



FAQs FOR YALE STUDENTS TRAVELING OVERSEAS

Yale

How long am I covered?

A: The plan covers you for the period of international travel associated with your semester or study trip abroad required by your academic plans and for which you are enrolled.

What are my coverage start and end dates?

A: : This coverage will start at the actual start of your semester or enrollment period trip. It does not matter whether the trip starts at your home; place of study; or other place. It will end on the first of the following dates to occur:

1. the date you return to your home;
2. the date you return to your place of study.

Please check your ID card to ensure your coverage dates match you the travel dates of your study program. If you would like to extend your trip for personal reasons, you may do so my calling our enrollment center at 1.800.732.5309.

What if I lose my ID card?

A: Please call the enrollment center at 1.800.732.5309 to request a copy of your ID card. If you have an emergency, please proceed to the nearest facility for treatment and call the UnitedHealthcare Global Emergency Response Center. A copy of your ID card is on file internally and can be accessed by the Emergency Response Center.

What is covered by the plan?

A: 100% of reasonable expenses for medically necessary physician office visits, inpatient hospital services, physician and hospital outpatient services, and emergency hospital services up to a \$500,000 maximum for outbound U.S. participants. Additional benefits for medically necessary services are also payable at 100% of reasonable expenses, subject to certain limitations or maximums (please refer to Coverage Overview page).

How do I find a covered provider/make an appointment?

A: Contact UnitedHealthcare Global's Emergency Response Center to schedule an appointment for you and to arrange for direct payment to one of their doctors. The UnitedHealthcare Global Emergency Response Center is available 24/7 by phone (call collect) +1.410.453-6330 or e-mail assistance@uhcglobal.com to assist you with everything from routine requests to medical emergencies.

If you make your own appointment, contact the Emergency Response Center at least 24 hours prior to your appointment so UnitedHealthcare Global can provide the doctor's office with a "guarantee of payment". In many countries providers require this at the time of the visit. If this is not arranged prior to the visit, the doctor may require payment up front from you.

What if I need a follow-up appointment?

A: If the physician recommends a follow-up consultation, please provide this information to the UnitedHealthcare Global Emergency Response Center in order to coordinate this appointment and arrange payment. To request these services, contact the Emergency Response Center by phone (call collect) +1.410.453-6330 or e-mail assistance@uhcglobal.com.

What should I do in the event of a medical emergency?

A: Go immediately to the nearest physician or hospital and then contact UnitedHealthcare Global's Emergency Response Center by phone (call collect) +1.410.453.6330 or e-mail assistance@uhcglobal.com. UnitedHealthcare Global coordinates emergency services with the coordination of our clinical team and a worldwide network of Physician Advisors. UnitedHealthcare Global members in need of life-saving medical intervention are treated in Centers of Excellence around the world.

If your location is not listed below or the call will not go through, call the 24-hour Emergency Response Center collect at 410-453-6300 (reverse charges accepted).

Australia	1 800 127 907	Mexico	001 800 101 0061
Brazil	0800 891 2734	Morocco	
China (northern)	108888*800 527 0218	Philippines	1 800 1 111 0503
China (southern)	10811*800527 0218	Singapore	800 1100 452
Dominican Republic	1888 567 0977	South Africa	0800 9 92379
France	0800 90 8505	Spain	900 98 4467
Germany	0800 1 811401	Switzerland	0800 55 6029
Hong Kong	800 96 4421	Thailand	001 800 11 471 0661
Israel	1 809 41 0172	U.K.	0800 252 074
Italy	800 877 204	U.S. & Canada	1 800 527 0218
Japan	00531 11 4065		

We will not pay benefits for any loss or Injury that is caused by, or results from:

1. war or any act of war, whether declared or not.
2. piloting or serving as a crewmember.
3. commission of, or attempt to commit: a felony.
4. flight in; boarding; or alighting from an aircraft or any craft designed to fly above the Earth's surface, except as:
 - a) a fare-paying passenger on a regularly scheduled commercial or charter airline;
 - b) a passenger in a non-scheduled, private aircraft used for pleasure purposes with no commercial intent during the flight;
 - c) a passenger in a military aircraft flown by the Air Mobility Command or its foreign equivalent.
5. travel in or on any on-road or off-road motorized vehicle not requiring licensing as a motor vehicle.
6. Injury or Sickness covered by: Workers' Compensation; Employer's Liability Laws; or benefits or while engaging in activity for monetary gain from sources other than the Policyholder.
7. an Accident that occurs while on active duty service in the: military; naval; or air force of any country or international organization. Upon Our receipt of proof of service, We will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.
8. Injury or Sickness where the Student's Trip to the host country is undertaken for treatment or advice for such Injury or Sickness, except as provided in the Policy.

This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.

Coverage Overview

Coverage	Limits – eligible participant
Medical Benefits	
Period of Coverage Maximum Benefits	\$500,000
Deductible	\$0
Physician Office Visits	100% of Reasonable Expenses
Inpatient Hospital Services	100% of Reasonable Expenses
Hospital and Physician Outpatient Services	100% of Reasonable Expenses
Emergency Hospital Services	100% of Reasonable Expenses
Medical Benefit Limitations	
Emergency medical treatment of pregnancy or Therapeutic termination of pregnancy	Reasonable Expenses up to Covered Limit.
Inpatient treatment of mental and nervous disorders including drug or alcohol abuse	Reasonable Expenses up to Covered Limit.
Outpatient treatment of mental and nervous disorders including drug or alcohol abuse	Reasonable Expenses up to Covered Limit.
Treatment of Specified therapies, including acupuncture and Physiotherapy	Reasonable Expenses up to Covered Limit.
Routine nursery care of a newborn child	Reasonable Expenses up to Covered Limit.
Repairs to sound, natural teeth required due to an Injury	100% of Reasonable Expenses up to \$1,000 per Period of Coverage maximum
Outpatient prescription drugs	100% of actual charge
Other Coverages	
Accidental Death & Dismemberment	Maximum Benefit: Principal Sum up to \$15,000 for Eligible Participant
Repatriation of Remains	Covered under separate plan with UnitedHealthcare Global
Medical Evacuation	Covered under separate plan with UnitedHealthcare Global
Bedside Visit	Covered under separate plan with UnitedHealthcare Global
Other Included Services	
Emergency Response Center	Emergency Medical and Travel Assistance services provided, including coordination of all evacuations and repatriations if needed

Covered Medical Expenses

1. Hospital room and board expenses: the daily room rate when a Student is Hospital confined; and general nursing care is provided and charged for by the Hospital. In computing the number of days payable under this benefit, the date of admission will be counted but not the date of discharge.
2. Ancillary hospital expenses: services and supplies including: operating room; laboratory tests; anesthesia; and medicines (excluding take home drugs) when Hospital confined. This does not include personal services of a non-medical nature.
3. Daily intensive care unit expenses: the daily room rate when a Student is Hospital confined in a bed in the intensive care unit and nursing services other than private duty nursing services.
4. Medical emergency care (room and supplies) expenses: incurred within 72 hours of an Accident and including: the attending Doctor's charges; X-rays; laboratory procedures; use of the emergency room; and supplies.
5. Newborn nursery care expenses.
6. Outpatient surgical room and supply expenses for use of the surgical facility.
7. Outpatient: diagnostic x-rays; laboratory procedures; and tests.
8. Doctor non-surgical treatment/examination expenses (excluding medicines) including: the Doctor's initial visit; each Medically Necessary follow-up visit; and consultation visits when referred by the attending Doctor.
9. Doctor's surgical expenses.
10. Outpatient laboratory test expenses.
11. Physiotherapy expenses on an inpatient or outpatient basis. Expenses include treatment and office visits connected with such treatment when prescribed by a Doctor, including: diathermy; ultrasonic; whirlpool; or heat treatments; adjustments; manipulation; massage; or any form of physical therapy.
12. Dental expenses including dental x-rays for the repair or treatment of each injured tooth that is: whole; sound; and a natural tooth at the time of the Accident.
13. Air Ambulance expenses for transportation from the emergency site to the Hospital.
14. Prescription Drug Expenses including: dressings; drugs; and medicines prescribed by a Doctor.
15. Medical services and supplies: expenses for blood and blood transfusions; oxygen and its administration.
16. Expenses due to an aggravation or re-Injury of a Pre-Existing Condition.
17. Emergency medical treatment of pregnancy.
18. Therapeutic termination of pregnancy.
19. Hypodermic needles and syringes prescribed by a prescribing practitioner for purpose of administering medications for medical conditions provided such medications are covered under the Policy.
20. Off-label drug prescriptions (Drugs not approved by the federal Food and Drug Administration) for certain types of cancer or disabling or life-threatening diseases provided that the drug is recognized for treatment of the specific type of cancer or a disabling or life-threatening chronic disease for which the drug has been prescribed in one of the following established reference compendia: (1) The U. S. Pharmacopoeia Drug Information Guide for the Health Care Professional (USP DI); (2) The American Medical Association's Drug Evaluations (AMA DE); or (3) The American Society of Hospital Pharmacists' American Hospital Formulary Service Drug Information (AHFS-DI).
21. Inpatient hospital confinement for accidental ingestion of controlled drugs – up to 30 days in any calendar year; Necessary treatment for accidental ingestion of controlled drugs, other than inpatient hospital expenses - up to \$500 in reasonable charges.

