

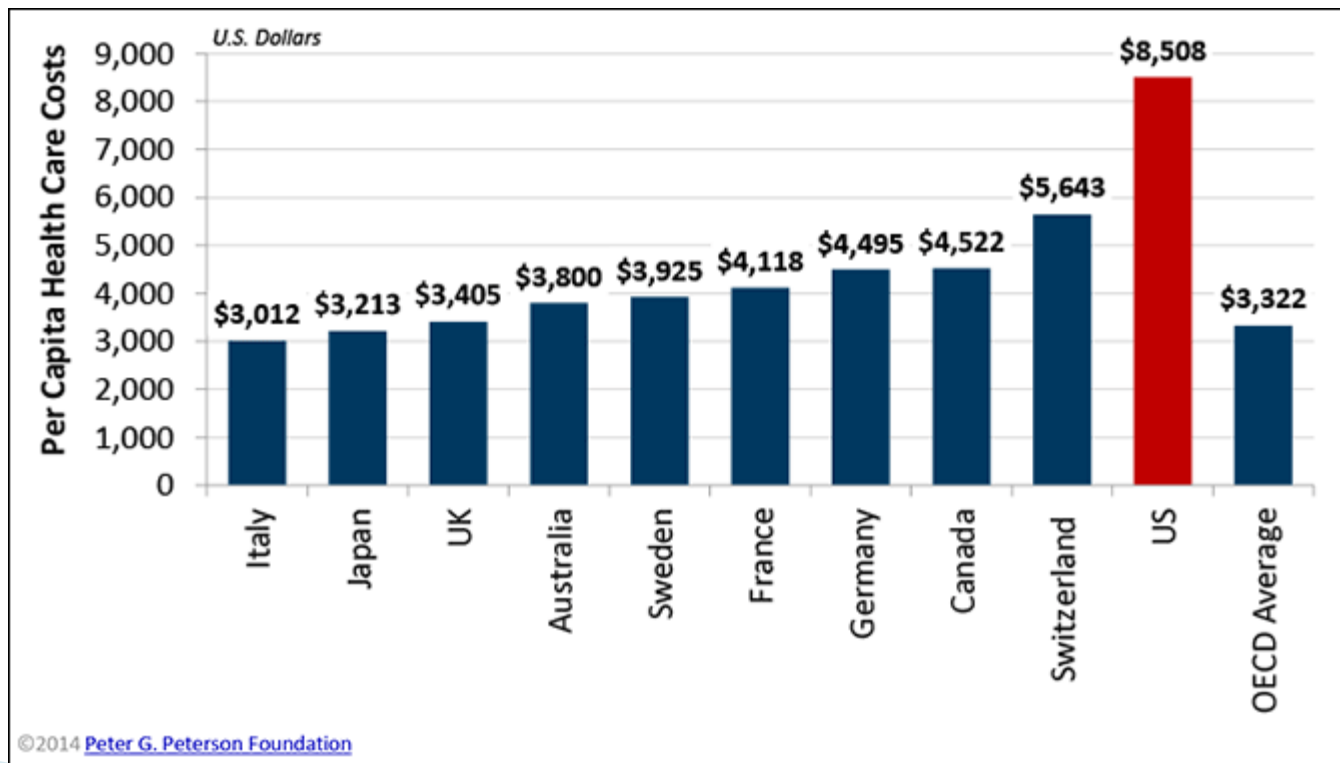


# International Student Insurance



# Why Do I Need Health Insurance?

- ▶ Healthcare spending per person in the US is higher than most developed countries



# International Student Protection

- ▶ Park University has partnered with ISP to provide accident and sickness insurance for Park's international students and international student athletes.

# Important Terms


- ▶ **Deductible**: The dollar amount of Covered Expenses that must be incurred by you for each accident or sickness before the insurance plans pays benefits
- ▶ **Co-insurance Rate**: The percentage of the total charge after the deductible is met that is split between you and the insurance company
- ▶ **Copay**: The amount you are responsible for paying for emergency room visits and prescriptions

# Important Terms

- ▶ **Maximum per Accident or Sickness:** The maximum dollar amount the insurance will pay for each condition → \$500,000

# Insurance Portal


- ▶ Most of the information you will need regarding your plan will be found here:



PARK UNIVERSITY <sup>SM</sup>


Accident & Sickness Insurance Program for International Students

<a href="#">Print certificate of coverage for International Students</a>	<a href="#">Print Certificate of Coverage for International Student Athletes</a>
<a href="#">View Brochure for International Students</a>	<a href="#">View Brochure for International Student Athletes</a>
<a href="#">Find a Medical Provider</a>	<a href="#">Reprint ID Card</a>
<a href="#">Claim Form</a>	<a href="#">Rx Reimbursement</a>
<a href="#">Claim Status</a>	<a href="#">FAQ</a>



ACI  
ADMINISTRATIVE CONCEPTS, INC.

