

Student Accident and Sickness Insurance Plan

2021-2022

For International Students Attending
Lancaster Mennonite School



POLICY NO.: EXL-SA10019-20

For questions about this plan please use the following contact information:

Coverage, Eligibility and Premium:

The Allen J Flood Companies, Inc.

2 Madison Ave.

Larchmont, NY 10538

1-800-734-9326

www.mystudentmedical.com

Claim Status and all other Claim Inquiries

ASRM, LLC

505 South Lenola Road, Suite 231

Moorestown, NJ 08057

www.helpwithmyplan.com

1-800-359-7475

EDI Payer No. ASRM1

PPO Network Provider List:

PHCS

Online at: www.phcs.com

[1-800-922-4362](tel:1-800-922-4362)

When calling the above toll-free telephone numbers, please have the name of your school and the policy number (EXL-SA10019-20) available.

STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN

The following is a brief description of the Student Accident and Sickness Insurance Plan for International students of Lancaster Mennonite School. The exact provisions governing this insurance are contained in the Master Policy issued to Lancaster Mennonite School. The Master Policy shall control in the event of any conflict between this brochure and the Policy. This Plan is underwritten by Sirius America Insurance Company and serviced by The Allen J. Flood Companies Inc., 2 Madison Avenue, Larchmont, NY 10538.

POLICY TERM

The insurance under Lancaster Mennonite School's International Student Accident and Sickness Insurance Plan is effective 12:01 a.m. on **August 16, 2021**. The Plan terminates at 12:01 a.m. on **June 16, 2022**.

ELIGIBILITY

Each Academic Year All International Students of Lancaster Mennonite School are automatically enrolled in the student Accident and Sickness Insurance Plan as described in this brochure. Coverage will be in effect 24 hours a day.

IDENTIFICATION CARDS

Identification Card will be mailed to the school to be distributed to each student. **No other card will be issued.**

DEFINITIONS

Covered Person means any Eligible Person who makes application for, or for whom application is made and who is approved to participate in the benefit plans issued under this Policy, provided the required premium for such Person's insurance is paid when due.

Physician means a practitioner of the healing arts who is duly licensed in the state where he is practicing and who is treating within the scope and limitation of that license. The term Physician will not include the Covered Person or his spouse, children, brothers, sisters, or parents, or any person residing in his household.

Hospital means a legally constituted institution having organized facilities for the care and Treatment of sick or injured persons on a registered Inpatient basis, including facilities for diagnosis and surgery under the supervision of a staff or one or more licensed Physicians and provides 24-hour nursing service by Registered Nurses on duty or call

Injury means accidental bodily harm sustained by the Covered Person that resulted directly and independently of all other causes from an Accident and occurs while coverage under this Policy is in force.

Medical Emergency means bobafide emergency services provided after the sudden onset of a medical condition manifesting itself by symptoms or sufficient severity, including severe pain, such that the absence of immediate medical attention could be reasonably expected by a prudent lay person, who possesses an average knowledge of health and medicine to result in:

- Placing the patient's health in serious jeopardy;
- Serious impairment to bodily functions;
- Serious dysfunction of any bodily organ or part

Medically Necessary or Medical Necessity means the services or supplies provided by a Hospital, Physician, or other provider that are required to identify or treat an Injury or Sickness and which, as determined by the Company, are: (1) consistent with the symptom or diagnosis and Treatment of the Injury or Sickness; (2) appropriate with regard to standards of good medical practice; (3) not solely for the convenience of the Covered Person; (4) the most appropriate supply or level of service which can be safely provided. When applied to the care of an Inpatient, it further means that the Covered Person's medical symptoms or condition requires that the services cannot be safely provided as an Outpatient.

Usual, Customary, and Reasonable Charges - "Usual" means those charges made by a provider for services and supplies rendered to all patients for the same or similar Injury or Sickness; "Customary" means those charges made

by the majority of providers in the area for the same or similar services or supplies. "Reasonable" means those charges that do not exceed the majority of prevailing fees in the area for the same or similar services or supplies. Area means a county or larger geographically significant area as determined by the Company.

