

VISITOR MEDICAL INSURANCE

OVERVIEW

POLICY INFORMATION

NAME: ACE AMERICAN INSURANCE COMPANY

POLICY NUMBERS:

**Student/Postdoc/Graduate Research Assists. –
GLM N0117308A**

International Researchers – GLM N01060909

CLAIMS INFORMATION

CLAIMS:

Administrative Concepts, Inc.

994 Old Eagle School Road, Suite 1005

Wayne, PA 19087-1802

Phone: 610-293-9229

888-293-9229\

Fax: 610-293-9299

www.visit-aci.com

A SEPARATE CLAIM IS REQUIRED FOR EACH VISIT TO A MEDICAL FACILITY, DOCTOR VISIT AND PRESCRIPTION REFUND

INSURANCE PAYS

- 80% of the allowable costs for in-network doctor or medical facility visits after you pay \$35.00 co-pay for each visit and your \$175.00 annual deductible is met.
- Prescription Cards offer easier coverage
- Up to \$250.00 for ambulance service.
- \$100k maximum for each sickness and illness.
- \$250 deductible waived for Emergency Room visit if patient is admitted

YOU PAY

- \$35.00 co-pay for each doctor and medical facility visit.
- 20% of all allowable costs for in-network doctor and medical facility visits after \$35.00 co-pay and \$175.00 deductible is met.
- \$175.00 annual deductible for medical costs not including co-pays or prescriptions.
- \$250.00 plus 20% of all allowable emergency room costs if person not admitted to hospital. If admitted, the \$250.00 is waived and costs are 20% of allowables.
- All over \$250.00 for ambulance service.
- 20% of all prescriptions (after Medco discount applied)

PRESCRIPTION PROCESS

- You pay 20% of the prescription cost up front with your prescription card and the insurance pays the remaining 80%
- A special Medco discount is applied to the cost on a prescription-by-prescription basis
- No reimbursal necessary

TAKE TO DOCTOR OR MEDICAL FACILITY EACH TIME YOU GO

- Both insurance cards
- Claim form
- Copy of Insurance Policy

- **BE SURE YOUR DOCTOR OR MEDICAL FACILITY IS GOING TO FILE THE INSURANCE CLAIM**

STATEMENTS YOU RECEIVE BY MAIL

- Please be sure to look at **all** correspondence you receive in the mail from the doctor's office, medical facility, and the insurance company.
- Immediately inquire to the doctor's office or medical facility anything you do not understand.
- If you do not understand the insurance correspondence, bring to the front desk in the VARC and we will help you.
- **BE SURE ALL DOCTORS, MEDICAL FACILITIES AND THE INSURANCE COMPANY HAVE YOUR CORRECT ADDRESS.**

WHEN YOU LEAVE JLAB

- **BE SURE YOU DESIGNATE SOMEONE TO RECEIVE YOUR MAIL AND TAKE CARE OF ANY OUTSTANDING MEDICAL BILLS.**
- **IF YOU DO NOT HAVE ANYONE, PLEASE COME TO THE INTERNATIONAL SERVICES OFFICE IN THE VARC (RM 44A) AT LEAST A WEEK BEFORE YOU LEAVE AND WE WILL HELP YOU.**
- **DO NOT LEAVE WITH UNPAID MEDICAL BILLS WITHOUT MAKING ARRANGEMENTS – THERE WILL BE LEGAL CONSEQUENCES.**

SUMMARY

- **READ YOUR POLICY AND ASK QUESTIONS IF YOU DO NOT UNDERSTAND YOUR RESPONSIBILITIES**
- **BE SURE TO READ ALL STATEMENTS RECEIVED IN THE MAIL**
- **BE SURE TO TAKE ALL NECESSARY INFORMATION TO THE MEDICAL DOCTOR OR FACILITY**
- **BE SURE EVERYONE HAS YOUR CORRECT MAILING ADDRESS**
- **DO NOT LEAVE JLAB WITHOUT DESIGNATING SOMEONE TO TAKE CARE OF YOUR UNPAID MEDICAL BILLS**

STATEMENTS OF RECEIPT AND UNDERSTANDING

I HAVE RECEIVED, READ AND UNDERSTAND THIS INFORMATION REGARDING MY VISITOR MEDICAL INSURANCE AT JLAB.

Print Name: _____

Signature: _____

Date: _____

STATEMENTS OF RECEIPT AND UNDERSTANDING

I HAVE RECEIVED, READ AND **DO NOT** UNDERSTAND THIS INFORMATION REGARDING MY VISITOR MEDICAL INSURANCE AT JLAB.

I WOULD LIKE TO REQUEST A ONE-ON-ONE MEETING TO DISCUSS.

Print Name: _____

Signature: _____

Date: _____

Please contact me at _____ to schedule an appointment.