



Student Health Insurance

## **CONFIRMATION LETTER**

<b>Insured Person:</b>	Ramya Vennamaneni	<b>Insurance Plan:</b>	OPTima Enhanced Plan
<b>Insurance ID:</b>	253934702	<b>Policy Number:</b>	LF003239
<b>Group Number:</b>	ISOJ15	<b>Termination Date:</b>	April 14, 2017
<b>Effective Date:</b>	January 14, 2017		

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

Lifetime maximum medical benefit:	No maximum
Annual maximum benefit:	No annual maximum
Per injury/sickness maximum:	\$300,000
Deductible per event at SHC/in network/out of network:	\$250 per Injury or Sickness
Co-pay Student Health Center:	N/A
Co-pay Physician:	N/A
Annual maximum deductible:	N/A
Emergency medical evacuation:	\$60,000
Repatriation of remains:	\$50,000
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, 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 75% 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 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)**