Specializing in International Health Insurance for groups.

Frequently Asked Claim Questions about the International Student Exchange Program Health Insurance Policy and UnitedHealthcare Global Assistance Services

WHO IS ASRM, LLC?

ASRM, LLC is the Third Party Administrator which administers your insurance policy and processes the **medical claims** for National Guardian Life Insurance Company (NGL). NGL is the insurance company which underwrites the medical benefits portion of your insurance policy. You are enrolled in a group health insurance policy designed specifically for International Student Exchange Programs (ISEP). Please see our contact information on your identification card.

WHEN SHOULD I CALL ASRM, LLC?

Call ASRM, LLC if you have general inquiries regarding your medical benefits, eligibility, claim status or reimbursement issues. If ASRM, LLC is closed and you have a true emergency with respect to one of these areas (for example hospital will not discharge patient unless payment is received in full) please contact UnitedHealthcare Global Assistance as they can contact our staff after hours.

If you have any other issues regarding your medical coverage contact ASRM, LLC direct.

WHO IS UNITEDHEALTHCARE GLOBAL ASSISTANCE?

UnitedHealthcare Global Assistance is the assistance company which services your ISEP study abroad policy. UnitedHealthcare Global Assistance is responsible for and adjudicates the Medical and Travel Assistance benefits, which includes services such as Emergency Medical Evacuation/Repatriation, Repatriation of Remains, Security and Political Evacuation Services, Natural Disaster Evacuation Services, Joining of Injured Family Member, and any **overseas** Medical, Dental and Pharmacy referrals. UnitedHealthcare Global Assistance offers a highly trained medial help line, staffed by registered nurses and physicians. UnitedHealthcare Global Assistance is open 24 hours a day, 7 days a week including all holidays. Please see their contact information on your identification card.

WHEN SHOULD I CALL UNITEDHEALTHCARE GLOBAL ASSISTANCE?

- 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.*****
- In the event of emergency security and political situations warranting evacuation – see UnitedHealthcare Global Assistance brochure.*****
- In the event of a natural disaster warranting evacuation – see UnitedHealthcare Global Assistance brochure.*****
- If you are located **outside** the United States and want a referral to a physician or hospital.
- If you are located **outside** the United States and need assistance with payment arrangements.

***Please note that services rendered without the authorization and or intervention of UnitedHealthcare Global Assistance will not be covered. Review the plan description for other assistance services.**

WHAT ARE THE PROGRAM BENEFITS?

Deductible	$50 per policy year
Maximum Medical Benefit	Unlimited
Accidental Death and Dismemberment	$25,000 for Participant $10,000 Spouse $5,000 per Child
Medical Evacuation	Unlimited (UnitedHealthcare Global Assistance)
Repatriation of Remains	Unlimited (UnitedHealthcare Global Assistance)

Security and Political Evacuation Services ..... $100,000 per member per event (UnitedHealthcare Global Assistance)
Natural Disaster Evacuation Services ..... $100,000 per member per disaster (UnitedHealthcare Global Assistance)
Family Airfare ..... $2,500 (under the NGL plan)

Together, these plans were designed to cover you for medical expenses incurred as a result of a covered sickness or injury and any assistance services needed while abroad. Please review your brochures carefully, particularly those sections titled "Description of Coverage", "Covered Medical Expenses", "Limitations on Covered Medical Expenses" and "General Policy Exclusions". Copies of these brochures can be obtained from the ISEP website at www.isep.org.

AM I COVERED FOR PRE-EXISTING CONDITIONS?
Yes, with the exception of congenital anomalies, eligible expenses incurred for treatment of a pre-existing condition is covered.

IS PREGNANCY COVERED?
Yes, pregnancy, including all complications thereof, is covered like any other sickness with respect to your NGL medical coverage. Please refer to your UnitedHealthcare Global Assistance brochure, exclusion #5, regarding pregnancy.

DO YOU COVER CONTRACEPTION FOR WOMEN?
Yes.

ARE IMMUNIZATIONS COVERED?
Yes, however, routine Tuberculosis (TB) skin tests or routine TB screening blood tests are not immunizations and are not covered. Please see your brochure for the list of covered immunizations.

