

## Insurance Card

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<b>Member</b>	<b>Insurance</b>
<b>Member Name:</b> John Smith	<b>Payer ID:</b> USN01
<b>Certificate #:</b> TIS-12345678	<b>Health Plan (80840):</b> 911-12345-67
<b>Effective Date:</b> 06/09/2021	<b>Group Name:</b> WorldTrips
<b>Termination Date:</b> 7/01/2021	<b>UnitedHealthcare Group Number:</b> 12345678
	<b>UnitedHealthcare Member ID:</b> Plan Name: Study USA Standard

<b>Provider Claim Submission</b>
<b>Provider UnitedHealthcare Member ID:</b> 123
<ul style="list-style-type: none"><li>All claims must be submitted with the 12 digit UnitedHealthcare Member ID</li><li>For member benefit and eligibility verification, call 844-251-0747</li><li>Submit claims electronically using PAYER ID USN01</li><li>Or submit via mail: UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526</li></ul>
<b>Member Claim Submission</b>
<b>Member WorldTrips Certificate #:</b>
<ul style="list-style-type: none"><li>Claimant statement and authorization forms may be completed online at <a href="https://zone.worldtrips.com/clientzone">https://zone.worldtrips.com/clientzone</a></li><li>Printable claimant statement and authorization forms are available at <a href="https://service.worldtrips.com">https://service.worldtrips.com</a></li><li>For additional information call: 800-605-2282 or 317-262-2132 International provider network search: <a href="https://worldtrips.com/find-a-doctor">https://worldtrips.com/find-a-doctor</a></li></ul>

POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE

# Study USA-HealthCare™ Confirmation of Insurance

Underwritten by Lloyd's Syndicate 4141 Claims  
administered by WorldTrips® Unique Market Ref.  
No. B6021RAM00221

Actual effective and termination date and period may vary based on the provisions of this coverage.

## Insured's Name/Mailing Address:

John Smith  
123 Southlake Ave  
Carrollton, TX 75007

**Certificate No.:** TIS-12345678  
**Purchase Date:** 06/05/2021  
**Total Premium Paid:** \$214.84  
**Residence Country:** New Zealand  
**Country of Assignment:** United States  
**Next Payment Date:** 06/07/2021  
**Next Payment Amount:** \$214.84

Name(s) of Insured(s)	Plan Purchased	Citizenship	Effective Date	Termination Date
John Smith	Study USA STANDARD	New Zealand	06/09/2021	07/01/2021

## Limits of Coverage

Plan Name	Study USA STANDARD Plan
Overall Maximum Limit	\$200,000
Deductible: Claims In-network, student health center, or outside U.S.	\$100
Deductible: Out of network	\$250
Coinsurance – claims incurred in U.S. In-Network Payment	80% after the deductible to the overall maximum limit
Coinsurance – claims incurred in U.S. Out-of-Network Payment	Usual, reasonable and customary. You may be responsible for any charges exceeding the payable amount.
Coinsurance – claims incurred outside U.S.	100% of eligible expenses after the deductible, up to the overall maximum limit
Prescription Drugs	\$30 deductible generic / \$100 deductible brand name
Emergency Medical Evacuation	\$250,000
Repatriation of Remains	\$25,000

This Declaration Page is evidence of your insurance under the Atlas/International Citizen Group Insurance Trust, Hamilton, Bermuda. For a complete copy of the Master Policy, contact WorldTrips. A summary of the coverage available under this plan is available at: <https://www.worldtrips.com/docs/5521150521.pdf>.