



Waiver Receipt & Insurance Confirmation

Enrollee First Name: **Anirudh**
Enrollee Last Name: **Kandimalla**
Date of Birth: **05/15/1989**
Certificate Number: **Sec-080|30-40**
Travel Dates: **05/06/2021 - 08/05/2021**

Total costs: USD 297.16

Plan Details

Annual Maximum Benefit:	\$150,000 (For each Injury or Sickness)
Deductible:	\$100 per illness per injury
Pre-Existing Waiting Period:	180 days
Medical Emergency:	80% Preferred Allowance; \$250 Copay per visit; Non-emergency use is not covered
Maternity Benefits:	\$5,000 normal delivery; \$7,500 C-Section
Mental Illness Benefits:	In-Patient: 80% Preferred Allowance up to 30 days maximum; Out-patient 80% Preferred Allowance up to \$3,000 maximum / 30 visits maximum
Substance Abuse Benefits:	Inpatient included under Hospitalization benefits; Outpatient included under Physician Benefits
Preventative Care:	No Benefits
Prescription Drug Benefits:	100% Preferred Allowance up to \$100 per Illness/Injury
Emergency Medical Evacuation:	\$60,000
Repatriation of Remains:	\$50,000

THIS CONFIRMATION ONLY PROVIDES BASIC INFORMATION. PLEASE REFER TO THE POLICY DOCUMENT FOR FULL DESCRIPTION OF BENEFIT DETAILS, EXCLUSIONS, AND PROVISIONS.

The Plan is Underwritten by:

AXIS Specialty Europe SE

This Student Health Insurance is provided by AXIS Specialty Europe SE under a Master / Group Policy arrangement. AXIS Specialty Europe SE is authorized by the Central Bank of Ireland and subject to limited regulation by the Financial Conduct Authority. This insurance is governed by the laws of England and Wales and subject to the non-exclusive jurisdiction of the courts of England and Wales. A.M. Best has affirmed the Financial Strength Rating of "A" (Excellent) for AXIS Specialty Europe SE.

The Plan is administered by:
Global Benefits Group
Administrative Services
7600 Corporate Center Drive, Suite 500
Miami, FL 33126 USA

US Claims

Global Benefits Group - Administrative Services - 7600 Corporate Center Drive, Suite 500 - Miami, FL 33126 USA

Customer Service

GBG Assist - U.S./Canada Toll-Free: **1.866.914.5333**
Worldwide Collect: **1.786.814.4125**

Your Insurance ID-Card

Anirudh Kandimalla



Member ID#: 980036943
Policy Number: Sec-080|30-40
Start Date: 05/06/2021
End Date: 08/05/2021
In-Network Deductible: \$100
In-Network Co-ins: 100%
Co-Pays:
\$250 Emergency Room
\$ Urgent Care
\$ Office Visit
\$ Student Health Center

To access your complete insurance information, please log in at:

www.eSecutive.com/MyInsurance

RxBIN#: 610415 RXGrp#: J257 0001 RxID#: 980036943

Eligibility/Benefit Verification/Member & Provider Services/Pre-authorization/Emergency Assistance

GBG Assist - 24 Hour Customer Service:
U.S./Canada Toll-free: 1.866.914.5333
Worldwide Collect: 1.786.814.4125
Email: GBGAssist@gbg.com

Claims Submission
Online: www.gbg.com

Mail to GBG:
7600 Corporate Center Drive, Suite 500
Miami, FL 33126 USA



TELADOC™

Benefits Provider: Compass Student Insurance

Member: Anirudh Kandimalla

Teladoc.com
1-800-TELADOC (835-2362)

*Please remember to use zip code 77429 when calling Teladoc.



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