



Student Health Insurance

## **CONFIRMATION LETTER**

<b>Insured Person:</b>	Bharathkumar Gourneni	<b>Insurance Plan:</b>	Voyager
<b>Insurance ID:</b>	235948610	<b>Policy Number:</b>	LF003251
<b>Group Number:</b>	ISOL09	<b>Termination Date:</b>	April 30, 2018
<b>Effective Date:</b>	October 31, 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) 203-4720**

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

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