



Professional Mariners require a medical program that they can depend on to protect them throughout the world. Regardless of the type of vessel, Mariners require coverage that provides security, flexibility and benefits unique to today's Marine Industry demands. Sail and travel anywhere with the confidence that you are protected with comprehensive, marine specific coverage providing the safety that you deserve. You have a true universal policy created for the Mariner Lifestyle.

Reside Blue Group provides coverage onboard the vessel and when signed off or on personal leisure time.

Reside Blue Group acts primary to a vessel's Protection and Indemnity insurance. Protection & Indemnity or P & I insurance policy is not designed nor intended to offer comprehensive medical protection. It does not act as a benefit to the employee rather it is a necessary risk management tool for the owner.

Program Advantages for Employers and Employees

- Decreased crew exposure for Vessel Owners
- A positive impact on vessel's P & I insurance
- By safeguarding your employees you will attract the best employees in the industry and retain these well qualified Crewmembers
- Meet the Marine Industry's increasing international legislation in the form of employee qualification compliance standards
- Marine Crew of all nationalities eligible
- Valid Worldwide Protection
- Continuous coverage, 24 hours a day, 365 days a year
- 24 hr Worldwide Travel assistance including Emergency Medical Evacuation Coverage
- Optional coverage for employee dependants
- Each Insured person receives a personal insurance ID card including dependants
- Coverage for Amateur Sailboat Racing, SCUBA
- Coverage for common sports including winter sports
- \$10,000 Accidental Death & Dismemberment included with optional increased amounts

Schedule of Benefits



THIS SCHEDULE OF BENEFITS IS A BRIEF OUTLINE OF THE BENEFITS PAYABLE UNDER THIS POLICY. ALL BENEFITS ARE SUBJECT TO THE DEFINITIONS, CONDITIONS, LIMITATIONS, EXCLUSIONS, AND PROVISIONS OF THIS POLICY. CONSULT THE MASTER POLICY FOR SPECIFICS

Lifetime Maximum Benefit \$5,000,000 per Insured Person.

Policy Period Deductible Options	Options: \$0 \$100 \$250 \$500 \$1000 \$2500 \$5000 \$10,000 \$25,000
Outside of the United States	After the deductible, the policy pays 100% of eligible expenses to the policy maximum. Hospital admissions must be pre-Notified using Seven Corners pre-notification program.
Inside of the United States	<p>After the deductible, the policy pays 80% of the next \$5,000 of eligible expenses, then 100% up to the policy maximum. Expenses incurred inside the United States must be pre-notified using Seven Corners pre-notification program.</p> <p>If Services and Treatment eligible for coverage under this Certificate are received directly from an approved PPO Service Provider while the Insured Person is in the United States: (a) the Company will reduce by 50% any part of the Deductible applicable to such Eligible Benefits, and (b) the Company will waive any and all Coinsurance applicable to such Eligible Benefits.</p>
Hospital Expenses	Average semi-private room and board, usual, reasonable, and customary (URC) physician charges, prescription medications, durable medical equipment, nursing services and x-Rays up to the policy maximum.
Intensive Care	Intensive care room and board, usual, reasonable, and customary physician charges, prescription medications, durable medical equipment, nursing services and x-rays up to the policy maximum.
Surgery	URC charges for surgery, physician and anesthetics up to the policy maximum.
Hospital Daily Indemnity Benefit	\$50 per day (\$1,000 maximum per policy period), for every medically necessary night spent in a hospital (hospital admission) outside of the United States and Canada.
Outpatient Treatment	URC charges for emergency treatment, surgery, and prescription medication up to the policy maximum.
Physiotherapy, Chiropractic	Up to \$75 per visit (\$10,000 lifetime maximum), when referred in advance by a physician.
Medical Supplies	URC charges up to policy maximum.
Ambulance	URC charges up to policy maximum.
Well Child Care	Up to \$200 policy period maximum for checkups and routine visits after 12-month waiting period. Up to age 18.
Maternity	Optional: \$50,000 Lifetime Maximum. Waiting period of 12 months before maternity benefit Begins.
Mental & Nervous	URC charges up to a maximum of \$10,000 per policy period after 12 month waiting period. Lifetime maximum of \$30,000.
Newborn Benefit	\$25,000 lifetime maximum for the first 31 days after birth.

Diagnostic, Preventative & Orthodontic Dental Rider	Optional: Diagnostic & Preventative Services 100%. Basic Dental Services 80%. Major & Orthodontics Services 50%. Maximum \$1000 per policy period subject to an Annual Deductible of \$50 per insured person. Orthodontic Lifetime Maximum \$1000.
Emergency Medical Evacuation	\$250,000 limit per occurrence; \$1,000,000 lifetime maximum When adequate medical facilities and/or treatment are not available. (pre-approval required).
Repatriation of Remains	\$25,000 limit - when traveling outside your current country of residence. (pre-approval required).
Emergency Medical Reunion	\$10,000 limit - when traveling outside your current country of residence. (pre-approval required).
Preventive Benefits	Females and males up to \$250 policy period maximum for checkups, routine physical exams, inoculations and vaccinations, female preventative exams and mammograms after 12 month waiting period. Not subject to deductible or coinsurance.
Accidental Death & Dismemberment (AD&D)	\$10,000 standard principal sum for insured or insured spouse; \$2,000 for dependent child Upgrade Options: \$25,000 \$50,000 \$100,000 \$250,000 \$500,000
Supplemental Accident Benefit	Up to \$300 reimbursement per covered injury due to accident before applying any deductible
Amateur Sailboat Racing Benefit	Up to \$15,000 per year for covered accidents or illness subject to a \$60,000 Lifetime Maximum. An additional deductible of \$1,500 shall apply per Coverage Period
Lifetime Transplant Benefit	Up to \$1,000,000 per insured person.