Exclusions

Australia	1 800 127 907	Japan	00531 11 4065
Brazil	0800 891 2734	Mexico	001 800 101 0061
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Israel	1 809 41 0172	U.K.	0800 252 074
Italy	800 877 204	U.S. & Canada	1 800 527 0218

In addition to the exclusions above, We will not pay Medical Expense Benefits for any loss, treatment or services resulting from or contributed to by:

- treatment by persons employed or retained by a Policyholder, or by any Immediate Family Member or member of the Student's household.
- Injury or death to which a contributing cause is: the Student's commission or attempt to commit a felony; or that occurs while the Student is engaged in an illegal occupation.
- cosmetic surgery, except for reconstructive surgery needed as the result of an Injury or Sickness.
- Any: elective treatment; surgery; health treatment; or examination; including any: service; treatment; or supplies that: (a) are deemed by Us to be experimental; and (b) are not recognized and generally accepted medical practices in the United States.
- treatment or service provided by a private duty nurse.
- replacement of: artificial limbs; eyes; and larynx.
- eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof, unless caused by an Injury incurred while covered under the Policy.
- covered medical expenses for which the Student would not be responsible for in the absence of the Policy.
- conditions that are not caused by a Covered Accident or Sickness.
- participation in any activity or hazard not specifically covered by the Policy.
- Any: treatment; service; or supply not specifically covered by the Policy.
- personal comfort or convenience items. These include but are not limited to: Hospital telephone charges; television rental; or guest meals.
- routine nursery care.
- routine physicals.
- cosmetic or plastic surgery, except as a result of Injury.
- elective surgery.
- birth defects and congenital anomalies; or complications which arise from such conditions.
- routine dental care and treatment.
- rest cures or custodial care.
- organ or tissue transplants and related services.
- injury sustained while participating in professional; or semiprofessional sports.
- any expenses covered by any other employer or government sponsored plan for which, and to the extent that the Student is eligible for reimbursement.

Exclusions continued

23. Services; supplies; or treatment including any period of Hospital confinement which were not: recommended; approved; and certified as necessary and reasonable by a Doctor; or expenses which are non-medical in nature.
24. expenses incurred for services related to the diagnostic treatment of infertility or other problems related to the inability to conceive a child, unless such infertility is a result of a covered Injury or Sickness.
25. expenses incurred for birth control including surgical procedures and devices.
26. nasal or sinus surgery, except surgery made necessary as the result of a covered Injury a deviated nasal septum including sub mucous resection and surgical correction thereof.
27. treatment of acne.
28. expenses incurred for Trips taken for the purpose of seeking medical care.
29. expenses incurred while traveling against the advice of a medical professional.

