



# Welcome Guide

for Students traveling on an Exchange Program in the USA

## Table of Contents

Introduction .....	3
Coverage Information for Medical Insurance .....	4
Schedule of Benefits .....	4
Main Exclusions .....	7
Sports Coverage .....	9
How to use your Insurance Plan .....	10
Pre-Authorization is required for Certain Services .....	11
Use an Urgent Care or Walk-In Clinic .....	12
All pre-existing Medical Conditions are excluded from Coverage under this Policy .....	12
Routine Health Checkups or Preventive Care are NOT covered under this Policy Plan .....	13
How to file a Claim? .....	13

## Introduction

*Dear Student,*

*You have been provided with an active travel insurance policy which is underwritten by KOOPERATIVA poisťovňa, a. s., Vienna Insurance Group and serviced by One Team Health (OTH).*

*Hereafter, you can find main relevant information of your insurance coverage as well as the procedures to follow in case you need to receive medical care or want to get a reimbursement of your claim.*

*Please contact OTH if you have any questions regarding your medical benefits, how to file a claim, or status of a claim you have filed.*

*Please, always have your insurance ID card with you either available on your phone or printed on paper! When going to visit a doctor or to the hospital, be sure to have access to your card so that you can show it to the medical representatives to proof coverage and benefit from direct billing.*

### Sample of your Insurance ID-Card:

 <p>PPO/NAP</p>  <p><b>LastName, FirstName (Date of Birth)</b></p> <p><b>aetna ID# 000xxxx21</b>      Member N° <b>12345678</b>  <b>aetna Group 863957-019-00100</b>      Contract N° <b>87654321</b></p> <p>Coverage Starts: <b>Aug 01, 2021</b> Ends: <b>Jun 20, 2022</b>  <b>Emergency room Co-Pay \$ 150 (waived if admitted)</b></p>	 <p><b>One Team Health - 24 Hour Assistance Line:  Member Services / Eligibility /  Benefit Verification / Pre-Authorization</b></p> <p><b>U.S./Canada Toll-free: +1.888-387-0040</b>  <b>Worldwide Collect: +1.905-907-0074</b>  <b>Email: oneteamhealth@dhig.net</b></p> <p><small>Prior to seeking Medical Services, please contact One Team Health Assistance.  Failure to contact Assistance line within 48 hours after emergency services, may result in a reduction in benefits.</small></p> <hr/> <p><b>Claims Submission</b>  <small>ONE TEAM HEALTH</small>  Mail: PMB 309-266 Elmwood Ave.  Buffalo, NY, 14222  email: othclaims@dhig.net</p> <p><b>AETNA Providers mail to:</b>  (U.S. Aetna Providers Only)  P.O. Box 981543 El Paso, TX 79998-1543  EDI Payor ID# 60054  Aetna Provider Inquires +1.800.414.0596</p> <p style="text-align: center;"><b>THIS CARD DOES NOT GUARANTEE COVERAGE</b></p>
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## Coverage Information for Medical Insurance

The following table provides only a summary of your insurance plan.

To access your complete insurance information, including the general insurance conditions, exclusions, and any important contact information, please login to your personal insurance portal at: [www.avi-international.info](http://www.avi-international.info)

To create your personal account upon first login, click on “create your account” and follow the instructions.

If you have already created your account, please log in with your email address and password.

