

GROUP NUMBER: CC1234567

MEMBER ID: 123456789

INSURED NAME: John Smith

DATE OF BIRTH: 01/01/1950

EFFECTIVE DATE: 9/12/2024

TERMINATION DATE: 9/17/2024

DEDUCTIBLE - \$0

PRESCRIPTIONS - PAY and CLAIM

Contact Information:

Benefits/Eligibility/Claim Status 866-669-9004 Direct 251-928-0939

24 HOUR EMERGENCY ASSISTANCE/EVACUATION

On Call International TOLL-FREE 888-699-1401 Direct 603-952-2075

This card does not guarantee coverage.

Electronic (EDI) Claims should be sent to Payor ID: 14829

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 241989
Apple Valley, MN 55124

Confirmation of Coverage

Today's Date: 9/11/2024

To whom it may concern:

We are pleased to confirm international travel medical coverage under the Safe Travels Plans, provided by Crum and Forster, SPC and administered by Trawick International. This coverage is valid worldwide including the destination country listed below as well as all other countries except the USA.

Covered Person: John Smith	Policy Number: CC12345678
Passport: 123456789	Certificate Number: 12345678
Home Country: PANAMA	Effective Date: 9/12/2024
Destination: CANADA	Termination Date: 9/17/2024

Plan Benefits

*All Currency USD

Deductible:	\$0
Medical and Hospitalization Maximum:	\$500,000
Emergency Medical Evacuation:	\$2,000,000 per Policy Period
Repatriation of Remains:	\$1,000,000 per Policy Period
Pre-Existing Conditions:	Covered for Unexpected Recurrence Onset (some limitations apply)

COVID-19, SARS-CoV-2 Conditions are not covered on this plan.

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.

Agent Information

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

AH-2894