



SUMMARY OF BENEFITS FOR CIEE INSURANCE COVERAGE

Provider Network	Aetna Preferred Provider Network with access to over 672,000 health care service providers nationwide www.ciee.org/in-the-usa/insurance/
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-urgent/Elective Outpatient Procedures or Surgeries	\$15,000 Maximum limit
Copays	Preferred or Non Preferred Care \$20-Urgent Care Facility/visit \$50-Doctor 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
Physical Therapy	\$1,000 maximum and/or 90 days with a referral from a medical doctor
Chiropractic Therapy	\$1,000 maximum and/or 90 days with a referral from a medical doctor
Hospital Room & Board	Up to the average semi-private room rate, including nursing service after \$100 copay, must be precertified with in 48 hrs of admittance, call during business hours 1-888-268-6245
Inpatient Mental Health	Usual, Reasonable and Customary; inpatient benefits are limited to a maximum of 10 days per policy.



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Outpatient Mental Health	Usual, Reasonable and Customary; outpatient benefits are limited to a maximum of 10 visits per policy.
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 of jaw Dental Illness: \$500 maximum <i>***This policy does not cover cavities, fillings, crowns or bridges***</i>
Urgent Travel Expense	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 \$75,000 Maximum Limit
Emergency Reunion	Up to \$15,000 Maximum Limit
Return of Mortal Remains	Up to \$30,000 Maximum Limit
Accidental Death and Dismemberment	Accidental Death: \$10,000 Dismemberment: Up to \$85,000 Maximum Limit
Baggage Loss or theft of Baggage Loss or theft of Valuables Loss or theft of Personal Papers	Up to \$1,500 per Period of Insurance Up to \$350 per Period of Insurance Up to \$500 per Period of Insurance <i>*** Any loss, theft or damage to mobile telephones or other personal handheld communication devices, MP3 players, iPods, iPads, portable DVD players, portable GPS or similar personal electronic devices are not covered on this policy***</i>

Insurance Name: CIEE
Claims Administrator: Aetna Student Health
Network: Aetna
Group Number: CIEE-697401
Member ID: (located on insurance ID card)

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

Mail Non-Medical Claims to:
CIEE: Insurance Dept.
300 Fore Street
Portland ME 04101

CIEE 24 Hour Emergency service line: 1-888-268-6245

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