PROVIDER NETWORK
Aetna Preferred Provider Network with access to over 672,000 health care service providers nationwide.
www.ciee.org/insurance/locating_doctor.html

CLAIMS PROCESS
To file a claim: www.ciee.org/insurance for a claim form and instructions on how to submit a claim for reimbursement.

CLAIMS FILING LIMIT
- 90 days for Medical Claims/Reimbursements
- 15 days Non-Medical Claims
- 5 days from notification for Liability Claims

MAXIMUM COVERAGE
Please refer to your Confirmation of Insurance.

NOTIFICATION REQUIREMENT
CIEE must be notified of all hospitalizations, testing, medical procedures, surgeries, or specialist visits within 48 hrs.

PRE-CERTIFICATION
Participant or representative of participant must contact CIEE if hospitalization is required. A 50% reduction of eligible medical expenses if precertification requirements are not met.

NON ELECTIVE/OUTPATIENT VISITS, PROCEDURES, OR SURGERIES

$15,000 Maximum limit

COPAYS
Preferred or Non-preferred care
- $20 - Urgent care facility/visit
- $50 - Doctor’s office/specialist visit
- $100 - ER and inpatient visit
- $20 - Prescription

COINSURANCE
In- Network (Aetna)
100% of negotiated charge
Out of Network (non-Aetna)
80% of reasonable charge
| **Routine Visits, Sports Physicals, Immunizations, or exams** | These visits are not covered on this plan. This includes eye visits and glasses. |
| **Treatment Period** | 90 days per injury or illness |
| **Chiropractic Therapy** | $1,000 maximum |
| **Hospital Room & Board** | Up to the average semi-private room rate, including nursing service after $100 copay, must be pre-certified with in 48 hrs of admittance. Call during business hours 1-888-268-6245 |
| **Eligible Medical Expenses** | **Aetna Provider:** 100% of negotiated charge  
**Non Aetna Providers:** 80% of reasonable charge  
100% of negotiated charge if insured person lives more than 50 miles from an Aetna provider |
| **Prescription Drugs** | $20 copay per prescription per 30 day supply, participant must pay in full for the prescription and submits claim for reimbursement |
| **Dental Treatment** | Coverage Applies to Sound Natural Teeth  
**Dental Injury:** $1,000 maximum, including fracture  
**Dental Illness:** $500 maximum  
* This policy does not cover cavities, fillings, crowns or bridges * |
| **Urgent Travel Expenses** | Up to $2,000 for transportation to home country in the event of death of father, mother, brother, sister, or grandparent |
| **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:** $10,000  
**Dismemberment:** Up to $85,000 maximum limit |

[ci.e.org/insurance](http://ci.e.org/insurance)  
Updated 11/21/13
BAGGAGE

LOSS OF THEFT OF BAGGAGE  Up to $1,500 per Period of Insurance
LOSS OF THEFT OF VALUABLES  Up to $350 per Period of Insurance
LOSS OF THEFT OF PERSONAL PAPERS  Up to $500 per Period of Insurance

IMPORTANT INFORMATION

Insurance Name: CIEE
Claims Administrator: Aetna Student Health
Network: Aetna
Group Number: CIEE - 697401
Member ID: Located on your insurance ID card

Mail Medical Claims to:
Aetna Student Health
PO Box 981106
El Paso TX 79998

Mail Non-Medical Claims to:
CIEE: Insurance Department
300 Fore Street
Portland, ME 04101

For 24 Hour Emergency Service: 1-888-268-6245

For General Insurance Inquiries: 1-888-268-6245 or insurance@ciee.org