS (CONT.)

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 Physician's office or other place of treatment, except if an approved medical evacuation expense.

Treatment of an Injury or Sickness during any period of unofficial travel outside the country of assignment.

Unreceipted blood, blood plasma, or blood expanders

Vaccinations — Except those specifically included in Covered Expenses.

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 plan.



INSIDE THE U.S.: Medical Provider Network

ASPE Health Benefits Plan contains a Medical Provider Network inside the U.S. A Medical Provider Network is a group of Physicians and medical facilities that have entered into an agreement with the Medical Network 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 Physicians or facilities in the Medical Provider Network, your benefits will be paid at the negotiated provider contracted rate, if they are Covered Services. Also, if you use a provider in the Medical Provider Network, the provider cannot bill you for any Covered Services except the Copay amount.

U.S. PPO Network

In the United States, the ASPE Health Benefits Plan utilizes the First Health International PPO Network in all states. The First Health International PPO Network serves as a premier national network with superior access to more than 688,000 medical providers in urban, suburban, and rural markets across the country. In the U.S., when you call a Physician's office or present your ID card, it is important for you to say: **"My health care plan utilizes the First Health International Network. Are you a First Health International participating provider?"**

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 Covered Services. 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 more than thirty-five (35) miles from the nearest in-network medical 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.

Utilizing the Medical Provider Network means lower out-of-pocket expense for you.

To locate a Physician or facility in the USDOS Medical Provider Network, visit sevencorners.com/gov/usdos and select "Provider Network".

The website will provide you with the most up-to-date information about in-network medical providers in your area. If you do not have access to the internet or want to discuss your provider choice with Seven Corners, you can call Customer Service toll free at **1-800-461-0430**.

Do not wait to find a provider for Emergency care. Go straight to the nearest Emergency Room (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. **In the United States, dial 911** from any phone. If you are unsure where the nearest Hospital is located, Seven Corners 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 Payment of Medical Claims on page 22 for more information.)**



OUTSIDE THE U.S.: Medical Provider Network

Exchange Participants on grants outside the U.S. may seek treatment from any provider of their choice. Seven Corners has a Medical Provider Network outside of the U.S. Seven Corners offers [wellabroad.com](https://www.wellabroad.com), which allows Exchange Participants to locate providers overseas who are associated with their Non-U.S. Medical Provider Network.

Seven Corners has built Usual, Customary, and Reasonable rate tables for specific regions outside of the United States, to ensure your Covered Expenses do not exceed local rates for Covered Services. Seven Corners will attempt to facilitate financial arrangements with Non-U.S. medical providers on the Exchange Participant's behalf, but Exchange Participants should be prepared to pay-out-of-pocket and seek claim reimbursement. 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.

To locate a Physician or facility in the Non-U.S. Medical Provider Network:

- Call Seven Corners at **1-800-461-0430** or **317-818-2867**
- Visit [wellabroad.com](https://www.wellabroad.com)

Emergency — In case of an Emergency, during which the Exchange Participant is outside the United States, Seven Corners should be contacted immediately. We ask that you provide as many details as possible to our staff during this call. Our office can be reached 24/7 by calling **1-800-461-0430** or **317-818-2867**.

If you have a life-threatening Emergency, please contact your local Emergency service or go to the nearest Hospital.



INSIDE THE U.S.: Pharmacy Program

The ASPE Health Benefits Plan provides a U.S. 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 ASPE 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 Pharmacy Network includes more than 70,000 pharmacy locations nationwide.

To locate a pharmacy:

- Visit sevencorners.com/gov/usdos and select "Pharmacy Network" to register and access a list of in-network pharmacies
- Call Pharmacy Member Services at **1-800-531-6351**

In the U.S., if you pay for prescription drugs out-of-pocket, you can complete the Prescription Reimbursement Form. Visit sevencorners.com/gov/usdos, select "Forms", and download the Prescription Reimbursement Form.

Direct Mail Service

The ASPE Health Benefits Plan requires that all maintenance medications or medications taken on an ongoing basis must be obtained 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. Direct 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 will need a prescription from your Physician for the medication. Ask your Physician 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 do not have an existing supply of your medication.