If you are having trouble opening or reading the above forms then you may need to upgrade your Adobe PDF reader. This link will direct you to the download site.



# Insurance Portal

<http://info.visit-aci.com/park/>

**Via the insurance portal, you can:**

- ▶ Print Certificate of Coverage
- ▶ View Plan Brochure
- ▶ Find a Medical Provider
- ▶ Reprint ID Card
- ▶ Download Claim Forms
- ▶ Create Online Account & View Claims
- ▶ Find Answers to Common Questions (FAQ's)

# How do I use the insurance?

- ▶ As an international student at Park you are automatically enrolled into the insurance plan.
- ▶ When you are enrolled into the plan you will receive an email prompting you to download your ID card.
- ▶ You will also receive a plastic ID card in your mailbox. If you did not have a US address when you were enrolled, the ID card was sent to the international office.



# Insurance ID Card

IMPORTANT NEW INFORMATION  
...ABOUT YOUR ACCIDENT & SICKNESS INSURANCE AND PRESCRIPTION DRUG BENEFITS

#### CERTIFICATE OF INSURANCE

Provides a description of your plan benefits. The certificate was issued under separate cover.

#### UNDERSTANDING YOUR BENEFITS

Your student insurance application and premium have been received. Be sure to keep the certificate, your INSURANCE ID CARD and this IMPORTANT INFORMATION INSERT for future reference. Read your insurance certificate carefully so that you will know the benefits to which you are entitled. If after review of the certificate you still have questions concerning coverage, call Administrative Concepts, Inc. at (888) 293-9229.

#### ENROLLMENT VERIFICATION AND ELIGIBILITY

Your effective dates of coverage are contingent upon the payment of any premium due. Your insurance coverage will not renew automatically.

#### HOW TO RECEIVE TREATMENT

In the absence of a medical emergency, your primary contact for treatment should be the Student Health Service.

#### PRESCRIPTION DRUG BENEFITS

Your student insurance program includes a benefit for prescription medicines. This benefit is administered by Express Scripts, a nationwide pharmacy network. To use the benefit, go to a participating pharmacy, present your ID Card and pay the co-payment (per prescription or refill). A partial list of national chain network pharmacies includes:

A&P Acme Costco CVS Drug Emporium Duane Reade Eckerd Farmco Giant Grand Union  
K Mart Medicine Shoppe Pathmark Rite Aid Target Thriftway Wal Mart

To inquire about your prescription drug benefit or to access a more complete list of network pharmacies call 800-400-0136. Have your group and member numbers from your ID Card handy.

#### HOW TO SUBMIT HOSPITAL AND PHYSICIAN CLAIMS

You must submit a completed claim form for any benefits to be paid. Claim forms can be obtained by going online at [www.visit-aci.com](http://www.visit-aci.com) or calling (888)293-9229. Be sure to complete the form in its entirety. Failure to do so will result in a delay in claim payment. Allow two weeks for claim processing. If you receive correspondence from the claim office, please respond promptly. Notification of injury or sickness must be provided within 30 days after the date of accident or commencement of sickness. Bills must be submitted within 90 days of treatment.

#### TRAVEL ASSISTANCE PROGRAM

Employer: ISP PLAN  
Policy Number: 123456789  
Assistance Provider: Europ Assistance USA  
Europ Assistance provides emergency medical and travel services and pre-trip information services. Please call when:

- \* You require a referral to a hospital or doctor
- \* You are hospitalized
- \* You need to be evacuated or repatriated
- \* You need to guarantee payment for medical expenses
- \* You experience local communication problems
- \* Your safety is threatened by the sudden occurrence of a political or military event

INSTANT ACCESS TO CLAIM INFORMATION ON THE INTERNET: GO TO [WWW.VISIT-ACI.COM](http://WWW.VISIT-ACI.COM) & CLICK ON "CLAIM STATUS"

Prescription Drug Benefits Rx  
Group# ABC123  
Rx Bin# 610014  
Member ID#: ABCD00123456



For pharmacy locations and questions about your prescription drug coverage, call 800-400-0136 or visit [www.express-scripts.com](http://www.express-scripts.com).  
Pharmacy Contact Help Desk: 800-922-1557.

