



U.S. EXCHANGE PROGRAMS YOUR CIEE INSURANCE PLAN

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IMPORTANT INFORMATION YOU SHOULD KNOW ABOUT YOUR CIEE INSURANCE PLAN

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.

All exchange visitors, and any accompanying spouse and dependent(s), may be subject to the requirements of the Affordable Care Act.

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:

- \$20-Urgent Care Facility
- \$50-Doctor or Specialist
- \$100-Emergency Room (ER) and Inpatient Hospitalization

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, Aetna Student Health, 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 main menu. 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.



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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%).

Medical Necessity Review

Medical Necessity Review is used to determine whether a service or supply is necessary and appropriate for the diagnosis or treatment of a sickness or injury based on generally accepted current medical practice.

The fact that any particular physician may prescribe, order, recommend, or approve a service or supply does not, of itself, make the service or supply medically necessary.

Similar to the pre-certification process, the medical necessity review process applies to specific services, procedures and treatments. However, unlike pre-certification, these services, procedures and treatments are not subject to a penalty if the member or provider fails to obtain medical necessity review. Conversely, if your plan does not cover a particular service, treatment or procedure or is deemed not medically necessary, it is possible that no benefit will be paid.

- Customized Musculoskeletal braces
- Drugs and Medical Injectables
- Durable Medical Equipment (DME) greater than \$500
- Electric or motorized wheelchairs and scooters
- Home Health Care related services-unless ordered by attending physician as per the discharge instructions from inpatient hospitalization
- Air Ambulance (take off)
- Orthognathic Surgery procedures, bone grafts, osteotomies and surgical management of the temporomandibular joint
- Spinal procedures

Non Emergent Scheduled Outpatient Procedures and Surgeries-\$15,000 Maximum limit

Treatment for covered conditions that requires outpatient scheduled procedures or surgeries has a limit of \$15,000.

The treatment requires pre-authorization. Should pre-authorization not occur, all charges will be held pending a retro-review of the treatment.

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



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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.



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Cooperation

You are required to respond and fully cooperate with Aetna in order to review and process your claims. Should you fail to submit requested information within 180 days of the last request, your claims will no longer be eligible for benefits.

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.