Welcome Letter
Insurance Identification Card

Dear Participant:

We are pleased to provide you with your Insurance Identification Card. Please, carry it with you at all times. When seeking medical treatment this copy should be presented to the medical provider in order to verify your active insurance.

The Policy is designed to protect you from acute, unexpected, sudden and unforeseen illnesses and accidental injuries. It does not cover care for wellness medical conditions, extended treatment or pre-existing conditions and is not a replacement for longer term medical or maintenance needs. If you have a non-emergency situation we recommend the use of a local doctor or walk-in clinic. Please read your policy for an understanding of the terms and conditions.

GBG Assist requires notification as soon as possible for all situations requiring emergency medical treatment in excess of USD $1,500. For services that may result in evacuation, repatriation or curtailment GBG Assist MUST be notified; Unless ordered during a lifesaving event prior approval is required for all CAT Scans, MRI and Surgical Procedures;
Failure to notify GBG Assist as outlined above may result in denial of the claim or copayments up to 50%.
NOTE: In the event of a life-threatening emergency, seek treatment and notify GBG Assist as soon as possible.

Please cut the ID card at the bottom of this page, fold it in half and keep it with you at all times while on the J-1 program. When seeking medical treatment this Insurance ID Card should be presented to the medical provider in order to verify your active insurance.

Once you settle in your area while abroad we suggest you visit the website of GBG Assist:

https://portals.gbg.com/ProviderSearch/ProviderSearch.aspx?Network=Coventry

This will help you locate the names of networked medical providers in your area. Please note when contacting a facility for care, the provider may need to contact GBG Assist for direct billing arrangements.

**All insurance claims must be submitted within 10 days from the date of injury or illness. Claims submitted after this period will be denied. **

Plan Deductible:

Your plan includes:

$125 per visit for injury / illness deductible that should be paid to the medical provider at the time of treatment;

$350 ER deductible will apply for treatment at a hospital emergency room per illness or accident;

80%/20% Copay - claims will be paid after all deductibles have been met on an 80/20 basis for the first $5,000.

Proper notification will ensure that you receive the best possible service and will allow us to direct you to our Global Network of providers. Utilizing these providers may result in GBG Assist providing payments directly to the provider as well as referrals to licensed medical providers you can trust.

On behalf of AAG and their insurance partners we wish you a happy and healthy stay abroad.

Sincerely,
Client Services Department

Cut along the dotted line

ALLIANCE ABROAD

INSURANCE ID CARD
Policy # TCS-10735-04

First Health Network

Deductibles:
Emergency Room: **$350**
Per visit Injury/Illness: **$125**

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GBG ASSIST

Emergency Medical Assistance/Pre-authorization/Benefit Verification
24 Hour Customer Service:

U.S./Canada Toll-free: *1-866-914-5333*
Worldwide Collect: *1-905-669-4920*
Email: *GBGAssist@gbg.com*

Claims Submission ***(Note: Claims must be submitted within 10 days from the date of injury/illness)***

Email: *eclaims@gbg.com*

ICS INTERNATIONAL CLAIMS SERVICES

Mail to ICS
27422 Portola Parkway, Suite 110
Foothill Ranch, CA 92610 USA

NEW FRONTIER GROUP

Fold in half