Co-Payment Per Prescription for Prescription Drugs:  
\$25-Generic \$50-All Others

#### Accident and Sickness Benefits

Effective: 7/1/2014 Term: 12/31/2014  
Policy: 123456789

#### Your School Name

John Sample  
123 Your Street  
Your City, PA 19087

#### INSURANCE COMPANY

MAIL MEDICAL  
CLAIMS TO: ADMINISTRATIVE CONCEPTS, INC.  
994 OLD EAGLE SCHOOL ROAD, SUITE 1005  
WAYNE, PA 19087-1802 PH: 888-293-9229  
EDI PAYOR ID# 22384

ONLINE CLAIM STATUS: [WWW.VISIT-ACI.COM](http://WWW.VISIT-ACI.COM)



For access to physician referrals and provider lists, call 800-672-2140 or visit [www.multiplan.com](http://www.multiplan.com).

#### TRAVEL ASSISTANCE PROGRAM

1-855-806-6180 (Inside the USA and Canada)  
1-240-330-1463 (Outside the USA and Canada Call Collect)  
Email: [OPS@europassistance-usa.com](mailto:OPS@europassistance-usa.com)

# How do I use the insurance?

- ▶ If you need medical treatment, you should visit a doctor within the MultiPlan Network
  - You can search for participating doctors via the insurance portal
- ▶ The office staff will ask you for your insurance card
- ▶ If you a clinic or doctor within the MultiPlan network, the doctor should bill the insurance company directly for your visit. You should not have to pay at the time of your visit.
- ▶ You will then receive 2 items in the mail
  - Explanation of Benefits from the claims administrator (ACI)
  - Bill from the doctor's office for any balance you owe

# How do I use the insurance?

- ▶ You will need to complete a claim form for EACH ACCIDENT or SICKNESS
  - You can do this through your online account, by email, fax, or mail to:

**Mailing address:**

Administrative Concepts, Inc.

994 Old Eagle School Rd

Suite 1005

Wayne, PA 19087

Fax: 1.610.293.9299

Email: [aciclaims@visit-aci.com](mailto:aciclaims@visit-aci.com)


- ▶ Once all the information has been received, your claim should be processed within 30 days
- ▶ Sometimes, additional information is requested from you. This will be indicated on the “EOB” that you receive. You can also check your claims status online. It is important to provide the information requested in a timely manner to make sure that your claim gets processed.

# Claim Form (Page 1)

Complete this section with your information

Complete the left side for an accident/injury **OR** the right side for a sickness

Sign and date



**MAIL TO:**  
**Administrative Concepts, Inc.**  
 994 Old Eagle School Road  
 Suite 1005  
 Wayne, PA 19087-1802  
 www.visit-acl.com

**BOTH SIDES OF CLAIM FORM  
 MUST BE COMPLETED AND  
 RETURNED WITH ITEMIZED  
 BILLS WITHIN 30 DAYS.**

**EDI PAYOR ID# 22384**

-PLEASE PRINT ALL INFORMATION-  
**PARTS I & II MUST BE COMPLETED AND SIGNED BY STUDENT**

Name of Group, City and State _____	Graduate <input type="checkbox"/> Domestic <input type="checkbox"/> Undergraduate <input type="checkbox"/> International <input type="checkbox"/>	Policy Number _____	Birth Date _____
Insured Member's Name LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____		MEMBER ID# _____	PHONE # _____
Present Address NO. AND STREET _____ CITY OR TOWN _____ STATE _____ ZIP CODE + 4 _____			
Home Address NO. AND STREET _____ CITY OR TOWN _____ STATE _____ ZIP CODE + 4 _____			
If claim for dependent, give dependent's name _____ relationship to insured _____ Age _____			

COMPLETE THIS SECTION FOR ACCIDENT CLAIM	COMPLETE THIS SECTION FOR SICKNESS CLAIM
Nature of Injury (Describe fully, including which part of body was injured.) _____	Date of Sickness _____
Describe How, When and Where Accident Occurred (include Date and Time) _____	Date symptoms first noticed _____
Was the injury due to practice or play of a sport? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the exact nature of the sickness _____
Which Sport? <input type="checkbox"/> Intercollegiate <input type="checkbox"/> Intramural <input type="checkbox"/> Club <input type="checkbox"/> Other	If pregnancy, date of last menstrual period _____
Is condition work related? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had the same or similar condition? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is condition due to auto accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date of first treatment _____
If yes, please attach detailed policy information on all motor vehicles involved in accident.	Date of last treatment _____
Were you treated in the Health Service for this condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you treated in the Health Service for this condition? <input type="checkbox"/> Yes <input type="checkbox"/> No
Seen by: _____ Date: _____	Seen by: _____ Date: _____
If your claim is for services outside of the Health Service, were you referred? <input type="checkbox"/> Yes <input type="checkbox"/> No	If your claim is for services outside of the Health Service, were you referred? <input type="checkbox"/> Yes <input type="checkbox"/> No
If not, why? _____ Away from school _____ For what reason: _____	If not, why? _____ Away from school _____ For what reason: _____

