



How to Print your “Virtual ID” ASPE Card

Please set up your personal “MyPlan” account as soon as possible so that you may access your health benefits.

You can set up your account at: <https://myplan.sevencorners.com/default.login.cfm>

Setup requires just your **ASPE ID number** and **your birth date**, and it provides the following benefits:

- Printable ID cards if yours gets damaged or lost. This ID is called a “**Virtual ID Card**” by Seven Corners.
- Can request “Explanation of Benefits” statements be sent directly to you by e-mail.
 - Ensures your privacy
 - Helps the environment by reducing paper statements
- Easy, electronic access to your claims history.

Step-by-step Instructions:

1. Go to <https://myplan.sevencorners.com/default.login.cfm>
2. Click **Setup New Account**
3. Use the ID sent to you for the MyPlan ID
4. Put your date of birth (MM/DD/YYYY)
5. Press **Enter**
6. Click **Yes** to confirm your name, and then **Continue** to get to the next screen
7. Create a Login Username, Password and provide an email address that you check regularly
8. Press **Submit**
9. **Print** this new page for your records, if possible.
10. Press **Continue**
11. Read the Disclaimer and press **Continue**
12. Click **Forms/ Links**
13. Scroll to **Virtual ID Card** and click **Download**
14. **PRINT** this page

The next page shows you a sample card:



SAMPLE CARD



Contact Information

Claims: Seven Corners - Attn: Claims P.O. Box 3724 Carmel, IN 46082-3430 Fax: 317-575-6467	Customer Service: Toll Free: 800-461-0430 Fax: 317-818-2867 Email: info@sevencorners.com www.usdos.sevencorners.com
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MyPlan Information

MyPlan ID	-
MyPlan PIN	-

Welcome United States Department of State Exchange Participants!

Seven Corners is the administrator of the United States Department of State (USDOS) Accident and Sickness Program for Exchanges (ASPE) Health Benefit Plan.

We are here to answer any questions you may have regarding your USDOS ASPE coverage and to process your healthcare claims. Our overall goal is to provide member satisfaction through access to quality health care and excellent customer service, assisting you in a better understanding of all of the elements of ASPE.

Provider Network - Your Provider Network in the US is ChoiceCare and can be accessed online by going to usdos.sevencorners.com. It is a good idea to verify with the provider that they are still participating in the network. Using a PPO provider will save you money.

To find a provider outside of the US - call customer service TOLL FREE at (800) 461-0430 OR COLLECT FOR EXCHANGE PARTICIPANTS OUTSIDE OF THE US at (317) 818-2867 for assistance in finding a provider in your host country area and to coordinate scheduling of care. ASPE Health Benefit Plan has a \$15 co-pay for office visits. This co-pay is payable at time of service.

Pharmacy Network -Your prescription drug plan is through BeneScript. Network pharmacies may be viewed online by going to www.usdos.sevencorners.com. Note: for maintenance medication, you will need to use BeneScript's Direct Mail Service Pharmacy. You may download a form at this website.

Pre-existing Condition Exclusion - USDOS ASPE does not provide benefits for any diagnosis that is considered a pre-existing condition. A pre-existing condition is any condition which: a) had its origins prior to the Exchange Participant's effective date of coverage; b) a Physician was consulted prior to the Exchange Participant's effective date of coverage, c) treatment or medication was received prior to the Exchange Participant's effective date of coverage; or d) would have caused any prudent person to seek medical advice or treatment, prior to the Exchange Participant's effective date of coverage.

Prenotification - Seven Corners must be contacted: a) to confirm coverage and benefits, b) as soon as non-emergency hospitalization is recommended, c) within 48 hours of the first working day following an emergency admission, d) when your physician recommends any surgery including outpatient, e) for emergency evacuation, repatriation and assistance services, f) if in the United States, call 1 (800) 461-0430, g) if outside the United States, call (317) 818-2867 (collect)

MyPlan - MyPlan is a web site designed to allow secure access to your health benefit plan and claim information. Please use the MyPlan ID and MyPlan PIN Number assigned above to activate your account. Additional information regarding MyPlan is included in the enclosed materials. MyPlan web address: <https://myplan.sevencorners.com>

Claims - Please send all claims to the claims address in the Contact Information section above.

IMPORTANT INFORMATION ABOUT YOUR BENEFITS

The person named on the front of this card is eligible for certain Services and Benefits. Seven Corners must be contacted:

- To confirm coverage and benefits
- As soon as non-emergency hospitalization is recommended
- Within 48 hours of the first working day following an emergency admission
- When your physician recommends any surgery including outpatient
- For emergency evacuation, repatriation and assistance services
- If in the United States, call 1-800-461-0430
- If outside the United States, call 317-818-2867 (collect)

To obtain a list of U.S. network providers call Seven Corners Assist or visit usdos.sevencorners.com
 SEND ALL CLAIMS TO: Seven Corners - Attn: Claims CO-PAY: \$15 co-pay for office visits
 P.O. Box 3724
 Carmel, IN 46082-3724

CUSTOMER SERVICE: Toll free: 1-800-461-0430 Fax: 317-575-6467 Collect: 317-818-2867
www.usdos.sevencorners.com

To obtain a medication Present this card and your prescription at a BeneScript Network Pharmacy
 Attn: Pharmacist - enter the Puffy Number and Group Number and forward the data through your point-of-service system. Bin: 009117 Group Number: RX2537
 Pharmacy benefits questions call BeneScript toll free at 800-531-6351, 24/7

Seven Corners provides administrative claims payment services only and does not assume financial risk or obligation with respect to claims.



United States Department of State
Accident and Sickness Program for Exchange Participants



Insured:
 ID#:
 Coverage Period:
 Home Country:
 Program/Project: Fulbright Foreign Student



Please peel and fold.