



Specializing in international health insurance for groups

TOLL FREE: 866-433-7462 (within USA)
Phone: 607-272-2707 (collect from overseas)
FAX: 607-272-2703
EMAIL: claims@iees.com
WEB: www.iees.com
PO Box 370
ITHACA, NEW YORK 14851-0370

ISEP Frequently Asked Claim Questions (FAQ) about the ISEP Health Insurance Policy and MEDEX Assistance Services

WHAT ARE THE POLICY BENEFITS?

Deductible \$25.00

Maximum Medical Benefit \$300,000

Accidental Death and Dismemberment \$25,000 for Participant, \$10,000 Spouse, \$5,000 per child

Medical Evacuation Unlimited

Repatriation of Remains Unlimited

Family Airfare \$2,500

This plan was designed to cover you for medical expenses incurred as a result of a covered sickness or injury. Please review your brochure carefully, particularly those sections titled "Description of Coverage", "Covered Medical Expenses", "Limitations on Covered Medical Expenses" and "General Policy Exclusions". Copies of the brochure can be obtained from the ISEP website at www.isep.org.

HOW DO YOU GET REIMBURSED?

By submitting what is known in the insurance industry as a claim.

WHAT DOES THE WORD "CLAIM" MEAN?

A claim is a request for payment in accordance with an insurance policy. For our purposes, this would require an **original** itemized bill, along with a completed claim form.

WHERE CAN I GET A CLAIM FORM?

You may obtain a form directly from ISEP at www.isep.org or from the IEES home page at www.iees.com.

HOW DO I SUBMIT A CLAIM?

Complete the [Claim Form](#) and mail it to IEES with the **original** detailed bill from the doctor, hospital or any other medical provider. The bill from the provider should include the provider's name and address, the insured's name, patient's name, a diagnosis, the date of service, and a detailed listing of the charges incurred. Keep in mind when submitting your documentation that only **original** bills will be accepted; however, the claim form may be photocopied. Make certain you obtain receipts for all medical expenses you have paid for.

Please note that all reimbursements and correspondence to you will be sent to the address you provide on the claim form. To help expedite this process you may want to provide us with both your telephone number and email address.

HOW OFTEN DO I NEED TO SUBMIT A CLAIM FORM?

One claim form will be required for each new and separate sickness or injury. Additional claim forms do not need to be submitted if you are under continuing care with your physician for the same condition.

WHY DO I NEED A CLAIM FORM?

The Claim Form gives us the information we need to process your claim. The following are just a few examples of why a claim form is required:

1. **Loss due to an Injury:** The claim form enables the examiner to determine where, when and how the injury was incurred. Signing the portion of the claim form that authorizes the release of information allows claims examiners to obtain police reports, medical records, test results, or other documents needed to evaluate the claim.
2. **Auto Accident:** By describing the accident and its exact location (i.e., "Intersection of Main Street and Elm Street"), police reports can easily be obtained.
3. **Multiple Claims:** Your benefits are based on a "per sickness/per injury" basis. If you are being treated for more than one condition at the same time, the claim form allows you to designate which charges belong to which condition so that you may be properly reimbursed. In some cases, medical records, police reports, test results, etc. can be requested immediately.
4. **Large Claims:** A completed claim form includes an authorization for release of information. This allows the insurance company to request critical information from the medical providers when necessary without further delay.
5. **Missing Information:** All claims submitted without the required information will result in a delay in processing.

HOW LONG WILL IT TAKE FOR ME TO BE REIMBURSED?

If you have completed the claim form fully and there are no problems or questions that require additional information or follow-up with your doctor or medical service provider, payment should be processed within 5 to 10 business days. If there are questions, or if we require additional information, your payment will be delayed until those issues are resolved. However, if payment of your claim will be delayed, you will be notified. You will be provided with copies of all correspondence between IEES and the medical service providers.

CAN I GO TO ANY PHYSICIAN OR HOSPITAL I WANT?

Yes. Your policy is an indemnity plan which allows you to go to the physician or hospital of your choice.

If you are within the United States and would like a referral to a doctor or healthcare facility, go to www.iees.com and select the "Search For Doctor/Hospital" option on the home page. Remember that it is your decision whether or not to visit a Hygeia/First Health medical provider and your benefits are not affected by your decision.

Outside the United States you may want to call MEDEX Assistance Corp. collect at 410-453-6330 for a referral.

WHAT IS MEDEX Assistance Corporation?

MEDEX is a Medical Evacuation, Repatriation and Assistance Company.

WHEN SHOULD THEY BE CALLED?

- In the event you have to be medically evacuated from one location where medical treatment is not available, to another where treatment is available, as a result of a covered sickness or injury.*
- In the event of a death due to a covered sickness or injury.*
- If you are residing **outside** the United States and want to have the name of a doctor or hospital in your area.

*** Please note that services rendered without the authorization and or intervention of MEDEX will not be covered.**

Review the MEDEX plan description for other assistance services. This information can be found attached to your brochure.

If you have any other issues regarding your medical coverage contact IEES direct.

WILL I HAVE TO PAY WHEN I GO TO THE DOCTOR?

Present your Identification Card when you go to a hospital or physician. Medical Providers within the United States, with few exceptions, will bill IEES directly. Physicians in the United States who belong to the Hygeia/First Health network should also bill IEES directly for covered services. If you visit a private physician's office or clinic that requires payment at the time services are rendered, you will have to pay the bill yourself and submit the claim to IEES for consideration. If the provider has any questions regarding your insurance coverage, please instruct them to call IEES during business hours at our toll free number, 866-433-7462 (within the United States), or 607-272-2707 (overseas call collect), to verify insurance benefits. Service providers outside the United States may require you to pay the expenses at the time the services are performed. In the event of a hospitalization, IEES prefers to deal with the medical providers directly whenever possible.