Limitations and Exclusions



CONSULT THE MASTER POLICY FOR COMPLETE SPECIFICS OF THE LIMITATIONS AND EXCLUSIONS OF THIS POLICY.

A. Medical Benefit Exclusions

This Insurance does not cover any Treatment, Medication, charges or the consequences thereof, related to the following Exclusions, unless specifically included or modified on the Schedule of Benefits numbers I through XI in this Certificate. With regards to Medical Benefits this Insurance does not cover expenses from, related to or in connection with:

1. Pre-Existing Conditions, which are any Injury or Illness which meets the following criteria: 1) A condition that would have caused a person to seek medical advice, diagnosis, care or Treatment prior to the Individual Effective Date of Coverage under this Certificate; 2) A condition for which medical advice, diagnosis, care or Treatment, including Medication, was sought, recommended or received prior to the Individual Effective Date of Coverage under this Certificate; 3) the symptoms which occurred prior to the Individual Effective Date of the Coverage under this Certificate would have allowed a person trained in medicine to make a diagnosis of the condition producing the symptoms; 4) a condition which manifested prior to the Individual Effective Date of Coverage under this Certificate; 5) Expenses for Pregnancy within twelve (12) months after the Individual Effective Date of Coverage under this Certificate. Exclusionary Riders may be issued by the Administrator, for certain Pre-Existing Conditions.
2. Charges for treatment of the following illnesses or surgeries, which manifest themselves or are recommended, or symptoms occur during the first 180 days of coverage hereunder beginning on the initial effective date: any condition of the breast, any condition of the prostate, disorders of the reproductive system, gall stones or kidney stones, any acne diagnosis or acne related condition, or any surgery that is not emergency in nature, as emergency is defined hereunder. Note: coverage for such illnesses or surgeries may be further limited under the pre existing condition exclusion and definition contained herein, or other exclusions contained herein;
3. Injury or Illness which is not presented to the Company for payment within ninety (90) days immediately following the Incident, which gave rise to the expenses.
4. Treatment which is not Medically Necessary.
5. Services provided at no cost to the Insured Person.
6. Treatment which exceed Reasonable and Customary charges.
7. Surgeries or Treatments which are Investigational, Experimental, or for Research purposes.
8. Services, supplies or Treatment, including any period of Hospital confinement, which were not recommended, approved and certified as Medically Necessary and reasonable by a Physician.
9. Suicide or any attempt there at whether the Insured Person committing them is sane or insane;
10. War, hostilities or warlike operations (whether war be declared or not), Invasion, Act of an enemy foreign to the nationality of the insured person or the country in, or over, which the act occurs, Civil war, Riot, Rebellion, Insurrection, Revolution, Overthrow of the legally constituted government, Civil commotion assuming the proportions of, or amounting to, an uprising, Military or usurped power, Explosions of war weapons, Utilization of Nuclear, Chemical or Biological weapons of mass destruction howsoever these may be distributed or combined, Murder or Assault subsequently proved beyond reasonable doubt to have been the act of agents of a state foreign to the nationality of the insured person whether war be declared with that state or not, Terrorist activity.

For the purpose of this Exclusion ;

- i) Terrorist activity means an act, or acts, of any person, or group(s) of persons, committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public, or any section of the public, in fear. Terrorist activity can include, but not be limited to, the actual use of force or violence and/or the threat of such use. Furthermore, the perpetrators of terrorist activity can either be acting alone, or on behalf of, or in connection with any organisation(s) or governments(s).
- ii) Utilization of Nuclear weapons of mass destruction means the use of any explosive nuclear weapon or device or the emission, discharge, dispersal, release or escape of fissile material emitting a level of radioactivity capable of causing incapacitating disablement or death amongst people or animals.
- iii) Utilisation of Chemical weapons of mass destruction means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing incapacitating disablement or death amongst people or animals.
- iv) Utilisation of Biological weapons of mass destruction means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesised toxins) which are capable of causing incapacitating disablement or death amongst people or animals.

Also excluded hereon is any Loss or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, or suppressing any, or all, of the situations described above. In the event any portion of this exclusion is found to be invalid or unenforceable, the remainder shall remain in full force and effect.