### Schedule of Benefits

*"Paid in full" below means that relevant expenses shall be paid or reimbursed within the Sum Insured, under conditions that such expenses are Usual, Customary and Reasonable, and relevant Treatment is Medically Necessary.*

*Amounts below mean limits of possible reimbursement of actual costs paid / expenses incurred under relevant items, under condition that such costs/expenses are Usual, Customary and Reasonable, and relevant Treatment is Medically Necessary.*

*Number of visits/days/nights means that the reimbursement shall be based on the actual number of visits/days/nights, but no more than the number of visits/days/nights indicated below.*

*A "ticket" means a 1<sup>st</sup> class train ticket or an economy flight ticket.*

#### Section 1. Medical & Transportation Benefits

Sum Insured per Insured Person per year	€ 1,000,000 (reduced to € 100,000 for Leisure Sports & Other Activities specified in Appendix 2)
<p><b>In-patient and Out-patient Medical Treatment</b> (other than that specified in other sections of this Table of Benefits)</p> <ul style="list-style-type: none"> <li>• Doctor's consultations</li> <li>• Semi-private room at Hospital &amp; Board</li> <li>• Intensive Care/Cardiac Care Unit/Emergency Room/Recovery Room</li> <li>• Anesthesia and Hospital Miscellaneous Expense</li> <li>• Surgeon and Assistance Surgeon: Inpatient or Outpatient</li> <li>• Pre-Admission Testing</li> <li>• Day Surgery Miscellaneous</li> <li>• Diagnostic X-Ray and Lab, MRT/CT.</li> <li>• Ambulance (ground or air transportation)</li> <li>• Medical materials (bandages/surgical dressings, casts, plaster etc.)</li> <li>• Prescription drugs (except remedies available "over-the-counter" e.g., cold remedies, vitamins, etc.)</li> </ul>	<p>paid in full unlimited number of treatments</p> <p>The following is applicable in the US only: \$ 150 deductible when utilizing a hospital emergency room for non-emergency care (by the patient's request)</p> <p>€60 deductible per outpatient visit</p>

<b>Treatment of a Chronic Disease</b> (whether Pre-Existing or first ever diagnosed while this insurance is in force), or treatment of any Pre-Existing Condition: <ul style="list-style-type: none"> <li>Covered only if the disease/condition suddenly turns to an acute stage or results in a complication</li> </ul>	€ 25,000 only for pain relief and medical manipulations to eliminate immediate threat to the patient's life
<b>Treatment of a Mental Illness</b> Benefit depending on the length of the insurance period <ul style="list-style-type: none"> <li>less than 3 months</li> <li>3-6 months</li> <li>more than 6 months</li> </ul>	<ul style="list-style-type: none"> <li>not covered</li> <li>€ 300</li> <li>€ 600</li> </ul>
<b>Rehabilitation, Physiotherapy &amp; Chiropractic</b> Benefit depending on the length of the insurance period <ul style="list-style-type: none"> <li>less than 3 months</li> <li>3-6 months</li> <li>more than 6 months</li> <li>Following an accident</li> </ul>	<ul style="list-style-type: none"> <li>€ 200</li> <li>€ 200</li> <li>€ 400</li> <li>paid in full</li> </ul>
<b>Emergency Dental (Pain Relief)</b> Benefit depending on the length of the insurance period <ul style="list-style-type: none"> <li>less than 3 months</li> <li>3-6 months</li> <li>more than 6 months</li> </ul>	<ul style="list-style-type: none"> <li>€ 200</li> <li>€ 400</li> <li>€ 800</li> </ul>
<b>Dental Accident Benefit</b> (including orthodontic treatment), if a sound natural tooth is broken as a result of an Accident including an Accident when taking a Journey to the Home Country)	€ 440 per tooth / € 1,300 per claim
<b>Optical expenses (glasses/lenses) necessitated as a result of an accident</b>	€ 420
<b>Emergency Medical Evacuation</b>	paid in full
<b>Transport of Mortal Remains</b> <ul style="list-style-type: none"> <li>Cost of coffin</li> </ul>	paid in full <ul style="list-style-type: none"> <li>€ 2,000</li> </ul>
<b>Presence of a close contact person in the event of death</b>	<ul style="list-style-type: none"> <li>round trip ticket for 1 person: € 2,500</li> <li>accommodation: € 75 per night, 14 days</li> </ul>
<b>Emergency Reunion:</b> benefit depending on the length of hospitalization <ul style="list-style-type: none"> <li>hospitalization &gt; 3 days</li> <li>hospitalization &gt; 7 days</li> </ul>	<ul style="list-style-type: none"> <li>round-trip ticket for one person: € 2,500 Accommodation: € 75 per night per person, 15 days</li> <li>round-trip ticket for two persons: € 5,000 accommodation: € 105 per night for two persons, 15 days</li> </ul>
<b>Extension of stay due to the medical condition of the Insured person</b>	€ 150 per night, 10 days
<b>Extension of stay of the accompanying person due to the medical condition of the insured person</b>	€ 150 per night, 10 days
<b>Return Home after stabilization of condition</b>	paid in full, one-way economy ticket
<b>Return of a person accompanying the insured person</b>	paid in full, one-way economy ticket
<b>Sending necessary medicines not available in the host country</b>	costs for shipping

