

Insurad Darson

CONFIRMATION LETTER

insuleu Person.			
Insurance ID:	272398503	Insurance Plan:	OPTima Basic
Group Number:	IS1362SH	Policy Number:	CC000123
Effective Date:	February 16, 2020	Termination Date:	May 16, 2020

Summary Schedule of Benefits:

Nikhil Garlanati

Lifetime maximum:	Unlimited	
Annual maximum:	Unlimited	
Per injury/sickness maximum:	\$125,000	
Annual maximum deductible:	N/A	
Co-pay doctor SHC:	N/A	
Co-pay doctor primary:	N/A	
Pre-existing conditions:	12 months waiting period	
Medical evacuation:	\$50,000	
Repatriation of remains:	\$25,000	
Insurance carrier:	Crum & Forster SPC, part of Crum & Forster Group Companies	
Insurance carrier representative address:	ISO, 150 W 30th St, New York, NY 10001	
A.M. Best rating:	A	

Medical Expense Benefit: After deductible and subject to policy limitations and exclusions, In-Network benefits are 75% of preferred allowance for covered medical expenses. For service provided by an Out-of-Network doctor or hospital, benefits will be 65% of usual and customary charges of covered medical expenses. Refer to policy brochure for complete details.

- Policy benefits are in effect while insured person is eligible for coverage. Policy is valid worldwide with limited or no coverage at insured home country/country of permanent residence.
- Please refer to the brochure for complete benefits.

Claims are handled by Wellfleet, PO Box 15369, Springfield MA, 01115 (855) 664-5837