The Prescription Direct Mail Service Form is available by visiting sevencorners.com/gov/usdos, selecting "Forms", and downloading the Prescription Direct Mail Service Form.

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 Pharmacy Program Exclusions on page 20.)**

Exchange Participants will have to pay a \$15 Copay at the pharmacy for all brand name drugs when a generic equivalent is available.



OUTSIDE THE U.S.: Prescription Drugs

If you are planning to leave the U.S., 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 U.S. are not necessarily available overseas and vice versa. Before leaving the United States, you will need to check with the Embassy of your destination country, to determine if there are any restrictions on prescriptions from the United States.
 - **If the medication you are taking is not available in your host country**, there are many restrictions on shipping prescription drugs that can affect your ability to get your medication.
 - **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 U.S. (i.e., birth control medication, including the NuvaRing). Whether or not a medication can be sent to you outside the U.S. 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 Physician** and see how much of a day supply of your medication they 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 visiting. Find out what your Physician 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 ensure that you will be able to purchase maintenance medication in and/or receive mail order prescriptions in your host country. To ensure you do not encounter issues, get all the facts! We are unable to ship to U.S. addresses if your host country is not in

the U.S. If you are unable to receive or purchase medications in your host country, please contact your program or the Embassy for assistance.

- 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 U.S.**
Argentina • Armenia • Austria • Brazil • Croatia • Finland • France • Germany • Italy • Kazakhstan • Kosovo • Mexico • Netherlands • Norway • Peru • Russia • Switzerland • Syria • Turkey • Ukraine
- 5. Take all of your findings into consideration** before making 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 Physician has prescribed for you that you need to continue to take while outside of the U.S.

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

1. Please review the list of medications 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 country. This is not reimbursable by ASPE.
 - Prescriptions must be written by a licensed U.S. Physician.

OUTSIDE THE U.S.: Prescription Drugs (CONT.)

- Prescriptions ordered through the mail service will be filled using generics, unless specified by your Physician.
- 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 U.S. Mail Order Prescription Form to order your prescriptions. The form must be filled out completely and include a physical mailing address (no P.O. Box), email and phone number for shipment via FedEx or DHL. Visit sevencorners.com/gov/usdos, select "Forms", and download the Outside the U.S. Mail Order Prescription Form.

Remember that if you have less than ninety (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 remaining eligibility period.

Prescriptions Not Obtained Through Mail Order

When you pay for prescription drugs out of pocket and it is a covered ASPE medication you can complete an Outside the U.S. Reimbursement Form for Prescription Drugs. Visit sevencorners.com/gov/usdos, select "Forms", and download the Outside the U.S. Reimbursement Form for Prescription Drugs.

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; and
- a description of the prescription drug, and the charge.

Submit Outside the U.S. prescription reimbursement claims to:

Email: usdos.claims@sevencorners.com

Fax: 317-575-6467

Or mail to:

ASPE Health Benefits

P.O. Box 21185

Eagan, MN 55121



PHARMACY PROGRAM EXCLUSIONS

The following Exclusions apply to both U.S. and Outside of U.S. 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
- Anorexiant, anti-obesity drugs
- 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
- Drugs related to tissue or solid organ transplants procedures
- Over-the-counter vitamins, or vitamin derivatives



MENTAL HEALTH & CRISIS SUPPORT HOTLINE

ASPE provides access to a mental health consultant and referral services hotline. ASPE Assist is a benefit for all Exchange Participants during their USDOS program. ASPE Assist is designed to augment the health benefits that are concurrently provided through ASPE. ASPE Assist is operated by The ANVIL Group, an Everbridge Company, in partnership with Seven Corners.

ASPE Assist Services

- Mental health advice
- Mental health crisis support
- Sexual assault response
- Violent crime response
- Providing advice to Exchange Participants when they feel at risk or vulnerable

ASPE Assist is accessible 24 hours a day and is available to provide mental health support to Exchange Participants in urgent and non-urgent situations, including identification and referral of mental health conditions requiring in-person or Telemedicine treatment, and crisis intervention. The medical staff responding to Exchange Participant calls are trained to handle serious situations such as sexual assaults and mental health crises. They can also provide general mental health advice. ASPE Assist is available and accessible to Exchange Participants while on program in their host country.