11. Injury sustained while participating in organized, professional, amateur, or interscholastic athletics sponsored by a school or organization; unless otherwise covered under this Certificate

12. Vaccinations, inoculations, routine physicals or other examinations where there are no objective indications of impairment in normal health, and laboratory diagnostic or x-ray examinations, except in the course of a Covered Event established by a prior call or attendance of a Physician; unless otherwise covered under this Certificate;
13. Treatment of the Temporomandibular Joint (TMJ) or for maxillary and/or mandibular hypoplasia and/or hyperplasia.
14. Vocational, occupational, speech, recreational, or music therapy.
15. Services performed or supplies or treatment recommended or rendered by a Relative of the Insured Person or any person who ordinarily resides with the Insured Person. This exclusion includes any treatment as the result of a referral to or by a Relative of the Insured Person or any person who ordinarily resides with the insured, to another physician.
16. Cosmetic or plastic Surgery and any related Hospital admission, except as the result of a covered Injury. For the purposes of this Insurance, Treatment of a deviated nasal septum shall be considered a cosmetic condition.
17. Treatment, purchase and fitting of false teeth or dentures and hearing aids;
18. Eye refractions or eye examinations for the purpose of prescribing corrective lenses or eye glasses or for the fitting thereof and radial keratotomy, unless caused by Accidental bodily Injury incurred while insured hereunder;
19. Injury sustained while under the influence of or disablement due to wholly or partly to the effects of intoxicating liquor or drugs, other than drugs taken in accordance with treatment prescribed and directed by a Physician for a condition which is covered hereunder, but not for the treatment of drug addiction.
20. Telephone consultations or failure to keep a scheduled appointment.
21. Treatment while confined primarily to receive Custodial Care, educational or rehabilitative care and nursing services in a long term care facility, spa, hydroclinic, weight loss clinic, sanatorium, nursing home or similar facilities.
22. Congenital abnormalities and conditions arising out of or resulting there from; unless otherwise covered under this Certificate;
23. Services and supplies which are non-medical in nature.
24. The Insured Person's unused airline ticket for the transportation back to the Insured Person's Home Country, where an Emergency Medical Evacuation or Repatriation and/or Return of Mortal Remains benefit is provided.
25. Intentionally self-inflicted Injury or Illness whether the Insured Person committing them is sane or insane;
26. Commission or attempt to commit a felony offense or from the Insured Person being engaged in an illegal occupation or activity;
27. Injury sustained while taking part in mountaineering where ropes or guides are normally used, hang gliding, parachuting, bungee jumping, racing by horse, motor or motorcycle, scuba diving, involving underwater breathing apparatus - unless PADI, NAUI, YMCA, SSI or PDIC certified; and i) diving without properly maintained, appropriate, working diving equipment; ii) any diving below 40 meters; iii) any type of cave diving; iv) solo diving; v) any air travel within 24 hours of diving or any diving within 10 hours of any air travel; vi) diving by any insured person under the age of 12 or over the age of 65; vii) diving while suffering any illness causing an obstruction to the sinuses or ears or diving while medically unfit to dive; viii) treatment of any condition that worsens or requires additional treatment due to diving.
28. Treatment paid for or furnished under any other individual or group policy or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for Treatment without cost to any individual; with the exception of eligible marine P&I coverage to which this insurance is primary;
29. Injuries for which benefits are payable under any no-fault automobile insurance policy;
30. Treatment of venereal disease, sexually transmitted disease, or expenses for a sex change;
31. Routine Dental Treatment and services for Dental care of the teeth or periodontium or the surrounding tissue or structure, except as the result of Injury to sound, natural teeth caused by Accident; unless otherwise covered under this Certificate;
32. Pregnancy expenses incurred by a Dependent Child;
33. Treatments, Medications or procedures that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, in vitro fertilization, gamete intra fallopian transfer (GIFT), Treatment for infertility or impotency, sterilization or reversal thereof, or abortion.
34. Treatment in connection with alcoholism and drug addiction, or use of any drug or narcotic agent and caffeine withdrawal;
35. Any Mental and Nervous disorders or rest cures, unless otherwise covered in this Certificate.
36. Treatment which is incurred by Insured Persons who were HIV Positive at the time of Application for this Insurance, or testing for the following: HIV, seropositivity to the AIDS virus, AIDS related Illnesses, ARC Syndrome, or AIDS.
37. Treatment for the AIDS virus, AIDS related Illness, ARC Syndrome, AIDS, and/or any Illness arising as complications from these conditions.
38. Treatment for Chronic Fatigue Syndrome, including but not limited to diagnostic workups.
39. Service or Treatment for any form of food supplement or augmentation or for any program for weight control, whether for obesity or any diagnosis, by diet, injection of any fluid, or use of any Medications or Surgery of any kind including but not limited to gastric bypass, gastric stapling or gastroplasty procedures whether or not in connection with morbid obesity. Additionally, procedures for removal of excess skin are considered cosmetic and are excluded from coverage.
40. Chiropractic care, unless otherwise covered under this Certificate.

41. Purchase or rental of durable medical equipment outside of a Hospital, including but not limited to wheelchairs, oxygen tanks and walkers.
42. Land and/or sea rescues.
43. Occupational Diseases, including but not limited to diseases related to asbestos exposure, and the complications thereof, including asbestosis and mesothelioma related to asbestos exposure.
44. Treatment, services and supplies for flat feet, fallen arches, corns, bunions, callouses and care of toenails.
45. Treatment, services and supplies for Convalescent, Hospice and Home Health Care which exceed 30 days in duration for any one Incident.
46. Newborn children who are not Approved by the Administrator and covered under the Pregnancy Benefit.

