



## 2022-23 ASPE Accident/Sickness Program for YFU-CBYX, FLEX and YES Scholars

The United States Department of State (USDoS) welcomes you to the Accident & Sickness Program for Exchanges (ASPE) Health Benefit Plan. As an Exchange Participant, you receive a limited health care benefit plan designed by USDoS and administered by *Seven Corners, Inc.* This plan IS NOT an insurance policy. ASPE is a self-funded, limited, health care benefit plan designed to pay covered medical expenses for eligible participants. Covered medical expenses are subject to limitations; pre-existing conditions are not covered. See brochure for exclusions.

**\*When providing insurance information to a medical provider, please tell them you have *First Health International*, not ASPE. Health providers will not know what ASPE is, but they should recognize First Health.**

### ASPE CUSTOMER SERVICE 24/7

Toll free: 1-800-461-0430  
Worldwide: 1-317-818-2867  
Collect: 1-317-818-2809  
Fax: 1-317-575-6467  
Email: [usdosinfo@sevencorners.com](mailto:usdosinfo@sevencorners.com)  
Web: [sevencorners.com/gov/usdos](http://sevencorners.com/gov/usdos)

### ASPE Health Benefits

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

### Life-threatening medical emergency:

Dial 911 from any telephone.

### Find a provider in First Health Network

<https://www.firsthealthinternational.com/>  
Call Customer Service toll free at 1.800.226.5116

### Questions about ASPE or medical bills

Call Customer Service toll free at 1.800.461.0430 or  
Customer Service: [usdosinfo@sevencorners.com](mailto:usdosinfo@sevencorners.com)  
ASPE Health Guide: [https://www.sevencorners.com/docs/default-source/usdos-documents/usdos-benefit-guide-pdf.pdf?sfvrsn=786a4f2d\\_5](https://www.sevencorners.com/docs/default-source/usdos-documents/usdos-benefit-guide-pdf.pdf?sfvrsn=786a4f2d_5)

### Pre-notification - (800) 461-0430

Seven Corners must be contacted in these instances: (1) at least 1 business day before a planned hospitalization to receive approval; (2) within 2 business days following admission for an emergency or unexpected sickness or injury; (3) prior to any treatment for dental pain; (4) for emergency evacuation, repatriation, and assistance services. Pre-certification is not a guarantee of coverage. A \$300 penalty will be applied if pre-certification is not obtained. This healthcare plan requires precertification 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 and home infusion therapy.

Coverage/Benefits	USD Maximum
Accident & Sickness Benefit	\$50,000 < 6 month exchange per illness or injury \$100,000 > 6 months per illness or injury
Copay per office visit, ER, urgent care, hospitalization	<b>\$25 for office visits and Telemedicine consultations</b> <b>\$75 per ER, Hospitalizations and Urgent Care</b>
Copay for prescriptions	<b>\$15.00</b> co-pay for all brand name drugs with a generic equivalent available
Medical Evacuation Benefit	100% up to the amount approved by USDoS after medical review – paid by USDoS
Repatriation of Remains Benefit	Up to \$25,000 paid by USDoS
COVID-19 Treatment	Same as any other illness
COVID-19 Testing	\$500 per benefit year
Vaccinations	Vaccinations per American College Health Association guidelines
Dental Costs	Up to \$2,500 a year ONLY to treat emergency alleviation of pain
Pre-existing	Not covered; <b>Participants are urged to retain or obtain health insurance to cover on-going or potential medical requirements pertaining to pre-existing conditions</b>
Coverage When Traveling	<b>For travel outside US students must obtain prior approval from program agency, be sure to give Seven Corners a copy of your authorized travel outside your host country; No coverage in home country</b>

**Excluded Activities:** Perilous Activity— 1. Flying, except: a. as a passenger on a regularly scheduled airline; b. as a passenger on a chartered carrier for purposes of an approved grant program activity; c. as a passenger in the Military Airlift Command of the US or similar air transport services of other countries. 2. Playing, practicing, or participating in professional sports, or during travel for such purposes. Professional sports also include skateboarding, snowboarding, BMX racing, X-games (extreme sports), and boxing. 3. Operation of a vehicle while not properly licensed to do so or riding in a noncommercial vehicle operated by a person not licensed to do so in the jurisdiction in which the accident takes place. 4. Operation of a vehicle while under the influence of drugs or alcohol. 5. Dangerous activity not directly related to the fulfillment of grant objectives, e.g., boxing, bungee jumping, scuba diving, skydiving, rock climbing (indoor/ outdoor), hang gliding, operation of an all-terrain vehicle (ATV) or motocross bike, downhill skiing, horseback riding, parachuting, zip lining, parasailing, water skiing, wakeboard riding, jet skiing, windsurfing, snowmobiling, spelunking, and motorcycle/motor scooter riding.

*This insurance information is provided to local representatives and host families for illustrative purposes only and is not meant to replace insurance documents provided directly to the students by their national organization. Students should consult their full plan documents for benefits questions, or seek advice from their natural parents, the insurance company listed above, or the insurance company's US administrator.*