Sickness means illness or disease contracted and causing loss as to the Covered Person whose Sickness is the basis of claim. Any complications or any condition arising out of a Sickness for which the Covered Person is being treated or has received Treatment will be considered as part of the original Sickness.

All Sicknesses due to the same or a related cause are considered one Sickness.

We, Us or Our means Sirius America Insurance Company.

You, Your or Yours means the Covered Person.

PREFERRED PROVIDER NETWORK

Utilizing the PHCS Network may decrease Your out of pocket costs under this Accident and Sickness Insurance Plan. These Provider Networks consist of hospitals, physicians and other health care providers, which are organized into a network for the purpose of delivering quality health care at a preferred fee. You are not required to utilize a PHCS Provider. In order to use the services of a participating provider you must present your Sirius America Insurance Company Medical Identification Card. An Insured Person may contact PHCS at 1-800-922-4362, toll free number available Monday through Friday, 8:00 a.m. to 8:00 p.m. to receive information on participants in their area, or visit their web site at www.multiplan.com.

DESCRIPTION OF BENEFITS

PART I

INTERSCHOLASTIC SPORTS COVERAGE

If as a result of an Injury, a Covered Person incurs Covered Expenses while participating in a supervised play or practice of an Interscholastic Sports, We will pay 100% of the Covered expenses up to an Aggregate Maximum of \$10,000. The following Expenses will be paid: (a) hospital room and board; (b) miscellaneous hospital; (c) inpatient and outpatient surgery; (d) inpatient and outpatient Physician visits; (e) inpatient and outpatient consultant; (f) ambulance; and (g) other expenses incurred for the treatment of an Injury. The first Expense must be incurred within 180 days from the date of the accident.

ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT

Sirius America will pay this benefit for Injuries to a Covered Person up to a maximum Principal Sum amount of \$10,000. If bodily Injury results in any of the following losses, Sirius America will pay the benefit amount shown opposite such loss in the Table of Benefits, below. If the Covered Person sustains more than one such loss as the result of any one Accident, the Company will pay only the one largest amount to which the Covered Person is entitled.

Covered Loss

Loss of Life
Loss of Both Hands
Loss of Both Feet
Loss of Entire Sight of Both Eyes
Loss of One Hand and One Foot
Loss of One Hand and Entire Sight of One Eye
Loss of One Foot and Entire Sight of One Eye
Loss of Speech and Hearing in Both Ears
Loss of One Hand
Loss of One Foot
Loss of Entire Sight of One Eye
Loss of Speech
Loss of Hearing in Both Ears

Benefit Amount

The Principal Sum
The Principal Sum
The Principal Sum
The Principal Sum
The Principal Sum
The Principal Sum
The Principal Sum
The Principal Sum
One-Half The Principal Sum
One-Half The Principal Sum
One-Half The Principal Sum
One-Half The Principal Sum
One-Half The Principal Sum

Loss of Thumb and Index Finger of the Same Hand

One-Quarter The Principal Sum

Loss of hand or foot means complete Severance through or above the wrist or ankle joint.

Loss of Entire Sight means the total, permanent loss of sight of the eye. The loss of sight must be unrecoverable by natural, surgical or artificial means.

Loss of a thumb and index finger means complete Severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand).

"Severance" means the complete separation and dismemberment of the part from the body.

This benefit will be payable in addition to any other benefit payable under this Policy, subject to all the terms and conditions of this Policy.

Benefits for loss of life shall be paid to the surviving beneficiary (ies). If no beneficiary is designated and surviving, the benefit shall be paid to the Covered Person's parents or guardian if the Covered Person is a minor or to the Covered Person's estate.

All other benefits are payable to the Covered Person.

PART II

ACCIDENT AND SICKNESS MEDICAL EXPENSE BENEFIT

If as the result of an Accident or Sickness, a Covered Person incurs Covered Expenses, We will pay 100% of the Usual, Customary and Reasonable Charges incurred by the Covered Person for Medically Necessary care and Treatment incurred up to **an Aggregate Maximum of \$500,000**, as allocated below.

