

Confirmation Letter

December 2, 2023

Insured person: Naushik Ravikrindi
Insurance plan: Silver
Insurance ID: 291569303 Policy number: 47250153ION0501
Effective date: January 1, 2024 Termination date: June 30, 2024
Covered dependents: N/A

Summary Schedule of Benefits:

Annual maximum: \$400,000
Per injury/sickness maximum: \$150,000
Deductible per event Student Health Center: \$45
Deductible per event elsewhere: \$100
Pre-existing conditions: Covered after 6 months
Medical evacuation: \$60,000
Repatriation of remains: \$50,000
Insurance carrier*: Berkshire Hathaway Specialty Insurance Bermuda
Insurance carrier representative address: ISO, 150 W 30th St, New York, NY 10001
A.M. Best rating**: A++

Claims are handled by SISCO Benefits, PO Box 3190, Dubuque, IA 52004. Tel: (833) 577-2586

Medical expense benefits are subject to policy limitations and exclusions. After deductible and copayments, benefits are covered according to the schedule of benefits in your plan's brochure.

*Berkshire Hathaway Specialty Insurance Bermuda is a Segregated Account administered by Citadel International Reinsurance Company Limited in Bermuda.

**Berkshire Hathaway Specialty Insurance Bermuda is reinsured 100% by Berkshire Hathaway Specialty Insurance Company, part of the National Indemnity group of insurance companies, which hold financial strength ratings of A++ from AM Best.