

02/14/2022

CONFIRMATION OF COVERAGE

We are pleased to confirm short term medical coverage under the Atlas Series, insured by Lloyd's Syndicate 4141 and administered by WorldTrips, a member of the Tokio Marine HCC group of companies. WorldTrips has authority to enter into contracts of insurance on behalf of the Lloyd's underwriting members of Lloyd's Syndicate 4141, which is managed by HCC Underwriting Agency Ltd. Lloyd's is authorized as an insurer in Spain by the Spanish insurance regulatory authority (Dirección General de Seguros y Fondos de Pensiones) under reference L0017. This plan will make direct payment to providers when the plan administrator is contacted and submitted charges are approved.

This coverage is valid worldwide, including the Destination Country(ies) listed below, except for the member's Home Country and countries restricted by U.S. economic sanctions and embargo programs. **Atlas Travel satisfies Schengen Visa health insurance requirements.**

Effective Date: 03/12/2022

Home Country: United States

Destination Country(ies): Philippines

Name	Certificate	Termination Date	Passport	Citizenship
Donald M Edwards	120179881	03/21/2022		United States

Atlas Travel			
Overall Policy Maximum	\$50,000 (€44,055*)		Fifty Thousand US Dollars
Maximum per Injury/Illness	Overall Maximum Limit		
Deductible	\$0 (€0*)		Zero US Dollars
Medical Expenses (including hospitalization) (includes COVID-19)	Overall Maximum Limit		
Emergency Medical Evacuation & Repatriation	\$1,000,000	(€881,100*)	One Million US Dollars
Emergency Reunion	\$100,000	(€88,110*)	One Hundred Thousand US Dollars
Repatriation of Remains	Overall Maximum Limit		
Trip Interruption	\$10,000	(€8,811*)	Ten Thousand US Dollars
Personal Liability	\$25,000 (€22,028*)		Twenty Five Thousand US Dollars
Emergency Dental due to Accident	Overall Maximum Limit		
Emergency Dental - Acute Onset of Pain	\$300	(€264*)	Three Hundred US Dollars
Paid in full by	MasterCard		

This coverage is extendable up to the maximum certificate duration. Please see policy documents for further details, or feel free to contact us with any questions or concerns.

COVID 19: Covered same as any other illness to the above mentioned medical maximum.

Sincerely,



Mark Carney

WorldTrips

Plan Administrator for Lloyd's, Fitzwilliam House, 10 St. Mary Axe, London, England EC3A 8BF

* Plan pays in US Dollars only. Amounts in Euros are provided for convenience and are based on conversion rate as of February 13, 2022

Provider Claim Submission

UnitedHealthcare Member ID 603120179881

- All claims must be submitted with the 12 digit UnitedHealthcare Member ID
- For member benefit and eligibility verification, call 844-251-0747
- Submit claims electronically using PAYER ID USN01 or mail to UnitedHealthcare Global at PO Box 30526, Salt Lake City, UT 84130

Member Claim Submission

WorldTrips Certificate # 120179881

- Claimant statement and authorization forms may be completed online at <https://zone.worldtrips.com/clientzone>
- Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>
- For additional information call: 800-605-2282 or 317-262-2132
- US provider network search: <https://www.wfhuhc.com/worldtrips>
- International provider network search: <https://www.worldtrips/find-a-doctor>



WorldTrips

POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



Member

Member (Surname, Given)

EDWARDS, DONALD

WorldTrips Certificate #

120179881

ET Dt:

03/12/2022

Insurance

Payer ID:

USN01

Health Plan (80840):

911-87601-04

Group Name:

WorldTrips

UnitedHealthcare Group Number:

76-570032

UnitedHealthcare Member ID

603120179881

Plan Name:

UnitedHealthcare Options PPO



2-7-2022

DCN# 220207099594

DONALD M EDWARDS
10847 HAMMOCK DR
LARGO, FL 33774-4512

Plan Sponsor Name: THE SCHOOL BOARD OF PINELLAS COUNTY
Subscriber Name: DONALD M EDWARDS
Patient Name: DONALD M EDWARDS
ID Number: W247862716

Dear Donald M Edwards:

We are responding to your inquiry received on 02-06-2022.

This letter confirms that your health plan covers urgent or emergency care you may need while travelling outside the United States. This includes care that may be needed for treatment of COVID-19 or related illnesses.

Testing to diagnose COVID-19 is covered at no cost to you.

All other medically necessary urgent and emergency care you require outside the United States is covered subject to:

Your urgent care coverage

- \$0.00 urgent care copay
- Your deductible is \$500.00
- Your deductible is not waived for urgent care.
- We pay 80% of the covered charges. If your plan has a copay and/or deductible, the amount will be applied first.

Your emergency care coverage

- \$0.00 emergency care copay
- \$500.00 deductible
- Your deductible is not waived for emergency care.
- We pay 80% of the covered charges. If your plan has a copay and/or deductible, the amount will be applied first.

This includes coverage for hospitalization, physician visits, laboratory testing and medications you may require.

If you are admitted to a hospital abroad, you, or someone on your behalf, must call us within two business days at 888-333-4432 or 215-775-6445. You can also call the number on your Aetna ID card.

Please be aware that health care providers outside of the United States may not be able to bill Aetna directly. You may be required to pay for charges at time of service. If you do, send an itemized bill and evidence of payment along with documentation of your condition and treatment to us at the address on your ID card.

All coverage is subject to the terms of your plan. If you have any questions, contact us by phone or through our website as listed on your ID card.



PO Box 981106
El Paso, TX 79998-1106

2-7-2022

DCN# 220207099206

DONALD M EDWARDS
10847 HAMMOCK DR
LARGO, FL 33774-4512

Plan Sponsor: THE SCHOOL BOARD OF PINELLAS COUNTY
Subscriber: DONALD M EDWARDS
ID Number: W247862716
Dependents: n/a

Dear Donald M Edwards:

Your healthcare benefits outside the US

Your medical plan covers urgent care and/or emergency services when you're traveling outside of the United States.

Your urgent care coverage

- \$0.00 urgent care copay
- \$500.00 deductible
- We pay 80% of the covered charges. If your plan has a copay and/or deductible, the amount will be applied first.

Your emergency care coverage

- \$0.00 emergency care copay
- \$500.00 deductible
- We pay 80% of the covered charges. If your plan has a copay and/or deductible, the amount will be applied first.

Additional information you may need

- There are no limits on the amount we'll pay during your lifetime.
- We don't cover repatriation of mortal remains. Repatriation means to return to one's own country.

You or someone on your behalf must contact us within two business days if you're admitted to a hospital. Call our Special Case Precert Unit (SCPU) at **855-888-9046** or **215-775-6445**. Or you can call the number on your id card.

Payment for Out of Country Providers

Send us this information to the address on the back of your id card:

- Medical documents describing your condition and treatment
- An itemized bill
- Proof of your payment

Most providers outside the United States don't use Tax identification Numbers (TINS). Most of the time, we can't pay them directly. You're responsible for paying the charges. We'll pay you for covered charges based on your plan benefits.

This isn't a guarantee of payment. This is your coverage as of the date of this letter. Your plan covers services that are medically necessary. We pay your claim based on your coverage and plan provisions on the date services are done. We may require authorization.

If your claim is in a foreign currency, we'll use the exchange rate for the date your services were done.