Specializing in International
Health Insurance for groups.

University of Colorado at Boulder (CU Boulder) Study Abroad
Frequently Asked Claim Questions about the Health Insurance Policy and FrontierMEDEX Assistance Services

WHO IS ASRM, LLC?

ASRM, LLC is the Third Party Administrator which administers your insurance policy and processes the **medical claims** for BCS Insurance Company. BCS 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 the University of Colorado at Boulder Study Abroad Program. Please see our contact information on your identification card.

WHO IS FRONTIERMEDEX ASSISTANCE CORPORATION?

FrontierMEDEX Assistance Corporation is the assistance company which services your CU Boulder study abroad policy. FrontierMEDEX is responsible for and adjudicates the Medical and Travel Assistance benefits of the policy, 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. FrontierMEDEX Assistance Corporation offers a highly trained medial help line, staffed by registered nurses and physicians. FrontierMEDEX Assistance Corporation 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 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 FrontierMEDEX Assistance Corporation as they can contact our staff after hours.

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

WHEN SHOULD I CALL FrontierMEDEX Assistance Corporation?

- If you are residing **outside** the United States and want a referral to a physician, hospital, or pharmacy in your area.
- Whenever you are having a medical emergency and you are unsure of how to proceed (after you have addressed the immediate medical problem). For example, contact FrontierMEDEX if you wish to obtain a referral to a specialist or need a second opinion, request that your treating physician consult with the FrontierMEDEX physician and/or your home country attending physician, or need help determining if it is medically prudent to continue with your current assignment.
- If you are located **outside** the United States and need assistance with payment arrangements.
- 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 accident or sickness.*****
- In the event of a death due to a covered accident or sickness.*****
- In the event of a natural disaster warranting evacuation - see FrontierMEDEX brochure.*****
- In the event of emergency security and political situations warranting evacuation – see FrontierMEDEX brochure.*****

***PLEASE NOTE SERVICES RENDERED WITHOUT THE AUTHORIZATION AND/OR INTERVENTION OF FRONTIERMEDEX WILL NOT BE COVERED.** Review the FrontierMEDEX Assistance Corporation plan description for several other assistance services. This information can be found with your policy brochure.

WHAT ARE THE POLICY BENEFITS?

Deductible per accident or sickness.....$0 (No deductible applies)
Maximum Medical Benefit per accident or sickness $500,000
(Eligible expenses incurred in your home country are limited to $25,000)

Accidental Death and Dismemberment.....$25,000 for participant
$5,000 spouse
$1,000 per child
Medical Evacuation.....$ Unlimited
Repatriation of Remains.....$ Unlimited
Security and Political Evacuation Services .....$100,000 per member per event
Natural Disaster Evacuation Services.....$100,000 per member per disaster
Family Airfare .....$2,500 (under the BCS plan)

Together, these plans are designed to cover you for medical expenses incurred as a result of a covered accident or sickness 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”.

AM I COVERED FOR PRE-EXISTING CONDITIONS?

Yes, with the exception of congenital anomalies, eligible expenses incurred for treatment of a pre-existing condition are covered to a maximum of $500,000.

IS PREGNANCY COVERED?

Yes, pregnancy claims are eligible like any other covered sickness.

IS ANY FORM OF BIRTH CONTROL COVERED?

No.

IS ROUTINE/PREVENTIVE CARE COVERED?

No. This policy is strictly for a covered accident or sickness, except the policy does provide coverage for an annual gynecological exam (office exam, Pap smear and a mammogram only).

AM I COVERED FOR DENTAL?

Routine dental care such as cleanings and x-rays 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. The policy does have a $500.00 lifetime benefit for emergency dental treatment or extractions needed to alleviate pain.

AM I COVERED FOR ROUTINE EYE EXAMS?

No. The policy excludes routine eye exams, including glasses and contacts. The policy excludes all refractive disorders (conditions corrected by glasses, contacts). The policy will only consider a covered accident or sickness of the eye(s).

ARE TAXI CAB FARES TO A PROVIDERS OFFICE OR HOSPITAL COVERED?

NO.

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 FRONTIERMEDEX ASSISTANCE CORPORATION COLLECT 410-453-6330 FOR A REFERRAL.

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

Present your BCS 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 FrontierMEDEX 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? (WITHIN THE USA)

Whenever possible 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 BCS plan requires that you pay for the prescription at time of purchase from the pharmacy. With a completed claim form, 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. If you are currently taking prescribed medication, you will need to see a physician in your host country in order to obtain any refills.

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 requires the **original** bill, along with a completed claim form.

WHERE CAN I GET A CLAIM FORM?

You may obtain a form 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 accident or sickness. Additional claim forms do not need to be submitted if you are under continuing care with medical providers 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 accident**: The claim form enables the claim examiner to determine where, when and how the accident occurred.
2. **Multiple claims**: Your benefits are based on a "per accident/per sickness" 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.
3. **Authorization for Release of Information**: A completed claim form includes the necessary authorization for release of information. This allows the insurance company to request critical information from the medical providers when necessary without further delay.

Missing Information: All claims submitted without the required information will result in a delay in processing.

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 an accident or sickness: 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. This is important as your claims are based on a per accident or sickness basis.

AM I COVERED IN MY HOME COUNTRY?

This is a limited benefit. Eligible medical expenses incurred in your home country, are covered up to a maximum of $25,000 per accident or sickness. The policy is intended to cover you while attending school abroad and any vacations or return trips to your home country during the time enrolled. However, if you drop out of the study abroad program for any reason (including accident, sickness, or pregnancy), your coverage under this policy will terminate. If you withdraw from the study abroad program and return to the United States, you are no longer covered under this policy and it is your responsibility to obtain health insurance if so desired.

IF I AM NO LONGER ELIGIBLE FOR THE UNIVERSITY OF COLORADO AT BOULDER GROUP POLICY, AND I REMAIN ABROAD (OUTSIDE MY HOME COUNTRY), CAN I PURCHASE AN INDIVIDUAL POLICY?

ASRM, LLC does not sell individual policies; however, FrontierMEDEX has programs available for individuals who remain abroad. Visit http://www.medexassist.com/Affiliates/AffiliateIndex.aspx?AffiliateID=1318 for more information.

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

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 FrontierMEDEX Assistance Corporation in a safe place.

CAN I SUBMIT ALL MY BILLS ONCE I RETURN TO MY HOME COUNTRY?

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