B. Accidental Death and Dismemberment Benefit Exclusions

This Insurance does not cover any Loss or the consequences thereof, related to the following Exclusions, unless specifically included or modified on the Schedule of Benefits number XII in this Certificate. With regards to Accidental Death and Dismemberment, this Insurance does not cover:

1. Suicide, attempted suicide or intentionally self-inflicted Injuries whether the Insured Person committing them is sane or insane;
2. Disease or sickness of any kind;
3. Bacterial infections except pyogenic infection which shall occur through an accidental cut or wound;
4. Hernia of any kind;
5. Injury sustained while the Insured Person is riding as a pilot, student pilot, operator or crew member (including in or on, boarding or alighting, from any type of aircraft);
6. Injury sustained while the Insured Person is riding as a passenger in any aircraft (a) not having a current and valid Airworthy Certificate and (b) not piloted by a person who holds a valid and current certificate of competency for piloting such aircraft; or in any aircraft that is not on a commercially scheduled flight.
7. War, hostilities or warlike operations (whether war be declared or not), Invasion, Act of an enemy foreign to the nationality of the insured person or the country in, or over, which the act occurs, Civil war, Riot, Rebellion, Insurrection, Revolution, Overthrow of the legally constituted government, Civil commotion assuming the proportions of, or amounting to, an uprising, Military or usurped power, Explosions of war weapons, Utilization of Nuclear, Chemical or Biological weapons of mass destruction howsoever these may be distributed or combined, Murder or Assault subsequently proved beyond reasonable doubt to have been the act of agents of a state foreign to the nationality of the insured person whether war be declared with that state or not, Terrorist activity.

For the purpose of this Exclusion #7;

i) Terrorist activity means an act, or acts, of any person, or group(s) of persons, committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public, or any section of the public, in fear. Terrorist activity can include, but not be limited to, the actual use of force or violence and/or the threat of such use. Furthermore, the perpetrators of terrorist activity can either be acting alone, or on behalf of, or in connection with any organisation(s) or governments(s).

ii) Utilisation of Nuclear weapons of mass destruction means the use of any explosive nuclear weapon or device or the emission, discharge, dispersal, release or escape of fissile material emitting a level of radioactivity capable of causing incapacitating disablement or death amongst people or animals.

iii) Utilisation of Chemical weapons of mass destruction means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing incapacitating disablement or death amongst people or animals.

iv) Utilisation of Biological weapons of mass destruction means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesised toxins) which are capable of causing incapacitating disablement or death amongst people or animals.

Also excluded hereon is any Loss or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, or suppressing any, or all, of the situations described above. In the event any portion of this exclusion is found to be invalid or unenforceable, the remainder shall remain in full force and effect.

8. Service in the military, naval or air service of any country.
9. Flying in any aircraft being used for or in connection with acrobatic or stunt flying, racing, endurance tests, rocket-propelled aircraft, crop dusting or seeding or spraying, fire fighting, exploration, pipe or power line inspection, any form of hunting or herding, aerial photography, banner towing or any experimental purpose.
10. Being under the influence of alcohol or having taken drugs or narcotics unless prescribed by a legally qualified physician or surgeon.
11. Injury occasioned or occurring while the Insured Person is committing or attempting to commit a felony or from the Insured Person being engaged in an illegal occupation or activity.
12. While riding or driving in any kind of competition; unless otherwise covered under this Certificate;
13. Pregnancy, childbirth, miscarriage or abortion.
14. Injury arising out of a Preexisting Condition. However, an injury for which the treatment has not been rendered or treatment medically recommended for the past thirty consecutive months shall not be considered a Preexisting Condition unless otherwise specifically excluded.

CONSULT THE MASTER POLICY FOR COMPLETE SPECIFICS OF THE LIMITATIONS AND EXCLUSIONS OF THIS POLICY.

Dental Rider



**Group Medical Insurance Plan
Rider to Certificate of Insurance
Underwritten by: Certain Underwriters at Lloyd's, London
Supplemental Group Dental Benefit**

Policy Number: N/A
Effective Date: N/A

SCHEDULE OF BENEFITS - Percentage of Reasonable and Customary Cost

Class I: 100%—Diagnostic, General, Preventive

Deductibles do not apply to Class I services.

Class II: 80%—Restorative (Basic), Endodontics, Periodontics, Prosthodontics—Removable (Maintenance), Prosthodontics—Fixed Bridge (Maintenance), Oral Surgery

Class III: 50%—Restorative (Major), Prosthodontics—Removable (Installation), Prosthodontics—Fixed Bridge (Installation)

Class III expenses are not covered during the first three months.

Annual Deductibles:	Individuals:	US\$50
	Family:	US\$150
Annual Maximum:		US\$1,000

ORTHODONTIC COVER - 3 month waiting period

Percentage of Reasonable and Customary Cost: 50%

Annual Deductibles:	Individuals:	None
	Family:	None

Lifetime Maximum Benefit Per Insured Person(s): US\$1,000

The expenses described in the three classes below are reimbursed subject to an annual maximum indicated in the Schedule of Benefits.