Administrative Concepts, Inc. does not share private health information except as required or permitted by law.  
 We are committed to guarding the private information entrusted to us.

**PAYMENT WILL BE MADE TO THE PROVIDERS OF SERVICE, UNLESS A PAID RECEIPT IS ATTACHED AT THE TIME OF SUBMISSION.**

To any medical care provider, medical care facility, insurer, government-sponsored health plan, or employer: I authorize the release of any medical information about me to Administrative Concepts, Inc. or the underwriting company. This applies to all information about the diagnosis, treatment, or prognosis of any illness or injury I now have or have had in the past. The Company will use this information to determine if my claim is eligible. Any information obtained will not be released by the Company except to my primary health insurance carrier (if any) or persons or organizations performing investigative or legal services for the Company in connection with my claim. A copy of this authorization shall be considered as effective and valid as the original and shall remain in effect for one year from the date of authorization. I certify that the information given by me in support of my claim is true and correct.

Patient's or Authorized Representative's Signature _____	Date _____
If Authorized Representative, Relationship to Patient _____	
or Legal Designation _____	
STREET _____	CITY _____ STATE _____ ZIP CODE + 4 _____

# Claim Form (Page 2)


Complete, sign, and  
date

PART II	
Please Print All Information	
Have you been covered (as an insured or dependent) by any other hospital and/or medical plan for the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, indicate the name and address of the company _____	
Effective date of coverage: _____	Expiration date: _____
Policy No. _____	
Have you filed a claim with any other insurance company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I hereby certify that the above information given by me in support of this claim is true and correct.	
Patient's or Authorized Representative's Signature _____	Date _____
If Authorized Representative, Relationship to Patient _____	
or Legal Designation _____	
The following section is applicable if you are covered under any other medical insurance plan.	
Mother's Name _____	Employer's Telephone # _____
Policy No. _____	
Employer's Name and Address _____	
Name and Address of Insurance Co. _____	
Father's Name _____	Employer's Telephone # _____
Policy No. _____	
Employer's Name and Address _____	
Name and Address of Insurance Co. _____	
Spouse's Name _____	Employer's Telephone # _____
Policy No. _____	
Employer's Name and Address _____	
Name and Address of Insurance Co. _____	
<i>The laws of some states require us to furnish you with the following notices:</i>	
<b>WARNING -</b> Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, commits insurance fraud, which is a crime and subjects the person to civil and criminal penalties.	
<i>For AL residents:</i> Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.	
<i>For CA residents:</i> WARNING - Any person who knowingly presents 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.	
<i>For FL residents:</i> 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.	
<i>For KS residents:</i> WARNING - Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, may be guilty of insurance fraud as determined by a court of law, which is a crime and subjects the person to civil and criminal penalties.	
<i>For KY residents:</i> Any person who knowingly and with intent to defraud any insurance company or other 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.	
<i>For LA residents:</i> 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.	
<i>For ME residents:</i> 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.	
<i>For NJ residents:</i> Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.	
<i>For NM residents:</i> 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 CIVIL FINES AND CRIMINAL PENALTIES.	
<i>For NC resident:</i> Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, commits insurance fraud, which is a crime and may subject the person to civil and criminal penalties.	
<i>For OH residents:</i> 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.	
<i>For OR residents:</i> 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.	
<i>For OR residents:</i> WARNING - Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, commits insurance fraud, which may be a crime and may subject the person to civil and criminal penalties.	
<i>For PA residents:</i> 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.	
<i>For RI residents:</i> 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.	
<i>For TN residents:</i> It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.	
<i>For VA residents:</i> It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.	
<i>For VT residents:</i> WARNING - Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, may commit insurance fraud, which may be a crime and may subject the person to civil and criminal penalties.	

