



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.



**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.

Underwriting Options



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.

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.



303 Congressional Blvd.
Carmel, IN 46032
317.575.2652 / 800.335.0611 / Fax: 317.575.2659