



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: **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 21474

Eagan, MN 55121

Insured by Crum and Forster, SPC

# Confirmation of Coverage

## Comprehensive Plan

**Todays Date:** 3/6/2023

To whom it may concern: We are pleased to confirm short term medical coverage insured by Crum and Forster, SPC and administered by Trawick International. This plan will pay directly to providers when the Assistance Company is contacted and approves payment. This document cannot be used to file claims.

**Covered Person:** Ron Fellen

**Home Country:** China

**Effective Date:** 1/20/2023

**Policy Number:** CRCH-123456

**Order Number:** 737123

**Termination Date:** 4/30/2023

### Plan Benefits

\*All Currency USD

**Medical and Hospitalization Maximum:** \$50,000  
**Emergency Medical Evacuation:** \$500,000  
**Repatriation of Remains:** \$500,000

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

Other limitations and exclusions do apply. This document does not contain information for claim filing. Please see your ID card or certificate for information.

Sincerely,

**Agent Information:**

Insubuy, Inc.  
+1 (866) INSUBUY