# Explanation of Benefits

- ▶ After the medical provider submits your claim to the insurance company, you will receive an Explanation of Benefits, or “EOB”. This is not a bill. This is a document from the claims department that shows the total charge, the amount the insurance company will pay to the doctor, and the amount that you are responsible for.
- ▶ If any additional information is required from you or your doctor to process your claim, this will be indicated on the EOB.

# Sample Explanation of Benefits




Insurance Company  
Administrative Concepts, Inc. 994  
Old Eagle School Rd Ste 1005  
Wayne PA 19087-1802

20140602B04  
1038 4815

Page 1 of 1

JEB5 [5,399] 1 of 1



[EP-]

## Explanation of Benefits

**RETAIN FOR TAX PURPOSES  
THIS IS NOT A BILL**

**Forwarding Service Requested**

**Customer Service Information**

Questions? Please contact Customer Service at  
(610)293-9229  
Or visit us online at [www.visit-aci.com](http://www.visit-aci.com)  
or email us at [aciclaims@visit-aci.com](mailto:aciclaims@visit-aci.com)

---

Enrollee: MEMBER NAME  
Date: 05/01/2014  
Group Name: GROUP NAME

PROVIDER 123  
123 YOUR STREET  
YOUR CITY, NA 12345

**Claim#:** 00000000-00  
**Patient:** PATIENT NAME

**Patient#:** SL1084377090  
**Provider:** PROVIDER NAME

Dates of Service	Service Code	Total Charge	Ineligible Amount	Reason Code	Discount Amount	Covered By Plan	Other Insurance	Deductible Amount	Co-Pay Amount	Covered After Deductions	Paid At	Payment Amount
04/08-04/08/2014	16	\$239.00	\$70.54	FH	\$68.46	\$100.00	\$0.00	\$0.00	\$0.00	\$100.00	100%	\$100.00
<b>Column Totals</b>		\$239.00	\$70.54		\$68.46	\$100.00	\$0.00	\$0.00	\$0.00	\$100.00		\$100.00

**Patient's Responsibility:** \$70.54

**Total Payment Amount** \$100.00

**Service Code Description**

16 PHYS OFFICE VISIT

**Reason Code Description**

34 YOUR BENEFIT ALLOWANCE HAS BEEN PAID  
FH FIRST HEALTH DISCOUNT. YOU ARE NOT RESPONSIBLE FOR THIS AMOUNT.

**Additional Information**

\*\*\* Administrative Concepts, Inc. does not share private health information except as required by law. We are committed to guarding the private information entrusted to us.

# Example

- ▶ Total Charge = \$200
- ▶ Deductible = \$25
- ▶ Insurance company pays 80% coinsurance after deductible → ( $\$175 \times 80\% = \$140$ )
- ▶ Student pays 20% coinsurance after deductible → ( $\$175 \times 20\% = \$35$ )
- ▶ Total Student is Responsible to Pay → \$60 (Deductible + Coinsurance)



# Which doctors and hospitals can I visit?

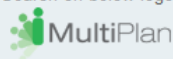
- ▶ You can visit any doctor you wish, but in order to keep your out-of-pocket costs as low as possible, you should use a MultiPlan network provider.
- ▶ MultiPlan Network
  - Search for a provider here: [MultiPlan Search](#)

# Search MultiPlan Network

**MultiPlan®**  
Imagine more...

Home About Us Markets Solutions Contact Us

Search

Search on below logo:  


Change Network Logo

**Choose a Provider Type**

**Doctor:**  Doctor or other healthcare professional

**Facility:**  Hospital, Lab, Imaging Center, Home Health Center, etc.

**Important Note:**  
By continuing, you agree that finding a provider on this site is **not a guarantee** of benefits coverage. It is *your* responsibility to:

- Contact the **provider** to verify **new patient status**, location and **participation in our network**.
- Contact your **health plan** administrator or human resource manager to verify **your benefit eligibility information**.