ASPE Assist Contact Information:

Toll free: 1-833-963-1269

Worldwide: +44-20-3859-4463

Email: Anvil_ASPEsupport@everbridge.com

When contacting ASPE Assist for the first time, please be prepared to provide your full name, date of birth, ID card number, program name, and host country. This will allow their staff to verify your status as an Exchange Participant with the ASPE Health Benefits Plan.

If you are unable to call the ASPE Assist line directly and need to have the ASPE Assist team give you a call, please email Anvil_ASPEsupport@everbridge.com with your full name, date of birth, ID card number, program name, and host country and indicate that you need them to call you. Make sure to provide your complete international phone number, including relevant country codes and area codes.

ASPE Assist Copays

\$25 Copay for each office visit / telemedicine consultation.

First six (6) Anvil sessions do not incur a copay.

Copays incurred beyond six sessions are billed by Seven Corners to the Exchange Participant at end of their treatment/ prior to the end of their program, not to exceed the plan's copay maximum of \$500 per benefit year.

(For details on visit limitations, see Benefit Coverage for Mental or Nervous Disorders on page 11.)

The information provided by you to The ANVIL Group in the event of an illness, Emergency, or other personal crisis is considered private. However, it may be responsibly shared within organizations administrating your grant program, including Seven Corners, in their efforts to assist and support you.

Any questions not related to mental health support services — including benefits, claims and coverage — should be directed to Seven Corners Customer Service for assistance. Seven Corners and the USDOS disclaim any and all liability for ASPE Assist, The ANVIL Group, Everbridge, or other third-party services.

Furthermore, while ASPE Assist is a helpful telemedicine service, there are limitations. Some health and/or mental health emergencies may not be able to be fully addressed through this service and may require immediate, in-person evaluation by a medical professional.



COVID-19 COVERAGE

ASPE and COVID-19

COVID-19 is treated the same as any other Sickness under the ASPE Health Benefits Plan.

- Medically necessary services for treatment and testing of COVID-19 are covered the same as any other Injury or Sickness.
- If an Exchange Participant is on program and is not feeling well and/or is exhibiting symptoms of COVID-19, they should seek medical attention immediately, and present their ASPE Identification Card to the Health Care Provider and contact Seven Corners.
- Based on a medical examination by a Physician, the Health Care Provider may recommend next steps, to include COVID-19 testing if necessary, based on the Exchange Participant's symptoms and the results of the medical examination.
- If an Exchange Participant tests positive for COVID-19 and further, related medical treatment and/or medical quarantine in a medical facility is prescribed, these costs may be eligible for consideration as Covered Services under ASPE.
- Self-quarantine and/or self-isolation outside of a medical facility (i.e. at home, in a hotel, residence hall, etc.) is not a Covered Expense under ASPE.
- Personal Protective Equipment (PPE) is not a Covered Expense under ASPE.
- The ASPE Health Benefits Plan is secondary to any primary insurance that an Exchange Participant may carry. Exchange Participants need to submit claims to both their primary insurance and ASPE, simultaneously.

ASPE and Routine COVID-19 Testing*

For a ***limited period of time**, and in an effort to support ECA exchange program operational capacity, a limited, routine COVID-19 testing benefit under the ASPE Health Benefits Plan is available to ECA Exchange Participants who are covered by ASPE as part of their ECA exchange programs. The temporary benefit applies to Exchange Participants on program in their host countries, within the dates of their ASPE coverage eligibility, as listed on their ASPE Enrollment record. The same rules, policies, and procedures apply to related claims that may be submitted in use of this benefit. This benefit applies to testing dates of service rendered on or after January 25, 2021. This temporary benefit is not retroactive for dates of service and/or testing before this date.

It is the Exchange Participant's responsibility to locate and schedule testing to ensure that they receive their results within the timeframe that is required for their travel or institution, as well as to submit claims for related out-of-pocket expenses within ASPE and Seven Corners procedures and timelines for processing claims. Additional benefits beyond the \$500 maximum will not be granted for testing that is late, lost, or otherwise not in compliance for travel and/or institution admission.

NOTE: COVID-19 Routine Testing limits do not apply if the Exchange Participant is being treated by a Physician or Health Care Provider that orders the COVID-19 testing based on the Exchange Participant's symptoms and/or the result of a medical examination.

