



Student Health Insurance

## **CONFIRMATION LETTER**

**Insured Person:** Bharathkumar Gourneni  
**Insurance ID:** 235948608  
**Group Number:** ISOL09  
**Effective Date:** April 18, 2017  
**Insurance Plan:** Voyager  
**Policy Number:** LF003251  
**Termination Date:** July 18, 2017

### **Summary Schedule of Benefits:**

Lifetime maximum medical benefit:	No maximum
Annual maximum benefit:	N/A
Per injury/sickness maximum:	\$150,000
Deductible per event at SHC/in network/out of network:	\$150 / \$150
Co-pay Student Health Center:	N/A
Co-pay Physician:	N/A
Annual maximum deductible:	N/A
Emergency medical evacuation:	\$50,000
Repatriation of remains:	\$25,000
Insurance carrier:	Advent Syndicate 780 at Lloyds
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, the plan will pay 100% up to the daily benefit limits described under Covered Medical Expenses.

- 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 HealthSmart, 3320 West Market Street, Suite 100, Fairlawn, OH 44333 (800) 331-1096**

150 W 30th Street, Suite 1101, New York, NY 10001

**Tel (800) 244.1180 ☎ Fax (212) 262.8920 ☎ E-mail [mailbox@isoa.org](mailto:mailbox@isoa.org) ☎ [www.isoa.org](http://www.isoa.org)**