



GROUP NUMBER:

MEMBER ID:

INSURED NAME:

DATE OF BIRTH:

EFFECTIVE DATE:

TERMINATION DATE:

IN NETWORK DEDUCTIBLE - \$0

OUT of NETWORK DEDUCTIBLE - URGENT CARE CO-PAY \$30 when \$0 out of Network Deductible is listed, there is no Co-Pay

PRESCRIPTIONS - PAY and CLAIM - Out of Network Deductible/Co-insurance both apply

Contact Information:

Benefits/Eligibility/Claim Status

866-696-0409 Direct 251-928-0939

Provider Locator Assistance

800-226-5116

Provider Locator Website

[www . firsthealthinternational . com](http://www.firsthealthinternational.com)

24 HOUR EMERGENCY ASSISTANCE/EVACUATION

On Call International TOLL-FREE 833-425-5101 Direct 603-952-2686

This card does not guarantee coverage.

This policy provides automatic assignment of benefits to the provider.

Electronic (EDI) Claims should be sent to Payor ID: **1245**

All claims with itemized bills including diagnosis, should be mailed to:

Co-Ordinated Benefit Plans, LLC on behalf of Crum and Forster, SPC

PO Box 21474

Eagan, MN 55121

Insured by Crum and Forster, SPC

Confirmation of Coverage for Visa Application

Todays Date: 3/6/2023

To whom it may concern:

We are pleased to confirm short term medical coverage under the Safe Travels Plans, insured by Crum and Forster SPC and administered by Trawick International. This coverage is valid worldwide including the destination country listed below as well as the Schengen countries. This plan can pay directly to providers when the Assistance Company is contacted and approves payment.

Covered Person: John Smith

Passport: A123456

Home Country: IN

Destination: US

Policy Number: CRUS-123456

Certificate Number: 123456

Effective Date: 3/7/2023

Termination Date: 6/22/2023

Plan Benefits

*All Currency USD

Deductible:	\$5,000
Medical and Hospitalization Maximum:	\$50,000
Emergency Medical Evacuation:	\$2,000,000
Emergency Reunion:	\$15,000
Repatriation of Remains:	\$50,000
Pre-Existing Conditions:	Covered for Unexpected Recurrence

Covid 19: Covered same as any other illness to the above mentioned Medical Maximum

Other limitations and exclusions do apply. Please see policy documents for details or contact us or your agent at the number below for any questions. This document does not contain information for claim filing. Please see your ID card or certificate for information.

Sincerely,



Jane Pennington

Agent Information

Insubuy, Inc.
+1-972-985-4400