



Office for International Study

Supplemental Health Insurance Information for Students Studying on a Smith Program Abroad AY 2019-2020

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I. Student Injury and Sickness Insurance Plan

Take a copy of this description with you and leave a copy at home with your parents.

All students enrolled in a Smith College Program Abroad in Florence, Geneva, Hamburg and Paris are enrolled in the Study Abroad Supplemental Insurance Program made available through Smith College and serviced by Gallagher Student Health & Special Risk. Students will be covered through the Study Abroad Supplemental Insurance Program for the entire period of time that they are participating in their Study Abroad program. The claim form and the brochure describing the Study Abroad Supplemental Insurance Program follow this description.

If you have questions about your health benefits and insurance coverage while overseas, e-mail medassist-usa@axa-assistance.us

A. Paying for Medical Services While Abroad and Filing a Claim

Throughout Europe, it is almost always the case that you must pay for medical service at the time of the appointment. Smith College does not pay, nor is it responsible for, the cost of student medical care. You may, of course, discuss a medical issue with the director or the associate director of your program if you so choose, but neither the director nor the associate director can assist you with obtaining reimbursement of medical expenses. This is entirely your responsibility.

In exceptional cases, the College can provide students with financial assistance. Please contact the Office for International Study at Smith College for further assistance.

All amounts not covered by insurance—sums beyond policy limits, co-pays, etc.—remain the sole responsibility of the student.

Before leaving the doctor's office or pharmacy, obtain:

- A legible description of all health care services provided.
- A clearly legible invoice or receipt of payment.

When filing a claim for reimbursement you will need to include:

- A Claim Form (see page 5). If you borrow money from Smith to pay for the visit or service, you must give the Office for International Study address and Smith College as payee, and sign the bottom of the claim form authorizing direct payment to Smith. **If you paid the expenses yourself, give the US address to which your reimbursement check should be sent. Checks are only issued in dollars and must be sent to a US address.**
- An itemized description of services provided, along with a careful translation into English.
- A copy of your receipt or of the bill.

Submit your claim and documentation to:

Health Special Risk, Inc.
ATTN: College Claims for Smith College
4100 Medical Parkway
Carrollton, TX 75007
Phone: 1-800-328-1114
Email: smithclaims@hsri.com

Keep copies of all bills, prescriptions, promissory notes, and claim forms, in the event that your original claim is lost.

B. Claim Problems: Who to Contact and Information to Provide

For any and all difficulties regarding claims:

- From the US, call or contact Gallagher Student Health & Special Risk at 1-800-457-5599 and speak with a Customer Service Representative.
- From abroad, send an email to smithclaims@hsri.com and advise the recipient of:
 - Your name
 - Your student ID number
 - The name of your Smith Program Abroad (Florence, Geneva, Hamburg, or Paris)
 - The nature of the information you sent to Health Special Risk, Inc. (e.g. doctor statement and invoice for 100 € on such-and-such a date)
 - The date on which the claim was sent to Health Special Risk, Inc.
 - The nature of the problem
- If you cannot resolve the difficulty in this way, please ask to speak to Youness Seqqam (Youness_seqqam@ajg.com).

Reimbursement not received within 90 Days:

- If payment has not been received within 90 days of submitting a claim, or for other intractable problems, students should contact Youness Seqqam (Youness_seqqam@ajg.com).
- Include in your message precisely the same information listed above.

On-going Difficulty with Getting Reimbursement Claims Paid:

- If there still has been no response to a reimbursement claim, students should forward the original request to Youness Seqqam (Youness_seqqam@ajg.com).
- If no response is obtained after 10 business days after this, students should email the Five College Risk Manager, Stacie Kroll (skroll@mtholyoke.edu) and include copies of all previous communications and any other information that may be useful for resolving this matter.

C. Coordinating Supplemental Student Health Insurance Benefits

Students may be able to save substantially on health-care costs by studying the coverage offered through the Study Abroad Supplemental Health Insurance program and coordinating benefits with those of other policies they may hold.

- Before leaving home, understand any existing coverage you have, precisely what benefits apply while you are overseas, and how to access such benefits, especially those not provided by Gallagher Student Health & Special Risk.
- If you purchased an International Student ID card (ISIC), you have “emergency medical coverage” up to \$10,000, which you may use for out-patient care or emergency hospitalization, if necessary.
- All Smith students are also covered by a limited travel accident policy (AIG) that includes medical evacuation insurance up to \$100,000. In case of a serious injury that requires medical evacuation, the program director or associate director will assist you and your family to obtain this coverage.
- You should always use the coverage that will pay the most, and then use supplementary insurance to cover expenses not insured by your “primary” insurer.

Carry your Supplemental Health Insurance card at all times!

D. Medical expenses covered by the Study Abroad Supplemental Health Insurance plan

How the Medical Expense Benefit Works

If you are injured or become sick during your study abroad and require medical attention — such as treatment from doctors, hospitalization or need medication — this Plan can help protect you against the unexpected medical costs that may occur during your stay.

