

VISITOR MEDICAL INSURANCE

OVERVIEW

POLICY INFORMATION

NAME: ACE AMERICAN INSURANCE COMPANY

POLICY NUMBERS:

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

International Researcher – 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

STUDENTS/POST DOCS

What you pay

- Policy **GLMN0117308A**: \$175.00 annual deductible
 - Deductible does not include co-pay
- \$35.00 co-pay for each Doctor's office visit
- \$250.00 co-pay for each Hospital visit
 - If admitted, the \$250.00 co-pay is waived
- All expenses over \$250.00 for ambulance service
- 20% of all covered expenses for in-network medical facility visits
- 20% of all prescriptions (after Medco discount applied)

RESEARCHERS

What you pay

- Policy **GLMN01060909**: \$50.00 annual deductible
 - Deductible does not include co-pay
- \$35.00 co-pay for each Doctor's office visit
- \$250.00 co-pay for each Hospital visit
 - If admitted, the \$250.00 co-pay is waived
- All expenses over \$250.00 for ambulance service
- 20% of all covered expenses for in-network medical facility visits
 - After first \$5,000, covered expenses for in-network facility visits will be covered at 100%
- 20% of all prescriptions (after Medco discount applied)

INSURANCE PAYS

- \$100,000 maximum for each sickness and illness
- Covered expenses will be paid at 80% of the usual and customary charges for in-network medical facility visits
 - Must have met deductible
- 80% of all prescriptions
- Up to \$250.00 for ambulance service.

PRESCRIPTIONS

- Medco prescription code on insurance card
 - Medco 80% discount is applied to the cost of each prescription
 - You pay 20% of the prescription cost at the Pharmacy

TAKE TO DOCTOR OR MEDICAL FACILITY EACH TIME YOU GO

- Copy of the Summary of Benefits
- Insurance card
 - Paper copy or hard copy
- Claim form

****BE SURE THE DOCTOR'S OFFICE 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, medical facility or insurance company anything you do not understand.
- If you do not understand the insurance correspondence, bring to the front desk in the SSC and we will help you.

BE SURE ALL DOCTORS OFFICES, MEDICAL FACILITIES AND THE INSURANCE COMPANY HAVE YOUR CORRECT ADDRESS

WHEN YOU LEAVE JLAB

- **Designate someone to receive your mail and take care of any medical bills**
 - **If you do not have anyone, please come to the International Services Office (SSC Rm. 45) BEFORE leaving the Lab.**

If you 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 YOU RECEIVE IN THE MAIL**
- **BE SURE TO TAKE ALL NECESSARY INFORMATION TO THE DOCTOR'S OFFICE OR MEDICAL FACILITY**
- **BE SURE EVERYONE HAS YOUR CORRECT MAILING ADDRESS**
- **DO NOT LEAVE JLAB WITHOUT DESIGNATING SOMEONE TO TAKE CARE OF YOUR UNPAID MEDICAL BILLS**