WHAT/WHO IS INTERNATIONAL EDUCATIONAL EXCHANGE SERVICES (IEES)?
IEES is a Third Party Administrator who administers your insurance policy and processes the medical claims for BCS Insurance Company. BCS is the insurance company who 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.

WHAT/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 24 hour medical help line, staffed by registered nurses and physicians. FrontierMEDEX Assistance Corporation, staffed with a highly trained multi-lingual staff, 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 INTERNATIONAL EDUCATIONAL EXCHANGE SERVICES (IEES)?
Call IEES if you have general inquiries regarding your medical benefits, eligibility, claim status or reimbursement issues. If IEES 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 IEES 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 Sickness or Injury.*
- In the event of a death due to a covered Sickness or Injury.*
- 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.
IN GENERAL, WHAT ARE THE POLICY BENEFITS?

Deductible per Sickness or Injury $0 (No deductible applies)
Maximum Medical Benefit per Sickness or Injury $500,000

(Eligible expenses incurred in your home country are limited to $10,000)
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*

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”.

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. OUTSIDE THE UNITED STATES YOU CAN PHONE FRONTIERMEDEX ASSISTANCE CORPORATION COLLECT 410-453-6330 FOR A REFERRAL. If you are within the United States and would like a referral to a doctor or healthcare facility, go to www.iees.com and select the “Search For Doctor/Hospital” option on the home page. Remember that it is your decision whether or not to visit a Hygeia/First Health medical provider and your benefits are not affected by your decision.

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.

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 IEES for consideration. 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, IEES prefers to deal with the medical providers directly whenever possible.

HOW CAN MY (OVERSEAS) MEDICAL PROVIDER CONTACT YOU?
The medical provider may place a call to IEES collect at 607-272-2707, fax 607-272-2703, email claims@iees.com, or they may call FrontierMEDEX collect at 410-453-6330 if IEES is closed. Usually, arrangements for direct payment to the medical provider are possible once we send a written letter confirming 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 DO I BUY PRESCRIPTIONS?
The IEES 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 IEES 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 would require an original bill, along with a completed claim form.

WHERE CAN I GET A CLAIM FORM?
You may obtain a form from the IEES website, www.iees.com, on the home page.

HOW DO I SUBMIT A CLAIM?
Complete the Claim Form and mail it to IEES 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 email 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 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 Injury: The claim form enables the claim examiner to determine where, when and how the injury was incurred.
2. Multiple Claims: Your benefits are based on a "per Sickness/per Injury" 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.

HOW LONG WILL IT TAKE FOR ME TO BE REIMBURSED?
If you have fully completed the claim form and there are no problems or questions that require additional information or follow-up with your doctor or medical service provider, payment should be processed within 5 to 10 business days. If there are questions, or if we require additional information, your payment will be delayed until those issues are resolved. However, if payment of your claim will be delayed, you will be notified. You will be provided with copies of all correspondence between IEES and the medical service providers.

WHY DOES IEES SOMETIMES 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. This is important as your claims are based on a per Sickness or Injury basis.

AM I COVERED FOR PRE-EXISTING CONDITIONS?
Yes, with the exception of congenital anomalies, eligible expenses incurred for treatment of a preexisting 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 an eligible Sickness or Injury with the exception of annual gynecological exams. Female participants are entitled to one gynecological exam per year (office exam, Pap smear and 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 an eligible Sickness or Injury of the eye(s).

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

AM I COVERED IN MY HOME COUNTRY?
This is a limited benefit. Eligible medical expenses incurred in your home country, most likely the United States, are covered up to a maximum of $10,000 per Illness per Injury. 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, illness, or pregnancy), this health insurance policy will cease upon withdrawal. If you withdraw from the study abroad program and return to the USA, 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 UCB GROUP POLICY, AND I REMAIN ABROAD (OUTSIDE MY HOME COUNTRY), CAN I PURCHASE AN INDIVIDUAL POLICY?
IEES does not sell individual policies. However, if you remain abroad, we have partnered with FrontierMEDEX and strongly recommend you purchase an individual policy such as the policies available through FrontierMEDEX at http://www.medexassist.com/Affiliates/AffiliateIndex.aspx?AffiliateID=1318. Please understand these individual policies do not cover you while you are in your home country.

I HAVE LOST MY ID CARD, WHAT SHOULD I DO?
You can download identification cards from our website, www.iees.com. We recommend that you keep the phone numbers for IEES and FrontierMEDEX Assistance Corporation in a safe place in addition to the actual insurance identification card.

CAN I SUBMIT ALL MY BILLS ONCE I RETURN TO MY HOME COUNTRY?
Yes, however, you must notify IEES of the claim within 90 days of occurrence. Only original receipts will be accepted and we recommend you keep photocopies for your records.