Policy Effective and Termination Dates

The policy effective and termination dates for the Smith Program Abroad correspond to the actual trip dates of the program.

Pre-Existing Conditions

This plan has a 6 month waiting period for a student who has a pre-existing condition. However, this limitation will not apply if the Covered Person: 1) has not received such treatment, care, diagnosis, advice, or symptoms were not manifested for 6 consecutive months while covered by the policy for such condition; or 2) has been covered by the policy for more than 6 consecutive months; or 3) was previously covered for such Pre-existing Condition under Creditable Coverage and such Creditable Coverage was continuous to a date less than 63 days prior to the effective date of coverage under the policy. In addition, this limitation will not apply to pregnancy and coverage provided to newborn and newly adopted children.

How to Extend Your Insurance Coverage

Insurance through the Smith College Study Abroad program only provides coverage for the actual dates of a specific program. If you plan to remain abroad after your program ends, Gallagher Student Health & Special Risk has partnered with Seven Corners, Inc. to provide comprehensive travel insurance for individuals traveling abroad for leisure purposes. This specifically designed plan will cover losses that your standard health insurance plan may not while traveling abroad. To enroll online, please visit: <https://www.gallagherstudent.com/students/leisure-travel/>.

1. Please fully complete this form
2. Attach itemized bills
3. Mail to: Health Special Risk, Inc.

Email: SmithClaims@hsri.com

ACE Travel Assistance Program
Toll Free (855) 327-1414
Direct Dial (630) 694-9764



HSR Plaza
 4100 Medical Parkway
 Carrollton, Texas 75007
 Telephone (972) 512-5600, Fax (972) 512-5820
 Toll Free 1-800-328-1114

Policy Name

Smith College

Policy Number

GLMN10893513

TO BE COMPLETED BY STUDENT

School Name: _____ Policy # _____

1. Student Name _____ Insurance ID Number _____ - _____ - _____ Date of Birth _____ - _____ - _____

2. Mailing Address _____
 Number _____ Street _____ City _____ State _____ Zip _____

3. Permanent Address _____
 Number _____ Street _____ City _____ State _____ Zip _____

4. Best Contact Phone Number, Including Area Code (____) _____ Email: _____

5. Gender ☐ Male ☐ Female 6. Patient Status ☐ Single ☐ Married

7. Is this claim for a dependent? ☐ Yes ☐ No If yes, give name _____
 Relationship _____ Date of Birth _____ - _____ - _____

8. Describe the conditions that caused this claim: (Select one and attach additional pages if needed): ☐ Illness ☐ Injury ☐ Death
 Date of Initial Treatment _____ - _____ - _____

9. Has the patient been treated for the above condition(s) in the last 6 months? ☐ Yes ☐ No
 If yes, give condition(s) treated for and date(s) of treatment _____

10. Is this claim the result of an accident? ☐ Yes ☐ No If yes, give date of accident _____ - _____ - _____
 Where did the accident occur? _____
 How did the accident happen? _____
 What country did the accident occur in? _____

11. Is this claim the result of a work related injury? ☐ Yes ☐ No

12. Is the patient covered for benefits (other than this policy) by any of the following?
☐ Yes ☐ No Any individual, Blanket or Short Term Medical Insurance?
☐ Yes ☐ No Group Health Benefits of any kind through an employer, spouse's employer or parent's employer?
☐ Yes ☐ No Coverage of medical care expenses provided through any Federal, State, Provincial, or other Government Agency?
 If any of the above apply, please complete the following:
 Through whom is your coverage provided? (i.e. parent, spouse, etc.) _____
 Name _____ Relationship _____
 Insurance Co. or Benefit Plan _____ Sponsor or Employer _____
 Insurance Co. Address _____ Sponsor Address _____
 Telephone (____) _____ Plan/Group Number _____ Sponsor Telephone (____) _____

I know it is a crime to fill out this form with facts I know are false or leave out facts I know are important. I certify that the information furnished by me in support of this claim is true and correct. I further acknowledge that I am legally obligated to pay for all medical expenses submitted for this claim in the absence of this health insurance plan.

☐ Issue reimbursement directly to Participating Organization _____

☐ Issue reimbursement directly to Insured (Proof of Payment must accompany this request)

I authorize medical payments to physician or supplier of service(s) described on any attached/enclosed statements.

SIGNATURE _____ **DATE** _____

I hereby authorize any insurance company, hospital, physician or other person who has attended or examined the claimant to disclose, when requested to do so, all information with respect to any injury, policy coverage, medical history, consultation, prescription or treatment, and copies of all hospital or medical records. A photo static copy of this authorization shall be considered as effective and valid as the original.

SIGNATURE _____ **DATE** _____

By entering your name above, you are signing this claim form electronically. You agree your electronic signature is the legal equivalent of your manual/handwritten signature on this claim form.

FRAUD STATEMENTS

FOR RESIDENTS OF ALL STATES OTHER THAN THOSE LISTED BELOW:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Alaska and Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false, incomplete or misleading information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may be prosecuted under state law.

Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas, Louisiana, Maryland, West Virginia & Rhode Island: Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Connecticut: This form must be completed in its entirety. Any person who intentionally misrepresents or intentionally fails to disclose any material fact related to a claimed injury may be guilty of a felony.

Delaware, Idaho, Indiana: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida: WARNING :Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Georgia: Any natural person who knowingly or willfully

1) Makes or aids in the making of any false or fraudulent statement or representation of any material fact or thing:

- a) In any written statement;
- b) In the filing of a claim; or
- c) In the receiving of money for an application for a policy of insurance for the purpose of procuring or attempting to procure the payment of any false or fraudulent claim or other benefit by an insurer;

2) Receives money for the purpose of purchasing insurance and converts such money to such persons own benefit;

3) Issues fake or counterfeit insurance policies, certificates of insurance, insurance identification cards, or insurance binders; or

4) Makes any false or fraudulent representation as to the death or disability of a policy or certificate holder in any written statement for the purpose of fraudulently obtaining money or benefit from an insurer commits the crime of insurance fraud.

Maine: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Michigan, North Dakota, South Dakota: Any person who knowingly and with intent to defraud any insurance company or another person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and subjects the person to criminal and civil penalties.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Nevada: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under state or federal law, or both, and may be subject to civil penalties.

New Hampshire: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico and Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon: Warning: Any person who knowingly, and with intent to defraud any insurance company or other persons files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, may be subject to prosecution for insurance fraud.

Tennessee, Virginia, Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Listed below are important instructions and comments about filing a claim.

YOUR CLAIM FORM

1. This claim form should be fully completed and submitted within 90 days from the date of injury. Be sure to answer and complete the section regarding “**OTHER INSURANCE STATEMENT**”, marking either yes or no, and signing the line for authorization, so that **HSR** and the doctors/hospital may communicate concerning your claim.

Incomplete claim forms are one of the most frequent reasons why claim payments are delayed.

2. Only one claim form for each accident needs to be submitted.
3. Once completed, make a photocopy for your records, and mail to the address shown below.
4. DO NOT assume that anyone else will mail this claim form to **HSR** for you.

YOUR BILLS

1. Please advise all doctors/hospitals regarding this coverage so they may forward us their itemized bills.
2. If you have already been to the doctor/hospital and did not know about this coverage, then please send all of the itemized bills to **HSR** at the address shown below.
3. The bills should include the name of the doctor/hospital, their complete mailing address, telephone number, the date you were seen by the doctor/hospital, what the doctor saw you for and the specific itemized charges incurred.
4. If this information is not on the bill when you send this in we will have to contact the doctor/hospital which will delay the review of your claim. “Balance Due” statements do not contain sufficient information to complete your claim.

If you have any questions, please contact Customer Service at (800) 328-1114. They are available from 8:00 a.m. thru 5:00 p.m. Central time, Monday – Friday. You may also forward any documents by fax to (972) 512-5820.

Health Special Risk, Inc.
4100 Medical Parkway
Carrollton, TX 75007

2019-2020 Smith College Study Abroad Summary of Benefits

Plan Benefits	Limits
Total Maximum per Covered Accident or Sickness	\$250,000
Deductible per Covered Accident & Sickness	\$0
Coinsurance Rate	100%
Pregnancy	100%
Mental Health	Inpatient: \$5,000 (45 Days Maximum) Outpatient: \$3,000 (20 Visits Maximum)
Pre-existing Conditions	6 Month Look Back
Prescription Drugs	Inpatient: 100% Outpatient: 80% up to \$2,500
Dental Injury & Pain Relief	\$250 Per Injury \$500 Maximum
Medical Evacuation	\$250,000
Emergency Reunion	\$3,000 Maximum \$300 per day 10 days
Repatriation of Remains	\$250,000
Security Evacuation	\$25,000
Trip Cancellation	\$1,500
Trip Interruption	\$1,500
Home Country Extension	\$5,000 \$0 Deductible 30 Days Maximum
Accidental Death & Dismemberment	\$25,000

Important Contact Information

Contact Gallagher Global Assistance 24/7 for: <ul style="list-style-type: none"> - Emergency medical or security assistance - To book a doctor's appointment or locate a specialist provider - General travel assistance questions 	1-866-693-6873 (Toll Free) GallagherGlobalAssistance@ajg.com  Insurance Risk Management Consulting
Reference Insurance Policy Number	GLMN10893513
24/7 Travel Assistance Information Portal	Visit www.gallagherglobalassistance.com Username: gallagherglobalassistance@ajg.com

	Password: ajgco Click on the Sign In button to create your personal account using an email and password of your choice.
If you paid for a medical bill out of pocket and need to be reimbursed	Health Special Risk HSR Plaza, 4100 Medical Parkway Carrollton, Texas 75007 Phone: 1-972-512-5600 or 1-866-523-3183 Email: Gallagher@hsri.com