A. Class I Dental Services

The Certificate pays the percentage of the Usual, Reasonable and Customary Cost indicated in the Schedule of Benefits for necessary diagnostic examination and preventative Treatment.

Covered expenses include:

1. Oral exams but not more than twice in a Coverage Period
2. X-rays
3. Full mouth x-rays but not more than once every five years; and
4. Bitewing x-rays but not more than once in a Coverage Period
5. Preventative Treatment
6. Cleaning and scaling of teeth (oral prophylaxis) but not more than twice in a Coverage Period; and

7. Topical fluoride Treatment for a Insured Person under 19 years of age but no more than once in a Coverage Period
8. Space maintainers for a Dependent under 19 years of age.

Deductibles do not apply to Class I Services

B. Class II Dental Services

The Certificate pays the percentage of Usual, Reasonable and Customary Cost indicated in the Schedule of Benefits for basic restoration, endodontic, periodontal Treatments and oral surgery.

1. Covered expenses include:
2. Fillings – amalgam, silicate, acrylic, synthetic porcelain or composite fillings
3. Extractions
4. Root canal treatment
5. Treatment of periodontal disease and other disease of the gums and tissues of the mouth
6. Oral surgery except procedures covered under any medical plan
7. Administration of general anesthesia, when medically necessary in connection with oral surgery
8. Emergency palliative treatment
9. Injections of antibiotic drugs

C. Class III Dental Services

The Certificate pays the percentage of Usual, Reasonable and Customary Cost indicated in the Schedule of Benefits for necessary crowns, bridges and dentures up to a maximum per Coverage Period per Insured Person(s) as recorded in the Schedule of Benefits.

Covered expenses include necessary supplies and services of a Physician for installation or replacement of one or more natural teeth which are lost while Dental Expense Benefits for the Insured Person are in effect for:

1. Installation of fixed bridgework done for the first time
2. Installation for the first time of:
 - a. A partial removable denture; or
 - b. A full removable denture
3. Replacing an existing removable denture or fixed bridgework if:
 - a. It is needed because of loss of one or more natural teeth after the existing denture or bridgework was installed; or
 - b. It is needed because of the existing denture or bridgework can no longer be used and was installed at least 5 years prior to its replacement
4. Replacing an existing immediate temporary full denture by a new permanent full denture when:
 - a. The existing denture cannot be made permanent; and
 - b. The permanent denture is installed within 12 months after the existing denture was installed
5. Adding teeth to an existing partial removable denture or to bridgework when needed to replace one or more natural teeth removed after the existing denture or bridgework was installed
6. Inlays and onlays
7. Crowns and their replacements, but not more than one replacement per crown every five years
8. Repair or re-cementing of:
9. Crowns; or
10. Inlays or onlays; or
11. Dentures; or
12. Bridgework

Class III expenses are not covered during the first three months the Employee is insured. Missing teeth coverage will be provided after being insured for three months under the Certificate.

D. Orthodontic Cover

The Eligible Benefits described in this Endorsement apply only if the Participating Organization has chosen this cover as recorded in the Endorsement.

The Certificate pays the percentage of Usual, Reasonable and Customary cost indicated in the Endorsement for necessary orthodontic treatment subject to a specific lifetime maximum indicated in the Schedule of Benefits. Once this limit is reached, the Insured Person(s) has no right to any further orthodontic treatment benefit.

Orthodontic expenses are not covered during the first three months the Employee is insured.

Exclusions

1. Type III expenses during the first three months from the date of issue for present Employees in the group.
2. New eligible entrants for Type III expenses during the six months from the date of issue.
3. Cosmetic surgery or supplies
4. Replacement of lost, missing or stolen crown, bridge or denture
5. Repair or replacement of orthodontic appliances
6. Services or supplies which do not meet general accepted dental standards
7. Experimental treatment
8. Missing teeth – Coverage provided after twelve months from the date of issue
9. Implantology
10. Treatment for Temporomandibular joint disorders (TMJ) and complications therefrom.

E. Pre-Notification and Alternate Treatment

If dental expenses are expected to exceed the amount of \$250.00, before the Dentist starts the Treatment, the Insured Person(s) must notify the Company for amounts to be covered or an approved alternative (which are customarily used, deemed by professions to be appropriate and less costly):

1. Work to be done
2. Cost of Treatment

Waiting Periods, Pre-Notification, Subrogation and Notice of Time Limitations shall apply as provided in the Certificate.

Commonly Asked Questions



Who is eligible for this coverage?

The Participating Organization must be an ocean going vessel currently employing a minimum of three full time Employees. These vessels must expect to sail outside of the United States for a significant period of time each year. This requires the Participating Organization to seek coverage that is not available or provided through domestic U.S. insurance companies.

How do I begin the application process?

To receive a quote for your crew please complete the Reside Blue Group "Request for Proposal" (RFP). If you currently have group crew coverage and would like to receive a "take over" quote please provide your group claims history and or premium history with the RFP. Your agent will assist with this process.

Who is Seven Corners, Inc.?