This Plan does not cover Expenses for voluntary or elective termination of pregnancy. Payment of benefits under this provision is subject to the following:

Inpatient Hospital Expense Benefit: If a Covered Person incurs Covered Expenses during a hospital confinement We will pay 100% of the Covered Expense after a **\$250** co-pay. Such Expenses include: (a) daily semi-private room rate when confined in a Hospital as an Inpatient; (b) general nursing care provided and charged for by the Hospital; (c) anesthesia, anesthesia supplies and services; (d) operating, delivery and treatment rooms and equipment; (e) diagnostic x-ray and laboratory tests; (f) lab studies; (g) oxygen tent; (h) blood and blood services; (i) prescribed drugs and medicines; (j) medical and surgical dressings, supplies, casts and splints; (k) radiation therapy, intravenous chemotherapy, kidney dialysis, and inhalation therapy; (l) chemotherapy treatment with radioactive substances; (m) intravenous injections and solutions, and their administration; (n) physical and occupational therapy; and (o) other necessary and prescribed hospital expenses.

Outpatient Hospital Expense: Outpatient Hospital Expense for the use of the Hospital emergency department \$250 Co-Payment waived if admitted to the Hospital. \$75 deductible for other outpatient services.

Surgical Expense Benefit (Inpatient or Outpatient): We will pay the Covered Expenses incurred at 100% for Accident or Sickness for surgery performed by a licensed Physician (In or Out of the Hospital).

In-Hospital Physician Fees Expense Benefit: If a Covered Person, who is an inpatient in a hospital, requires the services of a Physician, who may or may not have performed the surgery on the Covered Person, We will pay the Covered Expenses incurred up to **\$75** per visit, limited to one visit per day, up to a maximum of 30 visits per Sickness.

Diagnosis X-ray and Laboratory Expense Benefit: If a Covered Person is prescribed by an attending Physician for diagnostic x-ray and laboratory services on an outpatient basis, We will pay the Covered Charges incurred at 100%.

Consultant Expense Benefit (Inpatient or Outpatient): If a Covered Person requires the service of a Consultant or a Specialist, when they are deemed necessary and ordered by an attending physician for the purpose of confirming or determining a diagnosis, We will pay the Covered Expenses incurred up to a maximum of **\$75** per Sickness.

Outpatient Physician Visit Expense Benefit: If a Covered Person requires the services of a Physician, We will pay 100% of the Covered Expenses incurred after **\$35 co-pay** per visit, limited to one visit per day.

Ambulance Expense Benefit: If a Covered Person requires the use of a community or hospital ambulance for Medical Emergency, We will pay the Covered Charges incurred up to a maximum of **\$1000**.

Outpatient Prescription Drug Expense Benefit: If a Covered Person requires a prescription drug prescribed by a Physician, We will pay **50%** of the Covered Expenses up to a maximum of **\$3,000** per policy year.

Chiropractic Benefit: If an Covered Person requires the service of a Chiropractor, We will pay the Covered Expenses incurred up to a maximum of **\$75** per visit up to a maximum payment of **\$1,000** annually.

Substance/Alcohol Abuse Benefit (Inpatient): If a Covered Person requires treatment for Substance/Alcohol abuse, benefits will be paid at 100% for the first 12 days for detoxification, in additional benefits for inpatient or residential care will be for 28 days days and will also be paid at 100%.

Mental & Nervous Benefit (Inpatient): If a Covered Person requires treatment for mental & nervous conditions and Substance/Alcohol abuse, benefits will be paid at 100% up to 45 day per year.

Mental & Nervouse and Substance/Alcohol Abuse Benefit (Outpatient): We will pay 100% of the Covered Expenses incurred after **\$35 co-pay** per visit, limited to one visit per day.

Serious Mental Illness: With respect to Biologically based conditions such as schizophrenia/psychotic disorder, major depression, bipolar disorder, delusional disorders, panic disorder, obsessive compulsive disorder, bulimia and anorexia benefits, and autism spectrum disorders; benefits will be paid on the same basis as any other sickness.