(ASPE and Routine COVID-19 Testing continue on next page.)

COVID-19 COVERAGE (CONT.)

ASPE and Routine COVID-19 Testing*

Covered Expenses:

- **COVID-19 Routine Testing** – \$500 maximum per Benefit Year.
 - This includes but is not limited to tests required by the college or university for program admission and travel requirements, rendered only in the host country.
 - Covered testing must be based on the current standard of care in the host country.
 - Coverage is for a virus/antigen detection (diagnostic) test, as well as any office visit or administration costs associated with that testing.
 - Copay does not apply under the routine testing benefit.
 - Serological (antibody) tests are not covered as part of the routine testing benefit.

Excluded Expenses:

- Routine COVID-19 testing that exceeds the \$500 per Benefit Year maximum.

ASPE and COVID-19 Quarantine

Self-isolation or quarantine outside of a medical facility (i.e. at home, in a hotel, residence hall, etc.) is not a Covered Expense under ASPE.

"If someone who has tested positive for COVID-19, but is asymptomatic, must quarantine in a hospital, would it be covered by ASPE?"

- In order for this situation to be considered for coverage under ASPE, a COVID-19 medical quarantine must take place in a medical facility under the daily supervision of a Physician (i.e. in a hospital; not at home, in a hotel, residence hall, or any non-medical facility, etc.) and would need to be medically prescribed by the treating Physician, as part of their medically prescribed treatment plan for COVID-19, when the Exchange Participant has presented for a medical examination with the treating Physician.

- The same ASPE eligibility requirements, rules, and procedures for any ASPE-related claims apply to this situation (i.e. must be in the host country, within the dates of the program as indicated by the Enrollment dates on the ASPE Enrollment record). Final determination of what may or may not be eligible for coverage under ASPE is determined after Seven Corners receives claims, including any supporting documentation and/or medical records that may be required to evaluate the claim.

ASPE covers Exchange Participants while they are physically participating on their exchange programs, in their host countries only, for the dates of their programs, as listed on their ASPE Enrollment records. The ASPE Benefit Guide details more information on ASPE plan coverage details, limitations, Exclusions, and other important program policies and procedures. Final determination of what may or may not be eligible for coverage under the ASPE plan is determined after Seven Corners receives all claims, including any additional documentation that may be required to fully review claims.

This information does not replace the information that is available in the ASPE Benefit Guide or on the ASPE website. All Exchange Participants and program partners are strongly encouraged to read the ASPE Benefit Guide and visit this website, prior to the start of exchange programs: sevendcorners.com/gov/usdos



PAYMENT OF MEDICAL BILLS

Out-of-Network Provider Services

If you receive Covered Services from a medical provider that is not in the Medical Provider Network, and you paid for medical bills out-of-pocket, you must complete a Medical Claim Form and submit it to Seven Corners, along with your itemized medical bills, in order to receive reimbursement for your Covered Expenses.

The Medical Claim Form is available by visiting sevencorners.com/gov/usdos, selecting "Forms", and downloading the Medical Claim Form.

You must submit information NO LATER than one (1) 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 U.S.), and 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.

Sign the completed claim form and submit to:

Email: usdos.claims@sevencorners.com

Fax: 317-575-6467

Or mail to:

ASPE Health Benefits
P.O. Box 21185
Eagan, MN 55121

In-Network Provider Services

Claims are automatically submitted to Seven Corners by the provider when you use a medical provider that is in the Medical Provider Network. You are responsible for paying your Copay at the time of service. Payment for services, other than the Copay, 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 Copay

ASPE requires all Exchange Participants to pay Copays.

- \$25 Copay for office visits and Telemedicine consultations.
- \$75 Copay for Emergency Room (ER), hospitalizations and urgent care.

As a reminder, Copay amounts are 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 a written request to: appeals@sevencorners.com

Or write to:

ASPE Health Benefits
Attn: Appeals
P.O. Box 21185
Eagan, MN 55121

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 (3) years from the time of submission of written claim form and required proof of Loss.



COORDINATION OF BENEFITS

Multiple Plans

The ASPE Health Benefits Plan 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 policies, except Medicare/Medicaid.