Seven Corners is the Program Administrator. Properly serving the medical needs of international citizens requires specialization. Most companies are not prepared to meet the unique needs of these customers. An organization must be equipped to address foreign currencies, international doctors and hospitals, as well as unusual claim forms and documents. The Reside Blue Group Medical Plan is administered worldwide by Seven Corners. The professionals at Seven Corners have over 150 years of experience in claim processing and administration. Seven Corners currently serves the needs of thousands of policyholders throughout the world.

Who is the Underwriter?

Reside Blue Group is underwritten by Certain Underwriters at Lloyd's, London and is rated A "Excellent" by A.M. Best and an A+ (Strong) rating from Standard and Poors. In addition to being one of the largest insurance entities in the world, Lloyd's has over 300 years of experience in the international insurance business.

Will this insurance cover me anywhere in the world?

Yes, there are no geographic restrictions on the Reside Blue Group coverage. You may travel worldwide with the entire range of comprehensive benefits offered by this plan.

What materials do we receive from Seven Corners?

Crewmembers will receive an insurance kit that contains an insurance identification card for themselves and each dependant, a declaration of insurance page attached to the policy wording, a claim form, and a copy of their enrollment form (when applicable).

How do I use my coverage around the world?

So that you receive the best care possible, Reside Blue Group requires that the Insured Person (or someone on the Insured Person's behalf) contact Seven Corners Assist for notification prior to all hospital admissions worldwide and any medical expenses incurred within the United States. The methods of contacting Seven Corners Assist will appear on the back of your ID Card. Seven Corners will directly bill the provider whenever possible, regardless of the location you incurred your claim. Once you inform Seven Corners they will contact the provider and arrange for billing, however, it is ultimately the provider's choice to accept direct billing. If Seven Corners cannot secure direct billing with a provider, they will reimburse the insured directly for all eligible medical expenses incurred. Seven Corners Assist will also be able to assist you in locating the approved Seven Corners medical care providers in the United States.

Reside® is a registered trademark of Seven Corners, Inc.

How do I use my coverage in the United States?

Utilize an approved PPO Service Provider within the United States

Services and Treatment in the United States must be received at an approved PPO Service Provider facility, if one exists within a 50-mile radius of where the Insured Person is located. To obtain a list of approved PPO Service Providers contact the Administrator or visit the approved PPO Service Provider website at: www.sevencorners.com/ppo

If Services and Treatment eligible for coverage under this Certificate are received directly from an approved PPO Service Provider while the Insured Person is in the United States: (a) the Company will reduce by 50% any part of the Deductible applicable to such Eligible Benefits, and (b) the Company will waive any and all Coinsurance applicable to such Eligible Benefits.

Failure to follow the Pre-Notification Program and to utilize an approved PPO Service Provider will result in a 25% reduction of the Eligible Benefits stated in the Schedule of Benefits.

How do my crew file a claim?

Regardless of where in the world medical expenses are incurred, it is important for Seven Corners to begin processing your claim as soon as possible. In order to be considered for processing, claim forms and receipts for medical expenses must be **submitted to Seven Corners within 90 days** after the date of service.

For Claim Submission/Inquiry, contact Seven Corners at:
303 Congressional Blvd.; Carmel, IN 46032 USA
800-335-0477 or 317-575-2656 or fax 317-575-2256; claims@sevencorners.com

How do I add and remove crew from this plan?

To remove currently insured crewmembers please provide, in writing, the crewmembers full name and the date that they are no longer employed with the vessel. You will receive written confirmation from the company and this crewmember will be removed from the following invoice.

To add a new crewmember once the group is effective Seven Corners must receive an enrollment form completed by each applicant, including their signature and a signature date. Once Seven Corners underwrites the application and determines that coverage should be issued, we will send the new crewmember an ID Card and a Certificate of Coverage by mail.

How do we pay for this coverage?

You have the choice of a monthly, quarterly, semi-annual or annual invoice, this may be paid by check, credit card, wire transfer or money order.

How does the geographical rating work?

Seven Corners provides group quotes with rating based on the location of the vessel. With the cost of medical care greater inside the US and Canada rating is dependent upon the vessel's location inside US and Canadian waters and outside US and Canadian waters. The rate is specifically based on the location of the vessel with regard to the single crewmember. The rate for a crewmember with a single dependent or family is based on the location of the family, also subject to their location inside or outside the US and Canada. This form of rating allows Seven Corners to pass the lower risk exposure onto our clients in total premium savings.

If the vessel's itinerary is known, we also offer a composite rate for all single coverage members which allows for further ease of administration and the same premium savings.

Continuation of Coverage Option



If selected, the Continuation of Coverage option allows for an insured person of the RESIDE Blue Group plan to continue their coverage for up to 6 months after they resign employment or are terminated from the Group Health Plan. The insured may also select the Transfer Option for the RESIDE Blue individual plan while utilizing the Continuation of Coverage option.

How do I select this option?

Indicate that you would like this option to be quoted when completing the Request for Proposal. The premium rates quoted will include the Continuation of Coverage benefit.

Who is eligible for Continuation of Coverage?

The primary insured employee and any dependents that are covered by the Group at the time employment ends. Eligible dependants must continue to meet all Group eligibility requirements.

How does the employee pay for this Continuation of Coverage?

