

Description of Medical Benefits

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Payment will be made as allocated herein, for Covered Medical Expenses incurred for any illness or injury while insured under the Policy. Please refer to your Confirmation of Insurance Coverage document for the maximum lifetime benefit for your Policy.

The payment of any Copays and the balance above any Coinsurance amount, and any medical expenses not covered are the responsibility of the Insured Person. To maximize your savings and reduce out-of-pocket expenses, we recommend that you select a Preferred Provider. It is to your advantage to utilize a Preferred Provider because significant savings can be achieved from the substantially lower rates these providers have agreed to accept as payment for their services. Non-Preferred Care is subject to the Reasonable Charge allowance maximums. Any charges in excess of the Reasonable Charge allowance are not covered under the Plan.

The following benefits are subject to the imposition of Policy limits and exclusions.

| Summary of Benefits for CIEE Insurance Coverage | |
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| Provider Network | Aetna Preferred Provider Network with access to over 672,000 health care service providers nationwide |
| Claims Administrator | Aetna Student Health |
| Copays | Preferred or Non Preferred Care Outpatient - \$50 per visit Inpatient or Emergency Room - \$100 per visit |
| Coinsurance | Preferred Care – 100% of Negotiated Charge Non Preferred Care – 80% of Reasonable Charge |
| Maximum Limit | Please refer to your Confirmation of Insurance Coverage document |
| Treatment Period | 120 days per Injury or Illness |
| Hospital Room & Board | Up to the average semi-private room rate, including nursing service after \$100 copay |
| Intensive Care Unit | Up to the average semi-private room rate, including nursing service after \$100 copay |
| Physical Therapy | Outpatient benefits are limited to 1 visit per day |
| Physician's Visits | Benefits are limited to 1 visit per day after \$50 copay not applicable to Surgery |
| Eligible Medical Expenses | Preferred Providers: 100% of Negotiated Charge Non Preferred Providers: 80% of Reasonable Charge; 100% of Negotiated Charge if Insured Person lives more than 50 miles from a Preferred Provider |
| Prescription Drugs | \$20 copay per prescription per 30 day supply |
| Temporomandibular Joint Disorder and/or Craniomandibular Disorder | Up to \$5,000 lifetime maximum benefit |

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| Dental Treatment | Relief of sudden and unexpected pain to sound natural teeth: Up to \$350 maximum Injury: Up to \$500 per accident, including fracture of the jaw |
| Pre-certification | 50% Reduction of Eligible Medical Expenses if Pre-certification requirements are not met or if the expenses are not Pre-certified |
| Urgent Travel Expense | Up to \$500 for transportation to home country in the event of death of father, mother, brother or sister |
| Emergency Medical Evacuation Expenses | Up to \$15,000 Maximum Limit. |
| Emergency Reunion | Up to \$15,000 Maximum Limit |
| Return of Mortal Remains | Up to \$15,000 Maximum Limit |
| Accidental Death and Dismemberment | Accidental Death: \$8,500 Dismemberment: Up to \$85,000 Maximum Limit |
| Baggage | |
| Loss or theft of Baggage | Up to \$1,500 per Period of Insurance |
| Loss or theft of Valuables | Up to \$350 per Period of Insurance |
| Loss or theft of Personal Papers | Up to \$500 per Period of Insurance |
| Legal Assistance | |
| Attorney Fees | Up to \$20,500 Sublimit: Up to \$500 for initial consultation expenses in the event of a legal summons or threat of lawsuit, or other notice of a third-party claim in regard to personal injury or property damage liability |
| Advance of Bail | Up to \$8,500 |
| Personal Liability | |
| Injury to a third Person | Up to \$100,000 |
| Damage to Third Person's Property | Up to \$100,000 |
| Damage to related Third Person's property | Up to \$2,500, subject to a \$100 deductible |

Important Information You Should Know About Your CIEE Insurance Plan

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If you have any questions about your Insurance Plan or coverage please call CIEE at 1-888-268-6245 or email insurance@ciee.org.

Your insurance policy provides extensive coverage against typical risks to international travelers, such as accidents, sudden illnesses and more. Since it is a travel insurance policy for a temporary stay abroad, some limitations and exclusions apply. As a general rule, medical emergencies and most sicknesses are covered. The plan does not cover routine doctor visits, regular dental treatment, nor does it cover any treatment for pre-existing conditions.

Dates of Insurance Coverage

Your dates of insurance coverage are stated on the document "Confirmation of Insurance Coverage" that you received with your DS-2019 form. Please read this document thoroughly to understand the period of time you are covered. Insurance coverage ends on the termination date listed on this form or when the participant withdraws from the program or when he/she is being dismissed from the program.

Copays

It is usual in the US when you seek medical treatment for patients to pay a small portion of their medical bills out of their own pockets. This is called a co-pay. When you seek medical treatment, you will be responsible to pay this co-pay at the time of your visit. The co-pay amounts for this plan are:

Outpatient - \$50 per visit

Inpatient - \$100 per visit

Preferred Provider Network

Your insurance plan through CIEE provides you access to providers throughout the country with the Preferred Provider Network through Aetna. Under this plan, you may seek treatment with any doctor or hospital of your choice. However, to maximize your savings and reduce your out-of-pocket expenses, we recommend that you select a Preferred Provider. It is to your advantage to use a Preferred Provider because significant savings may be achieved from the substantially lower rates these providers have agreed to accept as payment for their services. Preferred Providers are independent contractors and are neither employees nor agents of CIEE, Chickering Claims Administrators, or Aetna. If you use a provider outside the network, additional coinsurance will apply for covered illnesses, as outlined in the Schedule of Benefits. A complete listing of participating Preferred Providers and Hospitals is available by clicking on the DocFind® icon located on the Home Page. We recommend that you locate a Preferred Provider and hospital when you arrive in the US.

