



CONFIRMATION LETTER

Insured Person: Gaoxiang Chen
Insurance ID: 268873802
Group Number: ISON23
Effective Date: August 29, 2018

Insurance Plan: Essential
Policy Number: LF003282
Termination Date: August 29, 2019

Summary Schedule of Benefits:

Lifetime maximum:	No maximum
Annual maximum:	No annual maximum
Per injury/sickness maximum:	\$125,000
Annual maximum deductible:	\$350 in-network / \$500 out-of-network
Co-pay SHC:	\$35
Co-pay primary care and specialist:	\$50
Pre-existing conditions:	6 months waiting period
Medical evacuation:	\$50,000
Repatriation of remains:	\$50,000
Insurance carrier:	Advent Syndicate 780 at Lloyds
Insurance carrier representative address:	ISO, 150 W 30th St, New York, NY 10001
A.M. Best rating:	A

Medical Expense Benefit: After deductible and subject to policy limitations and exclusions, In-Network benefits are 80% of covered medical expenses within the schedule of benefits. If you receive treatment from an Out-of-Network doctor or hospital, your benefits will be reduced to 60% of Usual & Customary covered medical expenses. Refer to policy brochure for complete details.

- Policy benefits are in effect while insured person is eligible for coverage. Policy is valid worldwide with limited or no coverage at insured home country/country of permanent residence.
- Please refer to the brochure for complete benefits.

Claims are handled by HealthSmart, 3320 West Market Street, Suite 100, Fairlawn, OH 44333 (800) 203-4720