<b>Sending a doctor to insured person's location abroad</b>	paid in full
<b>Emergency Return to Home Country:</b> benefits depending on the length of the insurance period <ul style="list-style-type: none"> <li>• Less than 5 months</li> <li>• 5 or more months</li> </ul>	<ul style="list-style-type: none"> <li>• one way ticket</li> <li>• round trip ticket</li> </ul> in any case, maximum € 10,000
<b>COVID-19</b> <ul style="list-style-type: none"> <li>• PCR virus detecting test for COVID-19 if prescribed by the doctor in case of confirmed symptoms;</li> <li>• treatment of COVID-19 infection, including hospitalization and medication;</li> <li>• local transportation and medical evacuation costs, if allowed by the local authorities and if specialized transportation facilities available; and</li> <li>• any resulting complications.</li> </ul> <b>Exclusions:</b> <ul style="list-style-type: none"> <li>• rapid antibody testing (e.g., population screening tests for use by health authorities to monitor herd immunity);</li> <li>• tests undergone by the insured person without doctor's prescription;</li> <li>• tests requested by the authorities to be taken by people crossing the country's borders (e.g., PCR tests)</li> </ul>	Subject to sublimits established in other sections of the Table of Benefits

## Section 2. Accidental Death & Dismemberment

<b>Accidental Death</b>	€ 15,000
<b>Accidental Dismemberment</b>	up to € 100.000, depending on the severity of dismemberment

## Section 3. Travel Assistance

<b>Assistance in case of loss or theft of personal documents abroad</b> <ul style="list-style-type: none"> <li>• Advice on actions and procedures needed to minimize personal damage and to receive duplicates of lost documents, sending messages and requests</li> <li>• Cash advance</li> </ul>	<ul style="list-style-type: none"> <li>• paid in full</li> <li>• € 1,000</li> </ul>
<b>Reimbursement of costs of replacement of personal documents</b>	€ 200
<b>Transmission of urgent messages abroad</b>	paid in full
<b>Legal Assistance</b> <ul style="list-style-type: none"> <li>• Advance of bail</li> <li>• Legal fees</li> </ul>	<ul style="list-style-type: none"> <li>• € 7,500</li> <li>• € 3,000</li> </ul>
<b>Search and Rescue costs</b>	€ 2,000 per person € 15,000 per event concerning several Insured members
<b>Transportation delay by more than 24 hours</b>	€ 70 per every complete day of delay (24 hours) / Maximum € 420

#### Section 4 Baggage Insurance

<b>Lost, stolen, or damaged baggage</b> <ul style="list-style-type: none"> <li>• Non-valuable items</li> <li>• Valuable and precious items</li> </ul>	€ 3,000 <ul style="list-style-type: none"> <li>• € 350 per item</li> <li>• € 700 per item</li> </ul>
<b>Baggage transportation delay by more than 24 hours</b>	€ 200 per person € 1,000 per event concerning several Insured members

