

Office of Human Resources

TRAVEL ABROAD FAQ & INFORMATION

Studying abroad is an exciting opportunity for students to enrich their educational experience. JTS makes every effort to ensure that its students have the best study abroad experience possible. There are many things to consider before departure including what students will do in the event that they require medical attention while outside the country.

Most health care providers outside the United States will not file a medical claim for you. **Students will need to pay the provider in full for treatment. Afterwards, students should then file a claim with Aetna Student Health.**

We encourage all students to go online for further details of their plan information and to register online with Aetna Student Navigator.

(http://www.aetnastudenthealth.com/stu_conn/student_connection.aspx?groupid=704502).

Please see enrollment instructions outlined at the end of this document.

1) Q: How do students sign up for health insurance through JTS before going abroad?

A: JTS offers health insurance through Aetna Student Health. There are two plans available through Aetna: Basic and Comprehensive. A detailed description of both plans is available on the Aetna Student Health website.

http://www.aetnastudenthealth.com/stu_conn/student_connection.aspx?groupid=704502

In order for a student to enroll in the insurance, they must complete an enrollment form indicating what plan they want (Basic or Comprehensive) and return it to the Office of Human Resources (U108) by the June 30th deadline.

2) Q: When do students enter the Aetna system?

A: After students submit their completed health insurance enrollment form to the Office of Human Resources, a weekly list of students is submitted to Aetna. Once Aetna receives the list students will be added to the Aetna system within 48-72 hours of receipt of the roster and insurance cards will be mailed out. Please keep in mind that you will want to speak to Aetna's customer service regarding what address is on file for you while abroad.

3) Q: If students are enrolling for the first time in the Aenta insurance (2009-2010), can they receive pre-approval for prescriptions in advance of their departure?

A: To be eligible for pre-authorization for any medical benefits including the prescriptions, students must first be enrolled in the Aetna system.

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4.) Q: Are there Aetna doctors in Israel?

A: Aetna does not have any network providers outside of the United States.

5.) Q: How do students pay for doctor visits?

A: When traveling abroad students will need to pay out of pocket, at the time of service and then submit an itemized bill and receipts to Aetna for reimbursement. Please also note that the reimbursement will be issued to the US address on file in Aetna's system and will not be issued overseas.

6.) Q: How much time do students have to submit receipts from doctor visits for reimbursement?

A: You have **15** months from the date of service to submit a claim to Aetna for reimbursement.

7.) Q: Will students be reimbursed at an in or out of network rate?

A: Students will be reimbursed at an in network level based on what is considered reasonable and customary. Reasonable and customary means that the amount reimbursed is calculated based on what is most consistent with what physicians, hospitals, or other health providers charge for a given procedure.

8.) Q: In what currency will students be reimbursed?

A: Aetna will translate any foreign claim to US dollars and will reimburse in US dollars based on the exchange rate at that time.

9.) Q: Will students need an insurance card while abroad?

A: Students do not receive special ID cards for travel abroad. It is always good to carry your card with you. In a rare case with an extremely high dollar emergency an Aetna ID card may be helpful.

10.) Q: Is there a special number for students to call for Aetna while they're abroad?

A: When a student is out of the country they can reach Aetna by calling 800-536-9100.

11.) Q: Do I have to pay out of pocket for on-going prescriptions? What about for one-time use prescriptions I need filled while abroad?

A: Contact Customer Service (800-859-8471) in advance of your departure, and they can assist you in picking up multiple month supply of your prescriptions at one time. Please note that the authorization for multiple month prescriptions is only allowed for travel abroad.

For one time use prescriptions that you purchase while abroad, you will again need to pay out of pocket at the time of service, and submit the itemized bills and receipts to Aetna for reimbursement. You will be reimbursed minus your prescription co-pay.

12.) Q: What is a pre-existing condition?

A pre-existing condition is any injury, sickness, or condition for which medical advice, diagnosis, or treatment was recommended or received within six months prior to the covered person's effective date of insurance.

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If a student has continuous coverage under the Columbia University Student Medical Insurance Plan from one year to the next, an accident or sickness that first manifests itself during a prior year's coverage shall not be considered a pre-existing condition.

13.) Q: Since I have a pre-existing condition, how are my treatments covered?

A: If you have been on the Columbia insurance plan for 12 months or have been covered by a credible insurance plan for 12 consecutive months then Pre-existing conditions would not apply.

Pre-existing conditions would apply to you while abroad as they would apply to you here. If you are being treated here in the United States for a condition that has been considered pre-existing, the same consideration would be made while studying abroad.

However, any condition that you are being treated for here in the United States that is covered would not be considered pre-existing just because you are traveling abroad.

14.) Q: What happens if a student is taken to the Emergency Room?

A: Students should always anticipate paying out of pocket for service. If a medical emergency occurs students should contact **On Call International** and they will find the closest, accredited hospital for care. **On Call International** is a travel assistance provider which supports the needs student members and their families. For additional information please visit their website at: <http://www.oncallinternational.com/>

15.) Q: What happens if you make a trip to the hospital for medical attention?