Dental Benefit (Accident Only): If a Covered Person requires dental treatment, we will pay the Covered Charge up to **\$200** per tooth for a maximum benefit of **\$1,000** per accident.

Home Country Benefit: If a Covered Person requires treatment for an Accident or a Sickness while visiting their home country, We will pay the Covered Charge up to a maximum of **\$1,000**.

TRAVEL ASSISTANCE

The following travel assistance, emergency medical Evacuation/Repatriation, bedside visit by family member or friend and Repatriation of Mortal remains benefits are not insured by Sirius America Insurance Company and are provided by On Call International.

WHAT IS TRAVEL ASSISTANCE?

Your travel assistance program is designed to help you along the way before and during your travels. If you encounter a medical or other emergency during your trip when you are at least 100 miles away from home, emergency assistance is available to you any time of day.

KEY SERVICES

EMERGENCY MEDICAL TRANSPORTS

Should the patient's conditions require a medical transport based on the evaluation and recommendation of attending physician On Call International will take care of all required arrangements to either move the patient to the needed level of medical care ("evacuation") or return him/her to his/her place of residence for the purpose of recuperation, rehabilitation or further care ("repatriation"). On Call International will pay up to \$1,000,000 CSL ("Combined Single Limit" for all transport related eligible expenses). All services must be arranged by On Call International.

REPATRIATION OF MORTAL REMAINS

In the event a Covered Person dies, On Call International will arrange for the deceased to be returned to their place of residence for the purpose of burial or cremation. On Call International will also take care of ancillary requirements such as government authorization, death certificates and so forth as governed by the policy. On Call International will pay up to \$1,000,000 CSL for eligible transport expenses and ancillary services. All services must be arranged by On Call International.

BEDSIDE VISIT BY FAMILY MEMBER OR FRIEND

Should the Covered Person be hospitalized for seven or more consecutive days, be likely to be hospitalized for seven or more days or is in critical condition, On Call International will arrange and pay for the economy class round-trip transportation of one family member or friend from his/her home to the place where the covered person is hospitalized.

The benefit includes meals and accommodations reimbursement for up to 5 days with a maximum benefit of \$150 per day while visiting the hospitalized Covered Person.

All services must be arranged or approved by On Call International.

ADDITIONAL BENEFITS:

Medical Provider Search and Referral

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- Medical Monitoring
- Return of Travel Companion Assistance
- Dependent Child Return Assistance
- Emergency Cash Advance (credit card guarantee required)
- Legal Assistance/Bail (credit card guarantee required)
- Prescription Transfer/Shipment of Medication
- Emergency Travel Arrangements (credit card guarantee required)

In all cases, the medical professionals, medical facilities or legal counsel suggested by On Call International to provide direct services to the eligible person are not employees or agents of On Call International nor Sirius America Insurance Group, and the final selection of any such medical professional, medical facility, or legal counsel is your choice alone. Neither On Call International nor Sirius America Insurance Group assumes any responsibility for the quality or content of any such medical or legal advice or services. Neither On Call International nor Sirius America Insurance Group shall be liable for the negligence or other wrongful acts or omissions of any of the healthcare or legal professionals providing direct services pursuant to this Agreement. The Covered Person shall not have any recourse against On Call International or Sirius America Insurance Group by reason of its suggestion of or contract with any medical professional or attorney.

EXCLUSIONS

Benefits are not payable under this Policy for any of the following or loss that results there from:

1. Eye examinations; prescriptions or fitting of eyeglasses and contact lenses; eyeglasses, contact lenses or other Treatment for visual defects and problems, except as required as a result of a covered Injury or Sickness. "Visual defects" means any physical defect of the eye that does or can impair normal vision.
2. Dental care or Treatment other than care of sound, natural teeth and gums required due to an Injury resulting from an Accident while the Covered Person is insured under this Policy, and rendered within 12 months of the Accident.
3. War or any act of war, declared or undeclared; or while serving in the armed forces of any country (a pro-rata premium will be refunded for such period of service).
4. Participation in a riot or civil disorder; fighting or brawling, except in self-defense; commission of or attempt to commit a felony.
5. Participation in, practice for, or orthopedic equipment and appliances used for; semi-professional sports; or professional sports.
6. Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planning, bungee jumping, or flight in any type of aircraft, except while riding as a fare-paying passenger on a regularly-scheduled airline.
7. Treatment, services or supplies provided by a Hospital or facility owned or run by the United States Government, unless a charge is made for such services in the absence of insurance; or in a Hospital which does not unconditionally require payment.
8. Cosmetic surgery, except cosmetic surgery which the Covered Person needs as the result of an Accident which happens while he is insured under this Policy.
9. Injury or Sickness covered by Worker's Compensation or Employer's Liability Laws, or by any coverage provided or required by law (including, but not limited to group, group type, and individual automobile "No-Fault" coverage).
10. Charges used to meet any deductible, or in excess of the coinsurance level, or in excess of those considered Usual, Customary and Reasonable Charges.
11. Treatment or Services Provided by any member of the Covered Person's immediate family: or for which no charge is normally made.
12. The diagnosis and treatment of TMJ dysfunction, or skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia.
13. Expenses incurred within the Covered Person's home country of country of regular domicile. Except for benefits under the Limited Home Country Benefit \$1,000 limitation.
14. Expense incurred for voluntary or elective abortions.

SUBROGATION

If the Covered Person is injured or becomes ill through the act or commission of another person, and if benefits are paid under this Policy due to that injury or Sickness, then to the extent the Covered Person recovers for the same Injury or Sickness from a third party, his insurer, or the Covered Person's uninsured motorist insurance, Sirius America Insurance Company will be entitled to a refund of all benefits it has paid up to the amount of such recovery.

Further, Sirius America Insurance Company has the right to offset subsequent benefits payable to the Covered Person under the Policy against such recovery.

CLAIM PROCEDURES

In the event of an Injury or Sickness the Covered Person should:

1. If at Lancaster Mennonite School, report immediately to the LMS Administrative Office so that proper treatment can be prescribed or approved, and obtain a Claim Form; or
2. If away from Lancaster Mennonite School, consult a Physician and follow his/her advice.
3. Notify the Plan Administrator within 30 days after the date of the Injury or commencement of the Sickness, or as soon thereafter as is reasonably possible.
4. The completed and signed Claim Form should be mailed within 90 days from the date of Injury or from the date of the first medical treatment for a Sickness, or as soon as reasonably possible. Retain a copy for your records and mail a copy to the Plan Administrator, ASRM, LLC, 505 South Lenola Road, Suite 231 Moorestown, NJ 08057.
5. Itemized medical bills must be attached to the Claim Form at the time of submission. Claims cannot be processed from "Balance Due" statements. Subsequent medical bills should be mailed promptly to the Plan Administrator at the address below. No additional Claim Forms are needed as long as the Covered Person's/Student's name and identification number are included on the bill.
6. Direct all questions regarding benefits available under this Plan, claim procedures, status of a submitted claim or payment of a claim to the Plan Administrator, ASRM, LLC, at the address below. Office hours are 8:30 a.m. to 5:30 p.m. (EST) Monday through Friday. The toll free number is 800-359-7475. Please refer to Lancaster Mennonite School when making inquiries.

Send Completed Claim To:

ASRM, LLC

505 South Lenola Road, Suite 231

Moorestown, NJ 08057

www.helpwithmyplan.com

1-800-359-7475

EDI Payer No.: ASRM1

REMEMBER THAT EACH INJURY OR SICKNESS IS A SEPARATE CONDITION AND REQUIRES A SEPARATE CLAIM FORM.

Conformity with State Statutes means a provision of this Policy which, on its effective date, is in conflict with the statutes of the state in which the policy is written is hereby amended to conform to the minimum requirement of such statutes.