#### Section 5. Liability Insurance

<b>Sum Insured per Insured Person (all lines combined)</b>	<b>€ 500,000</b>
<b>1. Personal Injury, Property Damage</b>	paid in full
<b>2. Legal Expenses, Defence and Legal Action</b>	€ 20,000 per dispute with an intervention threshold of € 380

## Main Exclusions

*This is only part of the exclusions under the policy plan. For the full list of exclusions please, refer to the policy document provided to you upon enrollment.*

1. Any Pre-Existing Condition(s);
2. Charges for Treatment which is not Medically Necessary;
3. Charges provided at no cost to You;
4. Charges for Treatment which exceeds Reasonable and Customary Charges;
5. Charges incurred for Surgery or Treatments which are Experimental/Investigational, or for research purposes;
6. Services, supplies or Treatment, including any period of Hospital confinement, which were not recommended, approved and certified as Medically Necessary and reasonable by a Doctor;
7. Suicide or any attempt thereof, self-destruction, self- inflicted or attempt thereof while sane or insane (may vary by state of residence);
8. Injury sustained while participating in professional athletics, including but not limited to the event, games, practice, conditioning and any other activity related to professional athletics;
9. Routine physicals, immunizations or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or x-ray examinations, including vaccinations, expenses for glasses, contact lenses, hearing-aids, prosthesis, and artificial limbs.
10. Services, Supplies, or Treatment prescribed, performed or provided by a Relative of You or any Family Member of You or anyone who lives with the You. This includes, but is not limited to, prescription medication and any diagnostic testing;
11. Elective Surgery which can be postponed until the You returns to their Home Country, where the objective of the trip is to seek medical advice, Treatment or Surgery;

12. Treatment and the provision of false teeth or dentures or dental appliances, normal ear tests and the provision of hearing aids, hearing implants, dental expenses except as specifically provided in the Dental benefit;
13. Eye surgery, eye refractions, eye examinations, eye glasses, contact lenses, unless the result of Treatment for complications of a covered Accidental Injury incurred during the You's Insurance Period;
14. Cosmetic or plastic surgery (including deviated nasal septum), unless the result of Treatment for complications of a covered Accidental Injury incurred during the You's Insurance Period up to the maximum benefit limit;
15. Treatment in connection with alcohol, drug or chemical abuse, misuse, illegal use, overuse or dependency or use of any drug or narcotic agent; Injury sustained while under the influence of or Disablement due wholly or partly to the effects of intoxicating liquor, chemicals, or drugs or narcotic agent, unless administered under the advice of a Doctor and said narcotic agent was taken in accordance with the proper dosing as directed by the Doctor, unless otherwise covered under this Policy;
16. Injury sustained or Disablement due wholly or partly to the effects of intoxicating liquor or drugs other than drugs taken in accordance with the proper dosing as directed by a Doctor;
17. Any Mental and Nervous disorders or rest cures, unless otherwise covered under this Policy;
18. Epidemic, pandemic, unless otherwise stipulated by Table of Benefits;
19. Expenses as a result of, or in connection with, intentionally self-inflicted Injury or Illness;
20. Medical expenses as a result of, or in connection with, the commission of a criminal/illegal offense;
21. Emergency Medical Evacuation arising out of any Illness or Injury while on a lake/river/sea/ocean vessel;
22. Pregnancy or Illness resulting from pregnancy, childbirth, or miscarriage; or for miscarriage resulting from an Accident or complications of pregnancy; or for postnatal care, unless otherwise covered under this Policy;
23. Drug, Treatment or procedure that either promotes or prevents conception, or prevents childbirth, including, but not limited to: artificial insemination, Treatment for infertility or impotency, sterilization or reversal thereof;
24. Injury sustained as the result of Your operating a Motor Vehicle while not properly licensed to do so in the jurisdiction in which the Motor Vehicle Accident takes place;
25. Expenses incurred for which the trip to the Host Country was undertaken to seek Medical Treatment for a condition;
26. Covered Expenses incurred during a trip after Your Doctor has limited or restricted travel;
27. Loss or damage (including death or Injury) and any associated cost or expense resulting directly from the discharge, explosion or use of any device, weapon or material employing or involving nuclear fission, nuclear fusion or radioactive force, or chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act regardless of any other cause or event contributing concurrently or in any other sequence thereto;
28. Any Treatment for sexually transmitted diseases and any related conditions or Illnesses whether Pre-Existing or diagnosed during or immediately after a covered period under this Policy, sex change operations, or for Treatment of sexual dysfunction or sexual inadequacy;
29. Expenses resulting from Acquired Immune Deficiency Syndrome (AIDS), Aids-Related Complex (ARC) or the Human Immunodeficiency Virus (HIV).