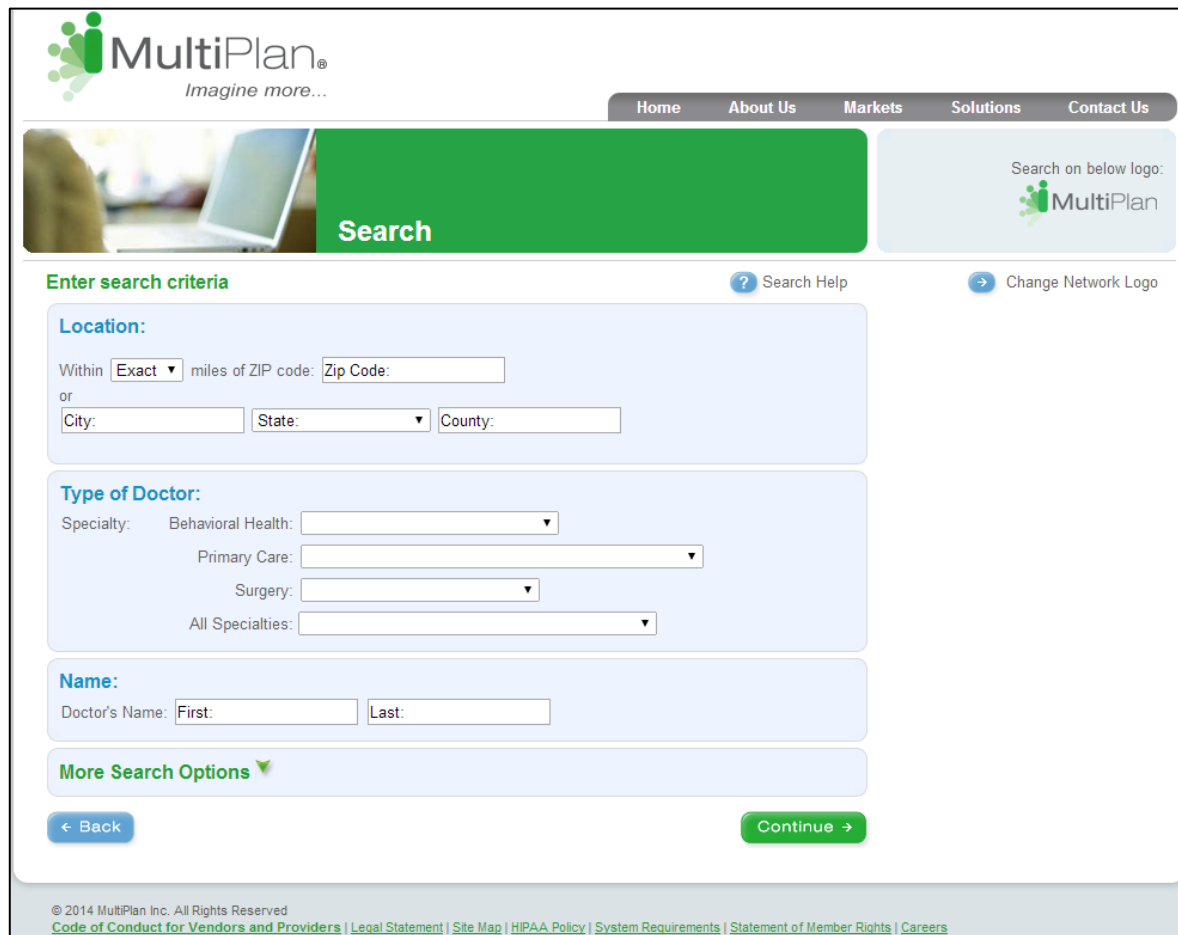
*The online directory is for reference only. While every effort is made to ensure current, accurate data, changes occur daily and may not be reflected here.*

Continue →

© 2014 MultiPlan Inc. All Rights Reserved  
[Code of Conduct for Vendors and Providers](#) | [Legal Statement](#) | [Site Map](#) | [HIPAA Policy](#) | [System Requirements](#) | [Statement of Member Rights](#) | [Careers](#)

- ▶ Select “Doctor” or “Facility” to begin search

# Search MultiPlan Network



The screenshot shows the MultiPlan search interface. At the top left is the MultiPlan logo with the tagline "Imagine more...". A navigation bar contains links for Home, About Us, Markets, Solutions, and Contact Us. Below the navigation bar is a large green "Search" button. To the right of the search bar is a section for "Search on below logo:" with the MultiPlan logo. The main search area is titled "Enter search criteria" and includes a "Search Help" link and a "Change Network Logo" link. The search criteria are organized into three sections: "Location:", "Type of Doctor:", and "Name:". The "Location:" section has a dropdown for "Within" (set to "Exact") and a "Zip Code" input field, with an "or" option below it. The "or" option has input fields for "City:", "State:", and "County:". The "Type of Doctor:" section has four dropdown menus for "Specialty:", "Behavioral Health:", "Primary Care:", "Surgery:", and "All Specialties:". The "Name:" section has input fields for "First:" and "Last:". Below the search criteria is a "More Search Options" link with a dropdown arrow. At the bottom of the search area are "Back" and "Continue" buttons. The footer contains copyright information and links to various policies and documents.