A: If you go to the emergency room under your own accord for medical attention, you will be responsible for the entire payment out of pocket and will be eligible to submit the itemized bill and receipts back to Aetna for reimbursement. An ER visit would be the same process as a provider visit.

16.) Q: What is the process for enrolling partners, spouses and children while out of the country?

A: This process must be completed through Aetna directly and all applications and dependent enrollments should be submitted before the beginning of the policy year. Dependents can be enrolled online through Aetna Student Health.

(http://www.aetnastudenthealth.com/stu_conn/student_connection.aspx?groupid=704502_)

17.) Q: How does health insurance abroad work for partners/spouses and children?

A: Insurance coverage and benefits do not change while studying abroad. If dependents are covered here in the United States they would also be covered while abroad as well.

Dependents would follow the same process for any provider or hospital visit in that they will be responsible for payment, and can submit the itemized bill and receipts for reimbursement.

18.) Q: How does Dental and Vision insurance work while in Israel?

A: There is no routine vision or any dental coverage while abroad.

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19.) Q: Does Aetna have online resources regarding the plan?

A: Visit www.aetnastudenthealth.com and click on Columbia University in the “Find your School” link.

- This will direct you to a page that has detailed links on topics such as online enrollment, member resources, and plan brochures.
- Click on the *Travel Assistance* link for information regarding health insurance while abroad.

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DIRECTIONS FOR ENROLLING ON AETNA NAVIGATOR:

MEMBER INFORMATION WEBSITE

Questions? Get Answers with Aetna Navigator®

As a member of the Columbia Student Medical Insurance Plan, you have access to **Aetna Navigator®**, your secure member website, providing personalized benefits and health information. You can take full advantage of this interactive website to complete a variety of self-service transactions online.

By logging into Aetna Navigator®, you can:

- Review who is covered under your plan.
- Request member ID cards.
- View Claim Explanation of Benefits (EOB) statements.
- Estimate the cost of common health care services and procedures to better plan your expenses.
- Research the price of a drug and learn if there are alternatives.
- Find health care professionals and facilities that participate in your plan.
- Send an e-mail to Aetna Student Health Customer Service at your convenience.
- View the latest health information and news, and more!

How do I register for Aetna Navigator®?

- Go to www.aetnastudenthealth.com
 - Click on "Find Your School."
 - Enter your school name and then click on "Search."
 - Click on Aetna Navigator and then the "Access Navigator" link.
 - Follow the instructions for First Time User by clicking on the "Register Now" link.
 - Select a user name, password, and security phrase.
- Your setup is now complete, and you can begin accessing your personalized information!

Need help with access to Aetna Navigator®?

Registration assistance is available toll-free, Monday through Friday, from 7:00 a.m. to 9:00 p.m., Eastern Time at 800-225-3375.

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USEFUL TERMS AND DEFINITIONS:

Claim: A request by an individual (or his or her provider) to an individual's insurance company for the insurance company to pay for services obtained from a health care professional.

Dependent: Spouse, partner, or unmarried children (whether natural, adopted or step) of an insured.

Generic Drug: A "twin" to a "brand name drug" once the brand name company's patent has run out and other drug companies are allowed to sell a duplicate of the original. Generic drugs are cheaper, and most prescription and health plans reward clients for choosing generics.

In-network: Providers or health care facilities which are part of a health plan's network of providers with which it has negotiated a discount. Insured individuals usually pay less when using an in-network provider, because those networks provide services at lower cost to the insurance companies with which they have contracts.

Out-of-Network: This phrase usually refers to physicians, hospitals or other health care providers who are considered nonparticipants in an insurance plan (usually an HMO or PPO). Depending on an individual's health insurance plan, expenses incurred by services provided by out-of-plan health professionals may not be covered, or covered only in part by an individual's insurance company.

Pre-Certification: Pre-admission review and approval of appropriateness and medical necessity of hospitalization or other medical treatment.

Pre-Existing Conditions: A medical condition that is excluded from coverage by an insurance company, because the condition was believed to exist prior to the individual obtaining a policy from the particular insurance company.

Primary Care Provider: A health care professional (usually a physician) who is responsible for monitoring an individual's overall health care needs. Typically, a PCP serves as a "quarterback" for an individual's medical care, referring the individual to more specialized physicians for specialist care.

Provider: Provider is a term used for health professionals who provide health care services. Sometimes, the term refers only to physicians. Often, however, the term also refers to other health care professionals such as hospitals, nurse practitioners, chiropractors, physical therapists, and others offering specialized health care services.

Reasonable and Customary - The fee charged for a certain specified procedure by a particular type of health care provider practicing within a specified geographic area. Insurance companies often use "reasonable & customary fee" to define the amount they will cover for a particular procedure. If your doctor charges more than the "reasonable & customary fee" you may be responsible for paying the additional amount out of your own pocket.