



**TOKIO MARINE
HCC**

Sushila Gill Mavani
3780 Dominic Dr
Brookfield, WI 53045
United States

Medical Insurance Services Group
251 North Illinois Street, Suite 600, Indianapolis, IN, 46204 USA
Tel: 317-262-2132 Fax: 317-262-2140 Toll Free: 800-605-2282
orders@hccmis.com
hccmis.com

Visitor Insurance Services LLC
<http://www.visitorinsuranceservices.com>
1-877-778-4562
info@visitorinsuranceservices.com

The Atlas Series

THANK YOU!

Thank you for purchasing an Atlas Series travel medical insurance plan. Please read the Description of Coverage for a full explanation of your benefits and exclusions using the link at the bottom of the following page.

In this fulfillment:

Link to the Description of Coverage • YourCoverageDetails
• Instructional Information • ID Card(s) • Your Receipt

IMPORTANT

This insurance coverage, offered by Tokio Marine HCC – Medical Insurance Services Group, is not subject to and **does not meet the minimum standards** required by the Affordable Care Act (PPACA). The policy contains the plan benefits you have selected, including a lifetime maximum. Please review your choices to ensure you have sufficient coverage to meet your medical needs.



Getting Medical Treatment:

- Show your ID card to the medical attendant
- Pay the deductible or copay (if applicable)
- The medical office may submit bills directly
- After the visit, you will need to submit a Claimant's Statement.



Client Zone

<https://zone.hccmis.com/clientzone/>

- Print a Visa Letter
- Reprint an ID card
- Extend Coverage
- Update your info



Notable Exclusions

- Coverage for pre-existing conditions is excluded from coverage.
- Coverage for acute onset of a pre-existing condition is excluded when the pre-existing condition is a congenital or chronic condition.
- Expenses related to cancer of any form are excluded.
- Read the Description of Coverage for a full list of policy exclusions.



Filing a Medical Claim:

- Submit original, itemized bills, and any payment receipts, and claim form
- Claims must be filed within 60 days of the termination date of your policy.

http://www.hccmis.com/downloads/hccmis_claimants_statement.pdf



Contact Us

- 1-800-605-2282
- Worldwide Toll-free Numbers:

http://www.hccmis.com/docs/worldwide_numbers.pdf



Cancellation

- Free to cancel before effective date
- \$25 fee to cancel on or after effective date
- Prorated refund on unused days only
- No cancellations if a claim has been filed

The Atlas Series
Unique Market Ref. No. B0755RAM00217

Member Name (ID Number, Citizenship):

Sushila Gill Mavani (A91692754, India)

Mailing Address:

3780 Dominic Dr
Brookfield, WI 53045
United States

Home Country:

India

Effective Date:

October 6, 2017

Termination Date:

November 15, 2017

Length of Coverage:

41 days

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

Coverage:

Atlas America

Overall Maximum Limit:

\$500,000

Maximum per Injury / Illness:

\$500,000

Deductible:

\$100

**Optional Coverage
(if elected):**

None

Online Fulfillment:

No

Shipping Charges:

\$0.00

Purchase Date:

October 3, 2017

Paid By:

VISA

Total Paid:

\$102.91

Plan Administrator:

Tokio Marine HCC - Medical Insurance Services Group
251 N. Illinois St., Ste. 600
Indianapolis, IN 46204

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 Tokio Marine HCC - Medical Insurance Services Group.

A summary of the coverage available under this plan is available at: <http://www.hccmis.com/docs/1001150417.pdf>.

POLICYHOLDER/CERTIFICATE HOLDER NOTICE

U.S TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC")

It is important to note that no coverage is provided by this Policyholder/Certificate Holder Notice nor can it be construed to replace any provisions of your plan. For complete information on provided coverage, consult the plan itself and the Declaration page. This Policyholder/Certificate Holder Notice is solely for providing information concerning the possible impact on your insurance coverage due to directives issued by OFAC, and it is necessary that this notice be read carefully. OFAC administers and enforces sanctions policy based on national emergency declarations made by the President and has identified numerous countries, foreign agents, front organizations, terrorists, terrorist organizations, and narcotics traffickers as "Specially Designated Nationals and Blocked Persons ("SDN")". This list can be found on the United States Treasury's web site - <http://www.treas.gov/ofac>. In accordance with OFAC regulations, if it is determined that the insured or any person or entity claiming the benefits of this insurance has been identified as a SDN or if a prohibited country as identified by OFAC is involved, then the provisions of the insurance plan will be immediately subject to OFAC administration. Accordingly, certain limitations on premium payments and/or claim payments may apply.



