First Health. Network		
Name: WIL	LIAMS, ANDY	
Insured ID:	12345678	
Certificate:	GHSS123456789	
Effective:	20-MAY-2022	
This coverage contains precertification requirements (see back). Possession of this card does not guarantee coverage.		
Points of Care Discount	Bin No.: 610000 Rx Group #: IMG123 PCN#: URX000	Pharmacy Help Desk 800.329.0988
Failure to comply will result in a reduction of benefits. To precertify, prenotify, or verify elicibility and/or benefits, please contact IMG at:		
Telephone: +1.312.655.4500		

Email: customercare@imglobal.com

Website: www.imglobal.com (Live Chat available)

Online Provider Network: www.imglobal.com/provider

Claim Filing Information

Electronic Claim Payor ID: IMGIN

Mail claims to: International Medical Group (IMG) Claims Department PO Box 9162 Farmington Hills, MI 48333-9162 USA Fax: +1.317.655.4505

Confirmation of Coverage

May 16, 2022

RE: Confirmation of Coverage for ANDY WILLIAMS Certificate Number: GHSS123456789

To Whom It May Concern:

Please be advised that ANDY WILLIAMS has purchased GlobeHopper(SM) Senior Single-Trip certificate number GHSS123456789 effective 20-May-2022 to 23-May-2022 at 12:01 AM EST. The policy is administered by International Medical Group®, Inc., and underwritten by SiriusPoint Specialty Insurance Company, a member of the SiriusPoint Ltd. group with offices in the EU (Belgium, Germany, Sweden, Switzerland), United Kingdom, Bermuda, Canada, United States, Singapore and China. Sirius has an "A-" (Excellent) rating from A.M. Best.

Medical insurance coverage is provided while traveling worldwide outside of the insured person's Home Country including Mexico, per policy provisions. Coverage includes the Schengen states per the policy provisions. Emergency evacuation (also known as Repatriation) is provided up to a maximum benefit of 250,000.00 USD and Return of Mortal Remains benefits up to a maximum of 50,000.00 USD are included when coordinated by IMG. A copy of the Schedule of Benefits, which provides an outline of the plan's coverage, limitations, and maximum benefits, as well as a copy of the Declaration page of the Certificate indicated above may be presented as required. This information will verify that Eligible Expenses, including Hospitalization and certain outpatient expenses, are subject to a 1,000.00 USD per Period of Coverage deductible. The maximum limit of coverage per period of insurance is 500,000.00 USD.

If you need further information, please feel free to contact our office at the number listed below. Thank you.

Sincerely,

ces Certificate Holder Services