30. Treatment required as a result of complications or consequences of a Treatment or condition not covered hereunder;
31. Charges for travel accommodations, except as provided for in the Emergency Medical Evacuation/Repatriation, Return of Mortal Remains, or Emergency Medical Reunion benefits;
32. Diagnosis or Treatment incurred as a result of exposure to non-medical nuclear radiation and/or radioactive materials;
33. Diagnosis or Treatment for acne, moles, skin tags, disease of sebaceous glands, seborrhea, sebaceous cyst, unspecified disease of the sebaceous glands, hypertrophic and atrophic conditions of skin, nevus;
34. Treatment, Services or Supplies that are not administered by or under the supervision of a Doctor and products that can be purchased without a Doctor's prescription; and/or
35. Treatment of sleep apnea or other sleep disorders;
36. Hernia of any kind;
37. Injury sustained while You are riding as a passenger or driver in any aircraft (a) not having a current and valid airworthy certificate; and (b) not piloted by a person who holds a valid and current certificate of competency for piloting such aircraft;
38. Being under the influence of alcohol or having taken drugs or narcotics unless prescribed by a legally qualified Doctor or Surgeon;
39. While riding or driving in any kind of competition;
40. Abortion

## Sports Coverage

Injuries resulted from practicing of certain sports while on your program are covered under this plan.

**For detailed information of this benefit and a list of covered sports please refer to the policy document.**

## How to use your Insurance Plan

### If you become ill or injured: How to find a medical provider within the Medical Network?

Your policy gives access to the Aetna Passport to Healthcare Network. Medical providers who belong to this network are considered preferred providers and have a contract with your policy's administrator to bill them direct for services rendered to their participants. This means for eligible expenses under your policy, a preferred provider will bill One Team Health (OTH) direct at the time of service and you don't have to pay upfront for it.

You are only responsible for any deductible or copayment.

You can search for a preferred network provider (Urgent care clinic or Walk-In clinic) yourself via the link below:

[Provider Search - Home \(aetna.com\)](#)

### To find a provider on the website, you need to:

- Enter your location where you need medical care
- Select "Primary PPO Network" first, if you don't find an appropriate provider, select "Secondary PPO Network"
- Enter the type of care you look for; or
- Search per category

OTH can also help you find a provider in the preferred provider organization (PPO) network (Aetna) in the United States.

You can contact OTH under the following contact details:

### OTH 24/7 Customer Service:

US Toll-Free Phone line: 1.888.387.0040



## Pre-Authorization is required for Certain Services

The following treatments and/or supplies must always be pre-authorized.

Failure to Pre-Authorize may result in 50% reduction of eligible expenses up to €1,000 maximum penalty:

- In-Patient Hospitalization
- Outpatient Surgery
- All CAT scans, MRIs, PET Scans
- Air Ambulance (this service will be coordinated by the underwriter's Air Ambulance Provider)
- Specialty Treatments and Highly Specialized Drugs
- Physical Therapy and Rehabilitation Services

**Please submit a completed Pre-Authorization Request Form to OTH a minimum of 5 business days prior to the scheduled procedure or treatment date.**

For more information, please call OTH Customer Service at: 1.888.387.0040

In case of Medical Emergency, no pre-authorization is required. However, medical emergency notifications must be received within 48 hours of the admission or procedure.