TOKIOMARINE
HCC

Medical Insurance Services Group

Primary Insured:

SUSHILA GILL MAVANI

Effective Date: October 6, 2017

ID # A91692754

POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



First Health Network

Filing a Claim

- Obtain a Claimant's Statement & authorization form by visiting hccmis.com or by calling 800-605-2282 or 317-262-2132
- Complete the claim form; attach original, itemized bills; and forward to HCC Medical Insurance Services. Be sure to fully complete your Claimant's Statement and sign it.
- If you have already paid certain expenses, attach copies of payment receipts. In many cases, payment will be made directly to the hospital/physician that treated you.

Remember, you are responsible for the deductible, coinsurance and any ineligible charges.

For general questions regarding eligibility / benefits / claims please call

800-605-2282 or 317-262-2132

*Access worldwide toll-free numbers online at <http://hccmis.com/tollfree>

Mail your claim form and itemized bills including diagnosis to:

Tokio Marine HCC MIS Group Claims Department
Box No. 2005
Farmington Hills, MI 48333-2005
United States

Electronic Payer ID: HCCMI



*First Health Group Corp. a wholly
owned subsidiary of Aetna*





Save Money with your **FREE** Prescription Discount Card

Includes most prescription drugs

Your nationally recognized VantageAmerica Solutions Discount Pharmacy Card provides discounts on most FDA approved prescription drugs. There are no limited drug lists, no waiting periods and your card is active the moment you present it to the pharmacy.

Significant Savings

Savings average from 5%-15% off the cash price for brand drugs and average 15%-40% off the price of generic drugs. In the event a pharmacy's price is lower than our discounted price, you will always receive the lowest price available.

Use at almost any Pharmacy

Your VantageAmerica Solutions Discount Pharmacy Card is widely accepted at over 54,000 participating pharmacies across the United States, including most national and regional chains, pharmacy associations, and many local community pharmacies. If your community pharmacy is not enrolled, ask them to contact member services at 1-800-974-3454. We always welcome new participation.

Everyone can Save

This program applies to your entire family. Everyone deserves to save. All family members and friends are eligible for this program. Please present your card every time you need to fill a prescription to receive instant savings. There are absolutely no restrictions.

Pharmacy discounts are NOT insurance and are NOT intended as a substitute for insurance. The discount is only available at participating pharmacies.

For your convenience, we have already activated your card and your savings will begin immediately. Please detach card below and present to your local pharmacy.

ADHV8-12-04

R1/2016



Member ID: HCCMIS4575

Group ID: HCCMIS4110

BIN: 610210

RXPCN: PRX



Valid for entire family

Pharmacist Help Desk: 1-800-481-0605

Void where Prohibited by Law Process all transactions electronically

THIS IS NOT INSURANCE... DISCOUNT ONLY

ADHV9-12-04

R1/2016

Easy to Use!

Just present the attached card at a participating pharmacy the next time you or family members need to fill a prescription. You will also realize immediate savings of 25%-80% on MRI and CT scans and 5%-30% on Diabetic Supplies. Additionally, you can save 10%-35% on Dental Care, and 15% on Hearing Equipment. Simply call the numbers on your card or visit the websites provided. Or, if you have questions or need assistance of any kind, call the Member Service Center at 1-800-975-3322 between the hours of 8:00 am and 5:00 pm (CST). One of our representatives will be happy to help you get the most from your complimentary VantageAmerica Solutions Discount Pharmacy Card.

Card NOT Valid in AK, MA, MN, MT, VT, and Canada.

Disclosures:

- The discount medical card program is NOT health insurance.
- The plan provides discounts at certain health care providers for medical services.
- The plan does not make payments directly to the providers of medical services.
- The range of discounts for medical or ancillary services provided under the plan will vary depending on the type of provider and medical or ancillary services received.
- The plan member is obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with VantageAmerica Solutions, Inc., a discount medical plan organization.

Managed and Administered by:



VantageAmerica Solutions, Inc.
1275 Milwaukee Avenue
Glenview, IL 60025

www.vantageamericasolutions.com

This discount plan is not a qualified health plan under the Affordable Care Act.

To find a provider, refer below.



<http://lookuprx.net>

Pharmacy
1-800-974-3454



Group Code: GALAXY

Imaging
1-877-814-2461



Reference # MC 50210

Hearing
1-800-235-8663



<http://www.lookupdentists.net>
Group VAS804106
Dental
1-800-308-0374



<http://vantagediabeticplan.com>
Diabetic Supply
1-888-918-3782

PAYMENT MUST BE MADE AT SCHEDULING OR TIME OF SERVICE

THIS IS NOT INSURANCE!

Payment Receipt

For Certificate: A91692754
Paid By: Priyank Mavani
Payment Type: VISA
Number: xxxxxxxxxxxx5005
Amount: \$102.91
Date Paid: 10/03/2017

Credit Card Payments Only

Expiration Date: 05/2018
Trans. Code: 2312732066
Auth. Code: 842792

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