Once Seven Corners has been notified the insured is no longer employed with the company we will send notification to the former employee. The former employee has thirty days from the time they receive notification to choose the Continuation of Coverage. The employee is responsible to return the completed notification form and pay the appropriate premium due each month. The Insured Group is no longer required to pay any premium for this employee.

What is the premium amount due for the former employee to continue their coverage?

The premium is 105% of the according geographical rate. The geographical rate is based on the former employees location inside the US or Canada or Outside the US or Canada. If the former employee had dependent coverage, the rate is based on the location of the dependant. The additional 5% is required for the administration of their policy.

Are there any benefit differences the former employees should be aware of?

Like the RESIDE Blue Group benefits, the Continuation of Coverage is not primary to any other vessel's P&I insurance. The Continuation of Coverage excludes Treatment paid for or furnished by any other individual policy or group policy.

What are the differences in the Desired Underwriting options?

There are three options for Underwriting; *Individual*, *12/12* and *Full Take Over*. The following are a list of advantages to each.

Full Take Over This option is only available if you currently have crew medical coverage, it allows waiver of all waiting periods for crewmembers currently enrolled on your existing plan. You may choose between Individual or 12/12 Underwriting for new additions of crew after the group is effective.

Individual Underwriting

The least expensive form of group coverage this form of Underwriting excludes pre-existing conditions for the first 24 months of continuous coverage on the plan. Each crewmember is required to complete enrollment form / medical questionnaire. The company must approve coverage and does reserve the right to "rider out" certain existing medical conditions and or exclude any person from coverage on the group's plan. (Other options are available for individuals not medically eligible for the group coverage)

12/12 Underwriting

The most often chosen, this form of Underwriting excludes pre-existing conditions present in the 12 months prior to an individual's effective date, for the first 12 months of coverage. Then pre-existing conditions are covered as any other illness. This plan does not require a medical questionnaire for enrollment, which drastically reduces the administrative work.

* For specific pre-existing policy wording for each, please contact your agent.

Seven Corners, Inc.



Seven Corners began offering international medical insurance to the worldwide community in 1993. The company was founded by international insurance professionals, with a strong commitment to customer service and a belief that the public deserved reliability when purchasing international insurance.

Who are we...

Within the insurance industry, Seven Corners is considered a Managing General Underwriter. We administer applications, process claims, pay agent commissions, etc on behalf of various insurance companies. Our dedication to providing our clients with the best coverage has led us to secure the services of four different insurance companies to underwrite our programs. To this end, our insureds receive the best coverage available from a selection of the best insurance companies in the industry

- **Customer Service / Assistance Services** - Our Customer Service unit, staffed with professionals knowledgeable in Seven Corners products, is prepared to answer questions about any one of our more than 7 programs. These individuals are trained to assist you in choosing a product. The Assistance department is available to help you during your trip. Multilingual professionals are there 24 hours a day, 365 days a year to assist you with such important services as locating a physician and performing an emergency evacuation.
- **Claims** - When the unexpected does occur overseas, our staff is prepared to address those medical claims submitted to us efficiently and directly as possible. When dealing with a medical situation while outside of your home country, you don't want to rely on a company whose primary objective is delay and mislead. Seven Corners attempts to ensure that your requests for claim reimbursements are dealt with as quickly as possible.

Privacy Policy...

Your right to privacy is a concern to us. At Seven Corners, we work to maintain your privacy while providing competitive international insurance products. At no time will Seven Corners sell or give your personal information or email address to an outside company for marketing purposes.

We currently offer a full line of International coverage including; Worldwide Major Medical, Marine Crew Medical, Travel Medical and Trip Cancellation.

What additional services and security are provided with this plan?

When Unpronounceable Diseases Occur In Unpronounceable Countries

Seven Corners Assist is a leading provider of customized emergency assistance services to international organizations, corporations, government entities, insurance companies and individual travelers. Regardless of the location, Seven Corners Assist provides valuable assistance in locating the best possible medical treatment.

Foreign Country – Familiar Service

In today's world, companies and international citizens must operate in strange lands and challenging environments. In some situations, individuals must travel to developing regions where the quality of care is in question. No matter where you travel Seven Corners Assist will help direct you to the highest quality medical care in the region.

Quality of Care

With access to a network of emergency room physicians, Seven Corners Assist is able to effectively evaluate the quality of care available locally. The Seven Corners assist physician will consult with the attending physician (if available) to review local standards and discuss the proposed course of treatment. Should the quality of care be in question, Seven Corners Assist arranges medical transportation to a location where appropriate care is available.

A Description Of Our Services

The following services are available 24 hours a day, 7 days a week from a multilingual staff of service professionals.

Assistance With Travel

Pre-trip information: Provide information concerning inoculation and visa requirements for countries worldwide

Weather information: Concerning local weather conditions

Exchange rate information: Present day currency rates, etc.