HOW CAN MY (OVERSEAS) MEDICAL PROVIDER CONTACT YOU?

The medical provider may place a call to IEES collect at 607-272-2707, fax us the information at 607-272-2703, email us at claims@iees.com, or they may call MEDEX collect at 410-453-6330. Usually, arrangements for direct payment to the medical provider are possible once we send a written letter confirming your insurance benefits. Payment can then be made in the form of a check or electronic transfer of funds directly to the medical service provider.

HOW CAN I KEEP THE EXPENSES OF MY MEDICAL BILLS TO A MINIMUM?

By seeking medical care at your college or university Student Health Center, if one is available. If not, visit a doctor's office for non-emergency services rather than a hospital's Emergency Room. An Emergency Room will generally charge much higher prices than a doctor's office. However, if your condition is urgent or life-threatening, you should go directly to an Emergency Room.

SHOULD I GO TO THE EMERGENCY ROOM?

A hospital Emergency Room is designed to cope with urgent and life-threatening medical conditions. For example, an Emergency Room might be the best place to seek treatment for sudden chest pain, serious wounds with bleeding that you can't seem to stop or that are deep enough to need stitches, eye injuries, broken bones, loss of consciousness, drug overdose, severe abdominal pain, or other conditions that you think may cause death or serious and lasting harm if not treated immediately.

Emergency Rooms will treat the sickest patients first, and if your condition is not immediately life-threatening, you may have to wait for treatment. In some metropolitan hospitals, the wait can be several hours for non-urgent conditions.

Colds or flu, coughs, rashes, minor fevers, earaches, headaches, scrapes or minor burns, sore muscles or backache generally are not life-threatening and do not warrant Emergency Room visits. An appointment, scheduled within 24 hours with a local physician or a walk-in clinic, can often treat these important, but not life-threatening, conditions.

WHAT IS A DEDUCTIBLE?

A deductible is the portion of a bill that is not covered by the insurance company and that is therefore the responsibility of the insured. It is the dollar amount of eligible medical expenses which must be paid as an out-of-pocket expense by each covered person on a per sickness/per injury basis before certain benefits are payable under the policy. Your ISEP plan has a \$25.00 deductible that will be applied once for each separate and new injury or sickness, not every bill.

HOW DO I BUY PRESCRIPTIONS?

The IEES plan requires that you pay for the prescription at time of purchase from the pharmacy. Please submit the **original** detailed receipt which includes your name, physician's name, date, medication name, strength, quantity and price to IEES for consideration of payment. No cash register tapes will be accepted. You may want to discuss using generic drugs with your physician as an option as they are often significantly less expensive. Covered prescriptions are reimbursed at 80%.

WHY DO YOU NEED MEDICAL RECORDS?

Medical records may be requested for a number of reasons. Following are just a few:

1. To determine whether or not a claim is a pre-existing condition.
2. To determine the history of a sickness or injury: how, when and where it began and how far it has progressed; whether or not it has been cured; the likely future course of treatment; and what complications, if any, may have arisen as a result of the condition.
3. When a physician lists multiple diagnoses, the records help us to determine how many of the diagnoses listed were actually treated and which ones were mere observations noted by the physician. With some insurance policies, this may affect the reimbursement.
4. In the case of injuries, medical records give a clearer picture of what happened, so that we can more accurately determine what benefits you are entitled to.

WHAT DO YOU MEAN BY PRE-EXISTING AND HOW IS IT DETERMINED?

A medical problem is considered "pre-existing" when a covered person has received medical treatment for a condition prior to being insured under the policy. To determine whether a condition is "pre-existing", the claims examiner must review important data, such as medical records, test results, X-rays, etc. Most policies will not cover you for a condition that was in existence prior to your effective date of coverage.

AM I COVERED FOR PRE-EXISTING CONDITIONS?

Yes, with the exception of congenital anomalies, expenses incurred for treatment of a pre-existing condition is covered to a maximum of \$50,000.

IS PREGNANCY COVERED?

Yes, pregnancy is considered like any other sickness. Charges incurred for the nursery room however, will not be covered. Therapeutic or elective abortions are limited to \$500.00.

DO YOU COVER ANY FORM OF BIRTH CONTROL?

No.

ARE IMMUNIZATIONS COVERED?

No. If a TB skin test should show a positive result and a chest x-ray is required the policy will cover only the charges incurred for the chest x-ray and medication that may be prescribed.

AM I COVERED FOR DENTAL?

Routine dental care as a result of cavities, wisdom teeth, or diseases of the gums are not covered. If as a result of a covered accident a sound natural tooth is injured, the maximum amount allowable is \$250.00 per tooth. A sound natural tooth is one where there is no evidence of a cavity or it has never been previously restored.

DO YOU COVER TAXI CAB FARES?

No, since it is not considered a covered medical expense.

WILL I BE COVERED ONCE I GO HOME?

No, the policy will cover you anywhere in the world except your home country.

CAN I SUBMIT ALL MY BILLS ONCE I RETURN HOME?

Yes, however, you must notify IEES of the claim within 90 days of occurrence. Only **original** receipts will be accepted and we recommend you keep photocopies for your records.

I HAVE LOST MY ID CARD, WHAT SHOULD I DO?

Contact ISEP directly as soon as possible for a replacement.