MultiPlan®  
Imagine more...

Home About Us Markets Solutions Contact Us

Search

Search on below logo:  
MultiPlan

Enter search criteria [? Search Help](#) [→ Change Network Logo](#)

**Location:**

Within  miles of ZIP code:

or

City:  State:  County:

**Type of Doctor:**

Specialty: Behavioral Health:

Primary Care:

Surgery:

All Specialties:

**Name:**

Doctor's Name: First:  Last:

[More Search Options](#) ▼

[← Back](#) [Continue →](#)

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[Code of Conduct for Vendors and Providers](#) | [Legal Statement](#) | [Site Map](#) | [HIPAA Policy](#) | [System Requirements](#) | [Statement of Member Rights](#) | [Careers](#)

- ▶ You can search by location, type of doctor, or name

# Search MultiPlan Network

**MultiPlan**  
Imagine more...

Home About Us Markets Solutions Contact Us

Search

Search on below logo:  
**MultiPlan**

**Search Results**

See Important Notice About Participating Providers Below [Printer Friendly](#) [Change Network Logo](#)

Showing 1-25 out of total 47 Search Results [Sort By](#)

**Search Type:** Provider **ZIP:** 64152 **Type of Doctor:** Family Practice / General Practice / Internal Medicine

Page 1 2 [Prev](#) [Next](#)

<a href="#">He, Like, MD</a> ^ <b>Family Practice</b> Board Certified 6185 Jefferson Ave Parkville, MO 64152 816 569 1600 0 Miles	Gender: Male Languages: English Clinical Education: Guangzhou Medical College <a href="#">More Locations</a>
<a href="#">DiRenna Jr., James A., DO</a> ^ <b>Emergency Medicine</b> Board Certified <b>Family Practice</b> Board Certified 6185 Jefferson Ave Parkville, MO 64152 816 569 1600 0 Miles	Gender: Male Languages: English Clinical Education: University of Texas Health Science Center <a href="#">More Locations</a>

▶ Results are displayed here

# Search MultiPlan Network

- ▶ The doctors and hospitals that are part of MultiPlan Network do change from time to time.
- ▶ To make sure you are minimizing your out of pocket costs by using a network doctor, we recommend that you call before visiting.
- ▶ Tell them your plan uses the MultiPlan Network, and you are calling to confirm that they are part of the network.

# Prescription Drugs

## ▶ How do I fill a prescription?


- When the doctor gives you provides you with a prescription for medication, take it to the local pharmacy and provide them with the prescription and your insurance ID Card.
- You will then need to pay \$25 for a generic medication or \$50 copay for any other medication
- The plan uses Express Scripts which is accepted at many pharmacies such as:
  - Wal-Mart, CVS, K-Mart, Price Chopper, and many more

# Create Account


- ▶ On the Park University Insurance Portal, click “Claim Status”
- ▶ Once you create an online account you can
  - View your claims
  - Update your contact information
  - Complete an electronic claim form
  - Upload bills and documents

# Online Account

- ▶ Create your account and access your account via the insurance portal
- ▶ <https://secure.visit-aci.com/insuredlogin.asp>



