



2015-16 Travel Insurance Plan Summary

Fairmont Specialty Insurance Agency Policy & General Liability Policy #LF003904

Fairmonth Specialty Insurance Agency is the travel medical/accident insurance provider and Generali Versicherungen is the liability insurance provider for most YFU International students in the US for the 2015-16 program year. (Exceptions: Congress Bundestag German, YES and FLEX scholars are covered by the ASPE plan. Students from Australia, Belgium, Denmark, Ecuador, Finland, Netherlands, New Zealand, Norway, ITEA students from Spain, and Sweden are provided comparable coverage by YFU partners.)

Travel Medical/Accident Insurer:



Fairmont Specialty Insurance Agency/PPO: First Health Network
firsthealthlp.com

Administrator: Personal Insurance Administrators (PIA), Inc.
 P.O. Box 6040
 Agoura Hills, CA 91376-6040
 Tel: 1.800.314.3938 (After hours follow telephone prompts for emergency assistance.)

Liability Insurer:



Generali Versicherungen

Adenauerring 11
 81737 Munchen
 Germany

Medical Maximums: Sickness and Injury	Per Lifetime: \$2,000,000 Primary Insured
Deductible (outpatient services only) per participant per injury	\$0
Emergency Room	\$350 Deductible (if not admitted) plus 100% of Usual, Reasonable & Customary (URC) charges.
Benefit Period	Period of Coverage
Initial Treatment Period	30 days from date of injury or sickness
Mental Illness	Inpatient: Payable at 80% up to \$10,000, up to a max of 40 days. Outpatient: Payable at 80% up to \$500.00
Alcohol and Drug Abuse	Inpatient/Outpatient: Payable at 50% up to \$1,000
Palliative Dental	URC. Up to \$200 maximum benefit per tooth
Physiotherapy Expense – Inpatient	URC
Physiotherapy Expense – Outpatient	URC. Up to a \$2,500 maximum
Ambulance Benefit	URC
Diagnostic X-Ray and Lab Benefit	URC
Prescription Drugs	URC
Wellness Benefit-Sports Physical	Up to \$50 per insured person per policy period
Emergency Medical Evacuation	100% of actual expense
Emergency Medical Repatriation	100% of actual expense
Return of Mortal Remains or Cremation	100% of actual expense
Emergency Reunion	100% of actual expense
Hospital Room & Board	Semi-private room rate
Unexpected Recurrence of a Pre-existing Condition	Up to maximum of \$10,000 per policy period

Exclusions: Pre-existing conditions, routine physical examinations; immunizations; chiropractic services; eligible expenses paid by you as your co-insurance or co-pay amount.

Excluded High Risk Activity: Mountaineering; hang gliding; parachuting; bungee jumping; racing by horse, motor vehicle or motorcycle; scuba diving, unless PADI or NAUI certified; water skiing; spelunking; parasailing, white water rafting.

Important: This insurance information is provided to ARs, students and natural/host families for illustrative purposes only and is not meant to replace full plan documents on yfuusa.org. For complete policy details consult these documents or contact Personal Insurance Administrators (PIA).

eSecutive™ Online Services are provided by Secutive, LLC:

The eSecutive™ MyInsurance - Log-In Area enables insured parties' participants to independently review and administer their individual insurance documents online.

STEPS TO LOCATE A PROVIDER

Visit: firsthealthlbp.com

Call: Personal Insurance Administrators, Inc. (PIA) at 1.800.314.3938

- a. Provide student name and policy number printed on the insurance card
- b. Indicate the nature of the medical concern or type of provider needed
- c. You will be provided with names of in-network medical providers
- d. Students may seek care from a non-network provider; however PIA pays only the usual, reasonable and customary cost. Students are responsible for charges above this amount. "Usual, reasonable and customary" is the prevailing charge level for a service.

CLAIMS FILING PROCESS

1. After you receive treatment at a PPO provider, the provider will usually submit the charges directly to the claims administrator for you. In this case, you will receive an Explanation of Benefits indicating what the insurance covered. The provider will then bill you for any remaining charges, such as your coinsurance amount. *You do not need to send balance billing statement (after the insurance has paid) for reimbursement, as that is your responsibility to pay.*
2. If you are asked to pay up front for medical treatment you receive, or if the provider does not send the claim to the claims administrator, you will need to submit a claim for the portion of the charges for which the company is responsible. Submit **itemized hospital and medical bills** with a completed claim form to:

Personal Insurance Administrators, Inc.
P.O. Box 6040
Agoura Hills, CA 91376-6040

1. If you fill a prescription, you must pay in full at the time of pick up. You will then need to submit a claim for reimbursement for the portion of the charges for which the company is responsible. Submit the **itemized prescription drug receipt** with a completed claim form to:

Personal Insurance Administrators, Inc.
P.O. Box 6040
Agoura Hills, CA 91376-6040

1. If you prefer to send your claim form and bills electronically, please scan each document and email to: piaservice@ascensionins.com.
2. If you have questions about the status of your claim after it has been submitted or for any questions about benefits, please call Personal Insurance Administrators, Inc., at **1.800.314.3938**, Monday–Friday, 6:30 a.m. to 5:00 p.m. (4:00 p.m. on Fridays) PT. **Always keep a copy of all documents submitted for claims.**

ITEMIZED BILL REQUIREMENTS

Hospital and Medical Bills

A fully itemized billing statement is required for claims payment consideration. The itemized billing statement must include the following:

- Patient's name
- Patient's date of birth
- Provider's name
- Provider's address

- Provider's tax identification number
- Diagnosis code(s)
- Date of service
- Procedure code(s)
- Amount charged for each procedure

Note: If your billing statement does not include this information, please contact the provider and ask them to send a copy to you to include with this form. (The fully itemized billing form is also known as a HCFA 1500, CMS 1500, UB04, and CMS 1450.)

Prescription Drug Receipts

A fully itemized prescription drug receipt is required for claims payment consideration. The prescription drug receipt must include:

- Pharmacy name
- Patient's name
- Name of the medication(s)
- Prescribing physician's name
- Dosage
- Date of service
- Amount charged

Note: *Please do not send a cash register receipt listing only the charges.* You must send the full receipt or print-out that includes all of the above.

If you (or the medical provider) don't provide the itemized bill as indicated above, your claim may be denied until the information is provided.