If you cannot locate a Preferred Provider in your area please call CIEE at 1-888-268-6245 or email us at insurance@ciee.org.

Inpatient Admission Pre-Certification

You are required to notify CIEE prior to having surgery or being hospitalized. Pre-admission certification is designed to help you receive quality, cost-effective medical care. All inpatient stays must be certified by contacting CIEE at 1-888-268-6245.

CIEE must be notified of all inpatient admissions as stipulated below. You are responsible for advising your Physician of the pre-admission certification requirement of the Plan.

Pre-Certification does not guarantee the payment of benefits for your inpatient admission. Each claim is subject to medical and Policy review in accordance with the exclusions and limitations contained in the Policy. Pre-certification may be done by you, the doctor, a hospital administrator or a relative.

Pre-Certification of Non-Emergency Inpatient Admissions- The patient, Physician, or hospital must telephone at least three business days prior to the planned admission.

Notification of Emergency Admissions- In the event of an Emergency Hospital admission, the Patient, patient's representative, Physician, or Hospital must telephone CIEE within forty-eight (48) hours after the admission, or as soon as is reasonably possible.

If you do not secure Pre-Certification for non-emergency inpatient admissions or provide notification for emergency inpatient admissions, your Covered Medical Expenses will be reduced by fifty percent (50%).

Pre-Determination

There are treatments which require a Pre-Determination review before benefits can be paid. In the event that a pre-Determination is not done, all charges will be held pending a retro-review of the treatment. The following treatments will require a Pre-Determination:

- All nasal procedures
- All breast surgeries with the exception of biopsies
- All foot surgeries
- Jaw surgeries
- Hand/wrist surgeries (i.e. for carpal tunnel syndrome)
- Gastroectomies
- Sleep Apnea
- Strabismus surgeries
- Video EEG Monitoring
- Medical Injectables
- Home Health Care, if not part of discharge planning
- Lower limb prosthetics
- Home Infusion

Emergency Rooms

Your insurance policy covers Emergency Room visits only in medical emergency situations. A medical emergency is a situation where your life or health is in jeopardy. Don't use the emergency room for convenience or for any other reason than a serious medical emergency. Emergency rooms are very expensive. If you use an Emergency Room for non-emergency situations, your insurance may not cover all of the costs and you may be responsible for payment. If you need assistance in locating a doctor for a regular illness, please call CIEE at 1-888-268-6245 or go to www.ciee.org/insurance and click on the DocFind@ icon.

Your medical treatment will not be covered if you are injured or become ill while under the influence of alcohol or drugs (other than those prescribed by a physician).

Prescription Drug Claim Procedure

You may obtain your Prescription from any Pharmacy and you will be required to pay in full at the time of service for all Prescriptions. You will be reimbursed for covered medications at the Reasonable Charge allowance, less any applicable copay, directly from Aetna. You will be responsible for any amount in excess of the Reasonable Charge.

When submitting a claim, please include all Prescription receipts. To find more information about filing a claim please click on the Claims Procedures link on the Home Page.

Privacy Policy

We believe that information personal to our participants should be kept confidential. For this reason, we are committed to protecting your nonpublic personal information and using it only as appropriate or necessary to provide you with the best possible service.

Eligibility

Any person who is active and enrolled in a CIEE program is automatically enrolled in the insurance plan.

Limits

Your **Confirmation of Insurance** document, which you received with your DS-2019, will indicate the dollar amount of your maximum limit of your insurance coverage.

Extension of Benefits

In the event you are hospitalized due to a covered illness or injury on your scheduled termination date, the termination date will be extended up to 90 additional days for a covered illness or accident, as long as the condition continues to require ongoing hospital confinement. All other plan provisions are applicable to this benefit.

Effective and Termination Dates

Individual coverage dates will coincide with the dates of insurance coverage that are stated on the document "Confirmation of Insurance Coverage" that you received with your DS-2019 form.

Insurance coverage ends on the termination date listed on this form or when the participant withdraws from the program or when he/she is being dismissed from the program.

Other Insurance

Coverage will not be provided under this plan if there is any other insurance, membership benefit, workers' or

workplace compensation, government program, or any other contract or other coverage which would be available or obligated to provide benefits or reimbursement, except for excess amounts after your other insurance has paid.

The information contained on this page and on the links below are for participants who are covered under CIEE Group/Policy No.: **CIEE-697401**. For information on other CIEE Group or Policy numbers please refer to your CIEE Insurance Handbook or your CIEE Health & Safety pocket guide. Your Group/Policy No. can be found on your Confirmation of Insurance form. If you need any assistance in confirming your Group/Policy No. or have questions regarding your insurance please contact us.

Welcome to the CIEE Insurance Home Page

Click on any of the links below to access information about CIEE's Insurance Plan that is provided to all participants.

Contact Us:

1-888-268-6245

insurance@ciee.org

Links

Important Information You Should Know About Your CIEE Insurance Plan:

- [Additional Benefits](#)
- [Claims Procedures](#)
 - [CIEE Baggage Claim Form \(PDF\)](#)
 - [CIEE Claim Form \(PDF\)](#)
- [Description of Medical Benefits](#)
- [General Information about your Insurance Plan](#)
- Insurance ID Card - contact CIEE at 1-888-268-6245 or email insurance@ciee.org to request a new insurance ID card
- [Locating a Doctor at DocFind®](#)
- [Medical Exclusions](#)
- [Policy Definitions](#)
- [Schedule/Summary of Coverage](#)

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