Privacy Practices Notice

REVIEW THIS NOTICE CAREFULLY

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Our Legal Duty

We are required by applicable federal and state law to maintain the privacy of your medical information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your medical information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect April 14, 2003, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all medical information that we maintain, including medical information we created

or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and send the new notice available to our health plan subscribers at the time of the change. You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

Uses and Disclosures of Medical Information

We use and disclose medical information about you for treatment, payment, and health care operations. For example:

Treatment: We may use or disclose your medical information to a physician or other health care provider in order to provide treatment to you.

Payment: We may use and disclose your medical information to pay claims from physicians, hospitals and other providers for services delivered to you that are covered by your health plan, to determine your eligibility for benefits, to coordinate benefits, to examine medical necessity, to obtain premiums, to issue explanations of benefits to the person who subscribes to the health plan in which you participate, and the like. We may disclose your medical information to a health care provider or entity subject to the federal Privacy Rules so they can obtain payment or engage in these payment activities.

Health Care Operations: We may use and disclose your medical information in connection with our health care operations. Health care operations include:

- Rating our risk and determining our premiums for you health plan;
- Quality assessment and improvement activities;
- Medical review, legal services, and auditing, including fraud and abuse detection and compliance;
- Business planning and development; and
- Business management and general administrative activities, including management activities relating to privacy, customer service, resolution of internal grievances and creating de-identified medical information or a limited data set.

Public Health, Auditing, Research, Emergency

Purposes and When Required by Law: We may use or disclose identifiable health information about you without your authorization for several additional reasons. Subject to certain requirements, we may give out health information without your authorization for public health purposes, for auditing purposes, for research studies, and for emergencies. We provide information when otherwise required by law, such as for law enforcement in specific circumstances.

Others Involved In Your Care or Payment of Your Care: We also may disclose your medical information to a family member, friend or other person to the extent necessary to help with your health care or with payment for your health care. We may use or disclose your name, location, and general condition or death to notify, or assist in the notification of (including identifying or locating), a person involved in your care.

Before we disclose your medical information to a person involved in your health care or payment of your health care, we will provide you with an opportunity to object to such uses or disclosures. If you are not present, or in the event of your incapacity or an emergency, we will disclose your medical information based on our professional judgment of whether the disclosure would be in your best interest.

Plan Sponsors: We may disclose your medical information and the medical information of others enrolled in your group health plan to the employer or other organization that sponsors your group health plan to permit the plan sponsor to perform plan administration functions. Please see your group health plan document for a full explanation

of the limited uses and disclosures that the plan sponsor may make of your medical information in providing plan administration.

We may also disclose summary information about the enrollees in your group health plan to the plan sponsor to use to obtain premium bids for the health insurance coverage offered through your group health plan or to decide whether to modify, amend or terminate your group health plan. The summary information we may disclose summarizes claims history, claims expenses, or types of claims experienced by the enrollees in your group health plan. The summary information will be stripped of demographic information about the enrollees

in the group health plan, but the plan sponsor may still be able to identify you or other enrollees in your group health plan from the summary information.

Situations Other Than Those Above: In any situation other than those above, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information you can later revoke that authorization to stop any future uses and disclosures.

Individual Rights

In most cases, you have the right to look at or get a copy of health information about you that we use to make decisions about you. If you request copies, we will charge you \$.05 (5 cents) for each page. You also have the right to receive a list of instances where we have disclosed health information about you for reasons other than treatment, payment or related administrative purposes. If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. All requests for access to your medical information must be made in writing by you and directed to the contact person named below.

Additionally, you have the right to request that we communicate with you about your medical information by alternative means or to alternative locations. We will accommodate your request if it is reasonable, specifies the alternative means or location, and continues to permit us to collect premiums and pay claims under your health plan.

Finally, you may request in writing that we not use or disclose your information for treatment, payment and operations except when specifically authorized by you, when required by law, or in emergency circumstances. We will consider your request but are not legally required to accept it.

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed at the end of this notice.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your medical information or in response to a request you made to amend or restrict the use or disclosure of your medical information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this notice. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Office

Privacy Officer
Sirius America Insurance Company
140 Broadway Suite 32
New York, NY 10005
Phone: (212) 312-2500

The Plan is Underwritten By

Sirius America Insurance
Company Policy Number:
EXL-SA10019-20