

# Coverage Confirmation



## Insured Information

Name: Vamsi Kishore Ilam

PSI ID#: P23 30 5751

Date of Birth: 10/15/1998

Product: PSI Explorer - \$1,000,000

Policy Number: 2023-8510001

Aetna ID#: 981085926

Effective Date: 02/06/2024

Termination Date: 03/05/2024

Premium Paid: \$244.76

## Plan Details

Maximum Benefit per Period of Insurance:	\$1,000,000
Deductible:	\$250 per covered illness or injury
Co-Insurance:	80% except as noted
Pre-Existing Conditions:	Covers costs for the immediate relief of an acute symptom
Medical Emergency:	80% of Preferred Allowance / \$350 Copay
Prescription Drug Benefits:	80% of charges (\$2,000 per period of insurance)
Medical Evacuation/Repatriation:	\$100,000 maximum
Return of Mortal Remains	\$50,000 maximum
Baggage Loss/Theft	\$50 deductible, \$1,500 maximum

## US Customer Service:

PSI International Student Health Insurance  
Tel: 1-703-879-8828 / Fax: 1-703-935-1313  
Email: info@psiservice.com  
Visit our website: www.psiservice.com

## US Claims Service:

Global Benefits Group  
7600 Corporate Center Drive, Suite 500  
Miami, FL 33126 USA  
Tel: 1-800-986-6850 (24/7 toll-free)  
Fax: 1-949-271-2330  
Email: eclaims@gbg.com

## Preferred Provider:

The Preferred Provider for your plan is Aetna Healthcare Primary & Secondary PPO Network. If care is received from a Preferred Provider, any Covered Medical Expenses will be paid at the Preferred Provider Level of benefits. Reduced or lower benefits will be provided when an Out-of-Network provider is used.

## The Plan is Underwritten by:

This plan is underwritten by: Crum & Forster SPC