



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 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