



Effective Date: **10/10/2024**

Group Name: **Azimuth**

Member: **John Smith**

UnitedHealthcare ID: **123456789**

Dependent(s): **N/A**

UnitedHealthcare ID: **N/A**

UnitedHealthcare Group Number: **12345678**

Payer ID Number: **USN01**

Prescriptions: **Reimbursement only**

UnitedHealthcare Options PPO Network

Pre-certification Requirements: All Hospitalizations, Surgical Procedures, CT Scans, MRI's, PET Scan, Chemo/Radiation Therapy, Extended Care Facility, Organs Transplants, Artificial Limb(s). A provider or insureds failure to notify Azimuth of a pre-notification within 48 hours may result in a 50% reduction of eligible benefits.

Important Notice: A pre-notification does NOT guarantee eligibility.

For Non-UnitedHealthcare Claims, International Claims, or Dental Claims submit to:

Azimuth Risk Solutions

P.O. Box 627

Indianapolis, In 46206

service@azimuthrisk.com / 317-644-6291

Please mail/email all claims, itemized bills, medical records and complete Azimuth claims form(s) within 90 days of the date of service

For US Providers: www.usnetworksuhc.com

Medical Claim Address:

P.O. Box 30526

Salt Lake City, UT 84130-0526

Please call 1-844-251-8339 toll free for eligibility, benefits or claims status.

Proof of Insurance

09/10/2024

To Whom It May Concern:

We are delighted to present this Proof of Insurance under the Beacon Series Travel Medical Insurance, administrated by Azimuth Risk SolutionsSM and reinsured by certain Underwriters at Lloyd's, London. This insurance coverage is available worldwide, including the destination countries listed below, except for the coverage holder's Home Country.

Name: John Smith
Policy #: 123456789123
Effective Date : 10/10/2024
Termination Date : 10/20/2024
Passport #: 12345678
Country of Citizenship: India
Destination Country (s): Portugal
Optional Rider (s): N/A

Beacon Series	
Maximum Limit	\$ 60,000.00 (Sixty Thousand Dollars) (55422.6 euros on Apr 28,2020)*
Deductible	\$0 (Zero Dollars) (0 euros on Apr 28,2020)
Medical Expenses	Maximum Limit
Emergency Medical Evacuation & Repatriation	Maximum Limit
Covid-19 / Coronavirus	\$100,000 Maximum Sub-Limit
Emergency Reunion	\$50,000 Limit (Fifty Thousand Dollars) (46185.5 euros on Apr 28,2020)
Repatriation of Remains	\$50,000 Limit (Fifty Thousand Dollars) (46185.5 euros on Apr 28,2020)
Dental Coverage	Dental - Acute Onset of Pain - \$500 Sub-Limit per coverage Period, available for Policies purchased for 90 days or more.

This coverage is extendable for up to 364 Days for all clients. Coverage is extendable for up to 728 Days for US citizens (**only**) covered under The Beacon Series. Coinsurance may apply for expenses incurred within the US after the Deductible is satisfied. Other limitations and exclusions do apply. Please see schedule of benefits/limits for further details. Please feel free to contact us.

This plan will make direct payment to providers when the plan administrator is contacted and submitted charges are approved.

Should you lose or misplace any of your insurance documents, they will remain available to you at any time via our website:

For customer service or repurchase, please contact: Insubuy, Inc 4200 Mapleshade Ln Ste 200 Plano, Texas 75093 United States Phone: (866) INSUBUY or (972) 985-4400 Website: insubuy.com Email: info@insubuy.com	
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Please note: should you elect to cancel your coverage prior to departure, notification of this cancellation of insurance coverage will be automatically sent to the immigration authorities of your destination country(s).

Sincerely,

Carlos Robinson
President
Azimuth Risk Solutions SM

* All benefits amounts are in US dollars. Euros pricing is provided for reference only.