

## HEALTH CARE

Cost Per Month:

(Student Only) \$75.00  
(Student & Spouse) \$190.00  
(Per dependent child) \$42.00  
with a ONE-TIME \$250 deductible (per person).

Coverage is valid during the period of time listed in section 3 of your form I-20. If you would like to extend this period please contact Anisha Hopkinson in Student Services.

Accident/Sickness Medical                      \$50,000 *Per Incident*  
(no Co-insurance)

Repatriation of Remains                              \$7,500

## COVERED EXPENSES

Only such expenses incurred as the result of and within 52 weeks from a disablement, which are specifically enumerated in the following list of charges, and which are not excluded shall be considered as covered expenses.

1. Charges made by a hospital for room and board, floor nursing and other services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided however, that expenses do not exceed the hospital's average charge for semiprivate room and board accommodation; charges made for an operating room.
2. Charges made for intensive care or coronary care charges and nursing services;
3. Charges made for diagnosis, treatment and surgery by a physician; charges made for the cost and administration of anesthetics;
4. Charges made for Outpatient treatment, same as any other treatment covered on an Inpatient basis. This includes ambulatory surgical centers, physicians' outpatient visits/examinations, clinic care, and surgical opinion consultations.
5. Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen blood transfusion, iron lungs and medical treatment; dressings, drugs, and medicines that can only be obtained upon a written prescription of a Physician or Surgeon.
6. Charges for physiotherapy, if recommended by a physician for the treatment of specific disablement and administered by a licensed physiotherapist;

7. Hotel room charge, when the insured person, otherwise necessarily confined in a hospital, shall be under the care of a duly qualified physician in a hotel room owing to unavailability of a hospital room by reason of capacity or distance or to any other circumstances beyond control of the insured person.
8. Charges made for artificial limbs, eyes, larynx, and orthotic appliances, but not for the replacement of such items.
9. Local transportation to and from the nearest hospital with facilities for required treatment. Such transportation shall be by licensed ground ambulance only, within the metropolitan area in which the insured person is located at that time the service is used. If the insured person is in a rural area, then licensed ground ambulance transportation to the nearest metropolitan area shall be considered a covered expense.
10. CHARTIS/AIG will provide thirty(30) days automatic coverage for students\family going home and returning to the program.

The covered charges shall in no event include any amount which is in excess of regular and customary charge. If the charge incurred is in excess of such average charge, such excess amount shall not be recognized as a covered expense. All charges shall be deemed to be incurred on the date such services or supplies which give rise to the expense or charge are rendered or obtained.

### **EMERGENCY EVACUATION**

The Company shall pay benefits for covered expenses incurred up to a maximum limit of \$10,000, if any covered injury or illness commencing during the period of coverage results in the medically necessary emergency medical evacuation or repatriation of the insured person. The emergency medical evacuation or repatriation must be ordered by the assistance company in consultation with the insured person's local attending physician.

Emergency medical evacuation or repatriation means: a) the insured person's medical condition warrants immediate transportation from the place where the insured person is located to the nearest adequate medical facility where medical treatment can be obtained; or b) after being treated at a local medical facility as a result of an emergency medical evacuation, the insured person's medical condition warrants transportation with a qualified medical attendant to his/her home country to obtain further medical treatment or to recover; or c) both a) and b) above. All transportation arrangements must be by the most direct and economical route.

### **REPATRIATION OF REMAINS**

The Company will pay the reasonable covered expenses incurred to a maximum of \$7,500 to return the insured person's remains to his/her then home country, if he or she dies.

## **EXCLUSIONS**

1. For services, supplies or treatment, including any period of hospital confinement, which were not recommended, approved and certified as necessary and reasonable by a physician;
2. For suicide or any attempt thereat while sane or self-destruction or any attempt thereat while insane;
3. Declared or undeclared war of any act thereof;
4. For injury sustained while participating in professional athletics;
5. For sickness resulting from pregnancy, childbirth, or miscarriage;
6. For miscarriage resulting from accident;
7. For cosmetic or plastic surgery, except as the result of an accident;
8. For routine physical or other examinations where there are no objective indications or impairments I normal health, and laboratory diagnostic or x-ray examinations except in the course of a disability established by the prior call or attendance of a physician;
9. For elective surgery which can be postponed until the insured returns to his/her country of residence;
10. For any mental or nervous disorders or rest cures;
11. For dental care, except as the result of injury to natural teeth caused by an accident;
12. For eye refractions or eye examinations for the purpose prescribing corrective lenses for eye glasses or do the fitting thereof, unless caused by accidental bodily injury incurred while insured hereunder;
13. In connection with alcoholism and drug addition, or use of any drug or narcotic agent;
14. For congenital anomalies and conditions arising out of or resulting therefrom;
15. For expenses which are non-medical in nature;
16. For the ordinary cost of a one-way airplane ticket used in the transportation back to the Insured's country where an air ambulance benefit is provided;
17. For expenses as a result of or in connections with intentionally self-inflicted injury;
18. For expenses as a result of or in connection with the commission of a felony offense;

19. For specific named hazards: motorcycle driving, scuba diving, skiing, with ropes and guides, sky diving, professional or amateur racing;
20. Treatment paid for or furnished under any other individual or group policy, or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for treatment without cost to any individual.