AM I COVERED FOR DENTAL?
Routine dental care or dental care needed as a result of cavities, wisdom teeth, or diseases of the gums are not covered. If dental treatment is needed as a result of a covered injury, and the injured teeth were sound and natural (never previously restored or compromised prior to the injury), the dental treatment is eligible for reimbursement.

DO YOU COVER TAXI CAB FARES?
No, since it is not considered a covered medical expense.

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 $50 deductible that will be applied once per policy year. The policy year runs 7/1/16-6/30/17.

WHAT IS "OUT-OF-POCKET?"
Out-of-Pocket expenses are the deductible and co-insurance amounts that the Insured is responsible to pay. For ISEP, this means the $50 policy year deductible plus the 20% co-insurance under the Major Medical portion of your policy. The Out-of-Pocket maximum for ISEP is $5,000 per policy year. Please note that limitations and exclusions as listed in your policy are not included in calculating the Out-of-Pocket maximum.

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.

WILL I BE COVERED ONCE I GO HOME?
No, the policy will cover you anywhere in the world except your home country.

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; however, if you are within the United States, your coverage allows access to important medical provider networks that utilize negotiated charges which may save you money. To find a participating provider, contact MultiPlan at 1-800-877-0005 or visit their website at www.multiplan.com.

OUTSIDE THE UNITED STATES YOU CAN PHONE UNITEDHEALTHCARE GLOBAL ASSISTANCE COLLECT 410-453-6330 FOR A REFERRAL.

WILL I HAVE TO PAY WHEN I GO TO THE DOCTOR?
Present your NGL Medical Insurance Identification Card when you go to a hospital or physician. 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 ASRM, LLC for review. Outpatient service providers outside the United States generally require that you pay the expenses at the time the services are performed. In the event of an inpatient hospitalization, ASRM, LLC prefers to deal with the medical providers directly whenever possible.

HOW CAN MY (OVERSEAS) MEDICAL PROVIDER CONTACT YOU?
The medical provider may contact ASRM, LLC at 856-380-1213 (collect, if outside the United States), fax 856-231-7995, email iees@asrmllc.com, or they may call UnitedHealthcare Global Assistance collect at 410-453-6330 if ASRM, LLC is closed. Usually, arrangements for direct payment to the medical provider are possible once we send written confirmation of 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.

HOW DO I BUY PRESCRIPTIONS?
The 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 ASRM, LLC 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.

HOW DO I GET REIMBURSED?
By submitting what is known in the insurance industry as a claim. 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 ASRM, LLC website, www.helpwithmyplan.com or you may contact our customer service department at 844-898-8944 (within the United States) or 856-380-1213 (collect, if outside the United States) and request one be sent to you.

HOW DO I SUBMIT A CLAIM?
For services received in the United States, your provider will most likely want to file a claim for you using his or her own form. If you need to file a claim yourself, you may request a claim form from ASRM, LLC at 844-898-8944 (within the United States) or 856-380-1213 (collect, if outside the United States). Claims should be mailed to: ASRM, LLC, Claims Department, 505 S. Lenola Road, Suite 231, Moorestown, NJ 08057. Claims must be

submitted within one year of the date of the loss. For Claims Customer Service call 844-898-8944 (within the United States) or 856-380-1213 (collect, if outside the United States), Monday through Friday, 8:30 a.m. to 5:30 p.m., ET.

If you are filing a claim yourself, complete a claim form and mail it to ASRM, LLC with the **original** 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 e-mail 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.

CAN I SUBMIT ALL MY BILLS ONCE I RETURN HOME?

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

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.
2. **Provides Authorization:** A completed claim form includes an authorization for release of information. This allows the insurance company to communicate with medical providers and request critical information when necessary without further delay.

WHY WOULD ASRM, LLC NEED MEDICAL RECORDS?

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

1. 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.
2. 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.
3. 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.

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

Contact ISEP directly as soon as possible for a replacement or you can download identification cards from our website, www.helpwithmyplan.com. You should keep your ID Cards and the phone numbers for ASRM, LLC and UnitedHealthcare Global Assistance in a safe place.