Please, be aware that you will be responsible to pay €60 out of pocket for each outpatient visit.

**Don't use an Emergency Room (ER) unless you are having a serious or life- threatening medical problem!**

**Unless you have a life-threatening illness or injury, OTH requires that you contact them for triage prior to seeking medical care.**

Services rendered in the emergency room are extremely expensive in the USA, so you need to carefully determine whether or not it is appropriate to go there for treatment. Do not go to the ER only because it is the only place open or for treatment of a minor illness or injury. There are alternatives to the ER. In fact, if you go to the ER for a non-serious condition, be prepared to wait a very long time as patients with more serious conditions will take priority. In addition, if you are not admitted to the hospital, you will be billed a \$150 copayment in addition to any applicable deductible or co-insurance. Go to the emergency room only for serious or life-threatening conditions such as: uncontrolled bleeding, difficulty breathing, severe burns, slurred speech, chest pains.

## Use an Urgent Care or Walk-In Clinic

The alternative to the ER is an Urgent Care Center sometimes referred to as either Walk-In Clinics or Convenient Care. Urgent Care is for same day treatment, but it is not for serious or life-threatening conditions. If the condition you have is one that you would normally visit your doctor's office, then you should go to Urgent Care instead of the ER although Urgent Care is not intended for routine preventive care. Urgent Care has extended hours and is open weekends and some holidays. No appointment is necessary although you do want to visit one in network if possible ([Provider Search - Home \(aetna.com\)](#))- and select Passport to Healthcare Primary PPO Network or call OTH Customer Service at 1.888.387.0040.

Go to Urgent Care for non-emergency conditions such as:

- Sore throat, Common Cold or Respiratory Infections
- Ear pain, Eye or Skin Infections
- Allergies
- Painful urination
- Vomiting
- Minor injury (sprains/strains)
- Minor broken bones (such as hand, fingers, foot, toes).

## All pre-existing Medical Conditions are excluded from Coverage under this Policy

Pre-Existing Condition means any medical condition, sickness, Injury, Illness, disease, Mental Illness or Mental Nervous Disorder, regardless of the cause including any Congenital, chronic, subsequent, or recurring complications or consequences related thereto or resulting therefrom that with reasonable medical certainty existed at the time of application, whether or not previously manifested, symptomatic, known, diagnosed, treated, or disclosed. This specifically includes, but is not limited to, any medical condition, sickness, Injury, Illness, disease, Mental Illness or Mental Nervous Disorder, for which medical advice, diagnosis, care or treatment was recommended or received or for which a reasonably prudent person would have sought treatment whenever before the Policy Effective Date and any medically recognized complication or recurrence of a medication condition including, but not limited to, follow-up exams, investigations, medications, change of type of medication or change of dosage of medication, and in general all medical and laboratory exams, x-rays, etc. related to such condition. Pre-Existing Conditions are not covered under this Policy, except for Emergency Treatment.

## Routine Health Checkups or Preventive Care are NOT covered under this Policy Plan

This policy is only intended to cover you for an eligible illness or injury which you incur during your program. The policy does not provide any coverage for routine care such as annual gynecological exams, school or sports physicals, or immunizations.

### How to file a Claim?

For submitting a claim with us please, make sure to fill in the claim form provided on your personal insurance portal at: [www.avi-international.info](http://www.avi-international.info)

Send the completed claim form on the provided email of OTH: [othclaims@dhig.net](mailto:othclaims@dhig.net)

*You can also request the claim form document by contacting OTH at:*

**OTH 24/7 Customer Service:**

US Toll-Free Phone line: 1.888.387.0040; or

Email: [othclaims@dhig.net](mailto:othclaims@dhig.net)