Embassy referral: Providing contact information for the nearest embassies around the world

Interpreter referral: Contact information for interpreters around the world

Lost passport: Provide directions for lost passport recovery to insureds while traveling outside of their home country

Emergency message: In the event of a medical emergency, assistance in relaying urgent messages to family, friends, or business associates at the insured's request

Hotel accommodation: In case of insured's hospitalization outside of their home country, assistance in locating hotel accommodation for insured's companion

Medical Assistance While Traveling

24-hour telephone contact: Should medical emergencies arise, there is help in locating medical care

Conference calls: Arranging telephone conferences between your attending and home physicians

Second opinions: Arranging second medical opinions in hospital cases

Emergency messages: Relaying emergency messages to family and employer during medical emergencies

Payment guarantee: Guarantee or payment of medical bills or authorizing medical benefits according to the program for eligible benefits only

Ticketing services: 24-Hour ticketing service to arrange emergency family visits

Medical evacuations: Arranging emergency medical evacuation from medically underserved areas

Repatriation: Arranging medical transportation home after treatment

Medical / travel escorts: Arranging escorts and transportation for unaccompanied children

Medical records: Arranging transfer of medical records

Remains return: **Arranging repatriation of remains for deceased travelers.**



Reside Blue Transfer Procedures

Transferring from Reside Blue Individual to Reside Blue Group

Seven Corners, Inc. will accept, subject to specific group underwriting and eligibility requirements, insured persons who become eligible for Reside Blue Group coverage due to a change of employers or change in employer-sponsored benefits. The Reside Blue Individual must be in effect on the date the crewmember becomes eligible for coverage under the Reside Blue Group.

Upon acceptance in the Reside Blue Group plan, the length of time covered under Reside Blue Individual will be credited toward any pre-existing condition waiting period or any other applicable waiting period-based benefit contained in the Reside Blue Group policy.

The crewmember must submit a completed Transfer Form. The rules for dependants shall be the same provided they meet Reside Blue Group citizenship / residency requirements and the eligible crewmember remains insured.

Transferring from Reside Blue Group to Reside Blue Individual due to termination of employment

Upon termination from Reside Blue Group, an eligible crewmember (a person meeting all of the eligibility requirements for coverage under Reside Blue Individual) will be granted guaranteed access to Reside Blue Individual without additional medical underwriting requirements, provided they meet all of the following criteria:

- Crewmember elects to continue coverage under Reside Blue Individual within 30 days
- Crewmember was continuously covered under Reside Blue Group for at least 3 months just prior to the loss of eligibility under Reside Blue Group
- Crewmember remains an active full-time professional marine crewmember
- Any exclusionary rider that applied to the Reside Blue Group will carry over to coverage under Reside Blue Individual
- Provide a Declaration of Residence or Non-U.S. Resident address

Waiting periods for Wellness and Pre-existing conditions will be credited for the length of time covered under Reside Blue Group. Reside Blue Individual covers Pre-existing conditions up to a lifetime maximum of \$50,000 (\$5,000 limit per year) after you have been continuously covered for 24 months. You will be required to pay premium for your personal equivalent class and renewal year.

The crewmember must submit a completed Transfer form. Dependants are not eligible for coverage under Reside Blue Individual. If dependent coverage is required, please contact Seven Corners, Inc. for information regarding other individual plan options.



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www.sevencorners.com



Reside Blue Transfer Form

Requested effective date of coverage transfer: _____

To enroll in Reside Blue Individual, the request effective date must be within 30 days of the date of loss of coverage or ineligibility under the group plan.

If you are transferring to Reside Blue Group and your employer offers dependant coverage, you may add dependants by including them, please request an enrollment form. Dependant coverage is not available on Reside Blue Individual.

Insured Information

Last Name _____ First Name _____ MI _____

Residence Address _____

City, State, Postal code & Country _____

Current Insurance ID number _____

Name of vessel you are leaving _____

Date coverage began _____ Date coverage ended _____

(You must have been covered at least 3 months to qualify for Transfer of Coverage)

Name of Current Vessel & Country of Registry / Flag _____

Authorization (check transfer that applies)

_____ **I am transferring from Reside Blue Group to Reside Blue Individual.** I understand that waiting periods for Wellness and Pre-existing conditions will be waived to the extent satisfied by time covered under the Reside Blue Group plan. I understand the Maximum Benefits under the Reside Blue Individual plan will be reduced to the extent used under the Reside Blue Group plan. I also understand that any exclusionary Riders that applied to my Reside Blue Group plan coverage will transfer to my coverage under Reside Blue Individual.

_____ **I am transferring from Reside Blue Individual to Reside Blue Group.** I understand that waiting periods for Wellness and Pre-existing Conditions will be waived to the extent satisfied by time covered under the Reside Blue Individual plan. I also understand that any exclusionary Riders that applied to my Reside Blue Individual plan coverage will transfer to my coverage under Reside Blue Group.

Signature of Applicant _____ **Date** _____



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Reside Blue Declaration of Residence

I _____ do hereby declare, attest, certify and warrant that I am employed aboard and / or own and / or operate a registered seagoing vessel, typically spending a significant period of time sailing outside of U.S. Territorial Waters.

My principal residence is the non – U.S. address provided on my application or my principal residence is on the internationally traveling vessel. I have supplied within my insurance application a mail forwarding address simply for convenience in sending and receiving mail and other communications, and not with any intent to establish or claim residency.

I understand that this insurance is not subject to individual insurance laws of the United States or of any particular State thereof, and declare that I am waiving any claim to residency in a State of the United States for purposes of this insurance.

Signature _____ Date _____