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

1. You or your provider should submit claims to private insurance carrier and obtain payment and EOBs.
2. You or your provider can submit your original medical bills and EOBs from your primary carrier, and ASPE will pay the remaining charges covered under your ASPE Health Benefits Plan. (Whether your claim is paid or denied, please send us your claim information.)

If you become disabled prior to age sixty-five (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 Benefits Plan would pay. You must first use ASPE 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 Details form, return it 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 Exchange Participant) of the overpayment and request reimbursement from you or the Health Care Provider.

GLOSSARY OF TERMS

Administrator — A private company contracted by the USDOS to administer the ASPE Health Benefits 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 (1) year period that begins on your start date with the ASPE plan.

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

Congenital Anomalies — A physical abnormality or condition that is present at birth, whether inherited or caused by the environment.

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

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

1. allowable by the ASPE Health Benefits Plan;
2. administered or ordered by a Physician;
3. medically necessary for the diagnosis and treatment of an Injury or Sickness; and
4. 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 Health Benefits 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.

Covered Services — Medical services or supplies covered by the ASPE Health Benefits Plan are those related to eligible medical conditions and rendered 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.

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.

Enrollment — Exchange Participants are eligible to participate in the ASPE Health Benefits 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 non-covered plan benefits.

EOB — Is an acronym for Explanation of Benefits. Although EOBs often look like a medical bill, the EOB tells you what portion of a claim was paid to the Health Care Provider and what portion of the payment, if any, is your responsibility.

GLOSSARY OF TERMS (CONT.)

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 Benefits Plan that bears the Exchange Participant'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 Benefits 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 Injury or Sickness 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 (LCSW) 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 Facility, 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.

Pre-Certification — Seven Corners must be contacted to confirm coverage and benefits:

1. as soon as non-Emergency hospitalization is recommended;
2. within forty-eight (48) hours of the first working day following an Emergency hospitalization;
3. when your Physician recommends any surgery, including Outpatient; or
4. for medical evacuation, repatriation and assistance services, prior to any travel or treatment taking place outside of the host country.

Pre-certification is not a guarantee of coverage.

GLOSSARY OF TERMS (CONT.)

Pre-Existing Condition — Any condition for or which:

1. had its origins prior to the Exchange Participant's effective date of coverage;
2. a Physician was consulted prior to the Exchange Participant's effective date of coverage;
3. treatment or medication was received prior to the Exchange Participant's effective date of coverage; or
4. 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.

Providers of Service — When you are ill or injured, your coverage helps pay the Hospital and/or 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 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 their 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.

Telemedicine — The use of telecommunications technologies to provide long-distance or remote clinical health care.

Usual, Customary and Reasonable (UCR) — The payment amount as determined by a nationally recognized Merchant Discount Rate (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 an amount not considered excessive in a particular case because of unusual circumstances.
- **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 Benefits Plan.

IMPORTANT INFORMATION

The Accident and Sickness Program for Exchanges (ASPE) complies with the J-1 Visa regulations which govern incoming Exchange Participants.

The ASPE Health Benefits Guide, when shown with a valid Identification Card, is evidence of health benefits coverage under the ASPE and of the associated benefits and limitations.

CONTACT INFORMATION



U.S. Department of State

powered by

Seven Corners

1-800-461-0430

usdosinfo@sevencorners.com

www.sevencorners.com/gov/usdos

ADMINISTERED BY



ASPE Health Benefits

P.O. Box 21185

Eagan, MN 55121

www.sevencorners.com



Disclaimer: No changes to the ASPE Health Benefits Plan shall be made, except by the Executive Director, Bureau of Educational and Cultural Affairs (ECA), United States Department of State (USDOS) who will make such changes that might be required to address budget, policy, regulatory, or legislative mandates.

This ASPE Health Benefits Guide replaces all Certificates, if any, previously issued to Eligible Participants and Covered Persons effective 1 January 2012. The benefits stated in this guide apply to dates of service on or after September 2, 2022.

The ASPE Health Benefits Plan is funded by the USDOS through the Fulbright-Hays authorizing legislation. The payment of medical benefits is subject to the availability of appropriated funds at the time of the claim.