



WORK & TRAVEL USA

## SUMMARY OF BENEFITS: CIEE INSURANCE

### PROVIDER NETWORK

Aetna Preferred Provider Network with access to over 672,000 health care service providers nationwide.

[www.ciee.org/insurance/locating\\_doctor.html](http://www.ciee.org/insurance/locating_doctor.html)

### CLAIMS PROCESS

To file a claim: [www.ciee.org/insurance](http://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

<b>ROUTINE VISITS, SPORTS PHYSICALS, IMMUNIZATIONS, OR EXAMS</b>	These visits are not covered on this plan. This includes eye visits and glasses.
<b>TREATMENT PERIOD</b>	90 days per injury or illness
<b>CHIROPRACTIC THERAPY</b>	\$1,000 maximum
<b>HOSPITAL ROOM &amp; BOARD</b>	Up to the average semi-private room rate, including nursing service after \$100 copay, must be pre-certified with in 48 hrs of admittance. <b>Call during business hours 1-888-268-6245</b>
<b>ELIGIBLE MEDICAL EXPENSES</b>	<b>Aetna Provider:</b> 100% of negotiated charge <b>Non Aetna Providers:</b> 80% of reasonable charge 100% of negotiated charge if insured person lives more than 50 miles from an Aetna provider
<b>PRESCRIPTION DRUGS</b>	\$20 copay per prescription per 30 day supply, participant must pay in full for the prescription and submits claim for reimbursement
<b>DENTAL TREATMENT</b>	Coverage Applies to Sound Natural Teeth <b>Dental Injury:</b> \$1,000 maximum, including fracture <b>Dental Illness:</b> \$500 maximum  * This policy does not cover cavities, fillings, crowns or bridges *
<b>URGENT TRAVEL EXPENSES</b>	Up to \$2,000 for transportation to home country in the event of death of father, mother, brother, sister, or grandparent
<b>EMERGENCY MEDICAL EVACUATION EXPENSES</b>	Up to \$15,000 maximum limit
<b>EMERGENCY REUNION</b>	Up to \$15,000 maximum limit
<b>RETURN OF MORTAL REMAINS</b>	Up to \$15,000 maximum limit
<b>ACCIDENTAL DEATH AND DISMEMBERMENT</b>	<b>Accidental death:</b> \$10,000 <b>Dismemberment:</b> Up to \$85,000 maximum limit

## BAGGAGE

<b>LOSS OF THEFT OF BAGGAGE</b>	Up to \$1,500 per Period of Insurance
<b>LOSS OF THEFT OF VALUABLES</b>	Up to \$350 per Period of Insurance
<b>LOSS OF THEFT OF PERSONAL PAPERS</b>	Up to \$500 per Period of Insurance

### IMPORTANT INFORMATION

<b>Insurance Name:</b>	CIEE
<b>Claims Administrator:</b>	Aetna Student Health
<b>Network:</b>	Aetna
<b>Group Number:</b>	CIEE - 697401
<b>Member ID:</b>	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](mailto:insurance@ciee.org)