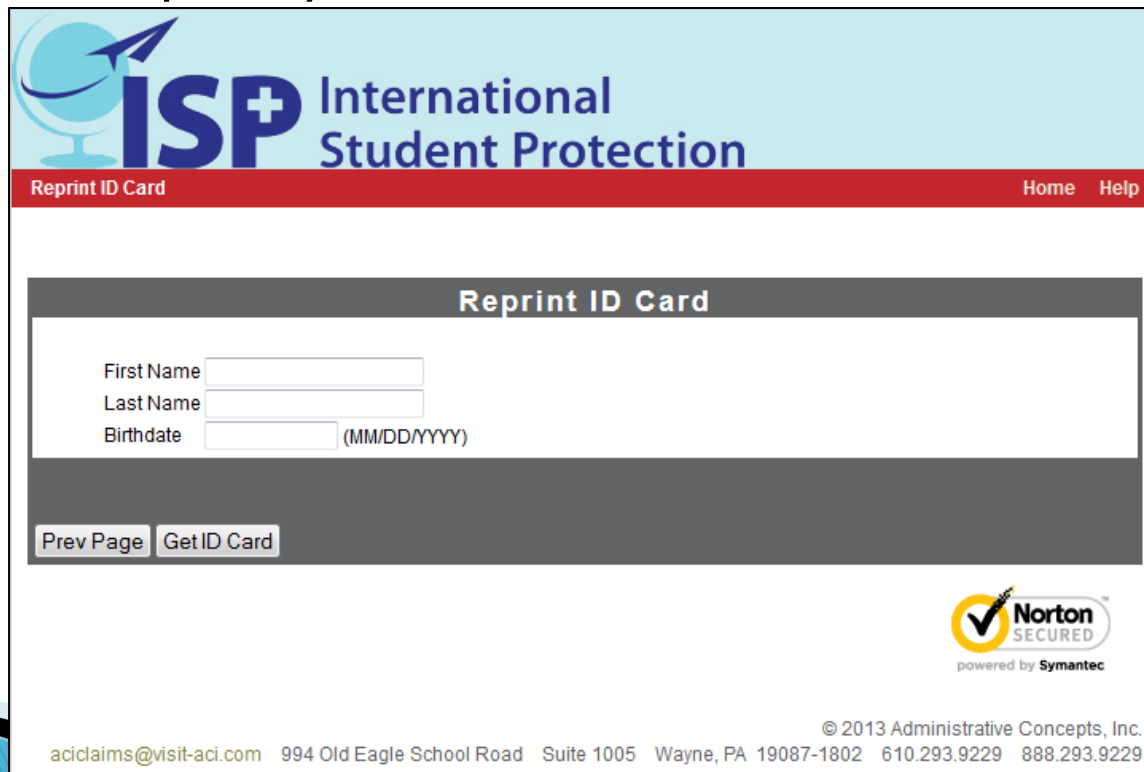
## ACI ClaimStatus

Return Visitor	New Web User
<p>Username <input type="text"/></p> <p>Password <input type="password"/></p> <p><input type="button" value="Log In"/></p>	<p>Enter Member ID Number and Policy Number as shown on your Insurance ID Card.</p> <p>Member ID Number <input type="text"/></p> <p>Policy Number <input type="text"/></p> <p>Date of Birth <input type="text" value="MM/DD/YYYY"/></p> <p>Choose a Username <input type="text"/></p> <p>Choose a Password <input type="password"/></p> <p>Confirm Password <input type="password"/></p> <p>Your E-Mail Address <input type="text"/></p> <p>Confirm Your E-Mail Address <input type="text"/></p> <p>Question we can ask if you lose your password <input type="text"/></p> <p>Answer to above Question (you should be the only one who knows the answer) <input type="text"/></p> <p>All fields are required.</p> <p><input type="button" value="Register"/></p>
<p><a href="#">Lost Your Password?</a> <a href="#">Forgot Your Username?</a></p> 	



# Re-Print ID Card

- ▶ You can reprint your ID card via the insurance portal
- ▶ <http://info.visit-aci.com/park/>
- ▶ Enter your first name and date of birth
- ▶ Download or print your ID card



The screenshot shows a web interface for re-printing an ID card. At the top left is the ISP International Student Protection logo. A red navigation bar contains 'Reprint ID Card', 'Home', and 'Help'. The main content area is titled 'Reprint ID Card' and contains three input fields: 'First Name', 'Last Name', and 'Birthdate (MM/DD/YYYY)'. Below the fields are 'Prev Page' and 'Get ID Card' buttons. The bottom right features the Norton Secured logo (powered by Symantec) and the footer text: '© 2013 Administrative Concepts, Inc. aciclaims@visit-aci.com 994 Old Eagle School Road Suite 1005 Wayne, PA 19087-1802 610.293.9229 888.293.9229'.

# Other Services

## ▶ Translation Services

- Available through ACI and Europ Assistance
  - ACI has bilingual CSR's (English and Spanish)
  - Translation coordinated through Europ Assistance

## ▶ Translation Services

- Available through ACI and Europ Assistance
  - ACI has bilingual CSR's (English and Spanish)
  - Translation coordinated through Europ Assistance

# Important Contacts

## ▶ International Student Protection (ISP)

- For any questions including your coverage, changes of contact information, or other:
- [info@intlstudentprotection.com](mailto:info@intlstudentprotection.com)
- 877-738-5787
- Office open 9AM to 5PM Eastern Time

## ▶ Claims Administrator (ACI)

- For claims or coverage related questions:
- [aciclaims@visit-aci.com](mailto:aciclaims@visit-aci.com)
- 888-293-9229
  - Press 2 for Member Services
  - Office open 8AM to 5PM in All Time Zones

# Thank You!

- ▶ Questions?

Please contact me:

**James Bueno**

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