## **HOW TO FILE A CLAIM**

The following information gives details instructions and a list of documents necessary to process your claim. Please read through and follow them carefully before filing a claim.

Bring the following to your Doctor's office:

- Your insurance card
- Accident & Sickness Claim Form (GLB\_ASM)

*If you need additional copies of this claim form or if you do not have an insurance card, please contact Anisha Hopkinson or Sheri Busansky in Student Services.*

**Step 1:** Fill out **Section A** (page 1) of the Accident & Sickness Claim Form included in this kit. This section is mandatory, and must be filled out in its entirety.

### **This information allows CHARTIS/AIG to:**

- Establish the ***Date of Loss*** which is the date of injury or date your symptoms first occurred. *A claim record cannot be established without a date of loss.*
- Validate your coverage
- Collect necessary information about your injury/illness
- Obtain your current/future address
- Collect details regarding pre-existing medical treatment and treating physicians

Please read the "Assignment of Benefits" section of the claim form and check the appropriate box. This section lets you authorize payment of policy benefits directly to the medical provider. Your signature is needed at the bottom of the form.

**Step 2:** Mail the original copy of Section A from the completed Accident and Sickness Claim Form to:

CHARTIS/AIG Claim Services – Accident and Health Claims Department  
P.O. Box 25987, Shawnee Mission, KS 66225-5987.

*Keep a copy of the completed Claim Form for your records.*

**Step 3:** Instruct your healthcare provider to submit **ONE** of the following documents to the

claims office:

- **An itemized bill** (Name of Claimant, showing dates of service, description, and charge of each service and nature of injury/diagnosis) for services rendered. **CHARTIS/AIG's claim process requires the procedure/diagnosis code** be provided by your healthcare provider. A second bill or past due notice does not typically contain this information and may not be substituted.

*Or,*

- Itemized insurance billing forms such as CMS/HCFA 1500 form for physicians; UB92 form for facilities.

Your healthcare provider should forward one of the above documents to:

CHARTIS/AIG Claim Services – Accident and Health Claims Department  
P.O. Box 25987, Shawnee Mission, KS 66225-5987.

### **How to file a claim if you have already paid for services rendered**

If you have already paid your healthcare provider for services before filing a claim you will need to fax or mail the following documents to CHARTIS/AIG:

- Accident & Sickness Claim Form
- An Itemized Bill
- Your Receipts

You must write your policy number on each itemized bill and receipt. This enables CHARTIS/AIG to easily identify items if separated from your claim package.

**You should fax the above documents to: 866-893-8574**

*Keep a copy of all forms submitted for your records.*

### **After you have submitted your claim**

You will receive an Explanation of Benefits (EOB) explaining how your claim was processed. This document contains important information about your claim, including the status; please retain it for your records. If the claim has been denied (not paid), please refer to the Remark Code section. It may be that all that is needed is additional information to move your claim forward. Please review the EOB completely and call the CHARTIS/AIG office at 1-800-551-0824 should you have any questions. If after speaking with the call center representative you did not receive a satisfactory answer, or if you still have questions, please contact Anisha Hopkinson or Sheri Busansky in Student Services.

### **CHARTIS PRIVACY POLICY**

In the course of conducting business, CHARTIS collects information about you in order to process your health insurance claims. Accordingly, CHARTIS has established practices, procedures and system protections that are designed to help protect the privacy and security of your personal information. If you would like a copy of the CHARTIS U.S. Privacy and Data Security Notice please contact Student Services.

### **Common EOB Terms and Definitions**

### **Medical Claims**

<u>Provider</u>	The name of each billing party (doctor, hospital, radiography, office, etc)
<u>Service</u>	The start and end dates of the treatment
<u># of SVC</u>	The amount of treatments provided
<u>Total Charged</u>	Total amount billed by each provider in US dollars
<u>Non-Covered</u>	The amount in US dollars that will NOT be reimbursed

### **Other Headings**

#### **Amount Considered**

The net amount in US dollars being considered based on your policy

%

The percentage of medical bill which is being covered by CHARTIS/AIG

#### **Amount Paid**

The amount in US dollars that NUFIC will actually be paying out

#### **Checks Issued – Payee Name**

Person or provider to whom reimbursement check is actually made. If this is not you, your provider is being paid directly by CHARTIS/AIG

#### **Remark Code**

A numerical code which is explained in English under Description of Remark Codes

#### **Reasonable & Customary**

Standard industry statistics showing the prevailing charge in the same geographic area for a given procedure.