## **Frequently Asked Questions (FAQs)**

**Additional Resource Links:** 

**Aetna Provider Search Link:** https://www.culturalinsurance.com/aetna-provider-search **Download FREE Pharmacy Discount Card:** https://www.wellrx.com/prescription-discount-card/

**CISI CLAIMS DEPARTMENT (9-5 EST, M-F):** 

Phone: (800) 303-8120 | (203) 399-5130 E-mail: claimhelp@mycisi.com

TEAM ASSIST (24/7/365) - ROBIN ASSIST:

Phone: (888) 505-2474 | (743) 244-2474 Whatsapp: (743) 244-2474

E-mail: CISIAssist@RobinAssist.com

#### **HOW WILL I RECEIVE MY INSURANCE DOCUMENTS?**

Camp America will enroll within 2 weeks of you camp start/departure date. Once you are enrolled, you will receive an email from CISI Enrollments (enrollments@culturalinsurance.com), with the subject line 'CISI Materials'. The email will contain:

- Insurance ID Card You will need this if you need to seek treatment
- Policy Brochure This outlines the coverage under your plan
- Claim Form if you sought treatment and need to submit a claim
- Link to download the CISI Traveler App and create a myCISI login. (This will allow you to access your insurance documents at all times.)

#### **YOUR INSURANCE ID CARD:**

#### FOR THE MEDICAL PROVIDER **FOR YOU** The left side of the card is for the Medical Provider The right side of the card is to verify your insurance and Pharmacist. contact information and additional policy details. Your "PPO" KEEP THIS CARD WITH YOU AT ALL TIMES **Policy ♥aetna**" PPO/NAP **Preferred Provider.** MEMBER INFORMATION AND CONTACT INFORMATION Plan Policy #: 26 CC015749 Number GROUP SPONSOR: CAMP AMERICA Underwritten by CRUM & FORSTER SPC, Administered by CISI (Cultural Insurance Services International) **CISI Contact** Coverage and/or Claim Questions? Medical Provider. Subscriber Name: EXAMPLE, EXAMPLE Information This information is Group #: 0863971-016-00100 Member ID: 001234567 FOR EMERGENCIES (24/7/365) - Contact Team Assist for the Medical Coverage Dates: 12-Jun-2026 to 02-Sep-2026 **Team Assist** (Inpatient or Emergency Care) Provider. Aetna Provider Services Phone #: 1-800-414-0596 Call ROBIN ASSIST at (888) 505-2474 (in U.S.), +1 (743) 244-2474 (call collect from outside the U.S.), Email: CISIASSIST@ROBINASSIST.COM. Information Submit claims to: Aetna. P.O. Box 981543. El Paso. TX 79998-1543 For Electronic submissions: Electronic Payer ID# 60054 **FOR THE** For Non-Life Threatening Care use Call-A-Doc Its FREE PHARMACY. ID# W295002033, RxBin# 610502, PCN# 00670000 **Telehealth** Present this Information when filling a prescription.

#### **NEED TO GO TO THE DOCTOR?**

## FOR MINOR INJURY OR ILLNESS:

## **TELEHEALTH SERVICES (FREE):**

Your plan includes FREE access to a virtual telemedicine service. For **minor or non-urgent medical** need, you can use **24/7 Call-A-Doc** to speak with a doctor or get a prescription from anywhere, at any time using your phone or computer. **Click here** for more information.

## **WANT TO SEE A DOCTOR IN PERSON?**

### STEP 1: LOCATE A MEDICAL PROVIDER

Use Aetna's Preferred Provider Network website: https://www.culturalinsurance.com/aetna-provider-search.

## **STEP 2: SCHEDULE AN APPOINTMENT**

If the Medical Provider is not a walk-in clinic, call the Medical Provider and Schedule an Appointment. If you need assistance, contact CISI or Team Assist.

### **STEP 3: AT YOUR APPOINTMENT**

- Make sure you have your Insurance ID card (either printed or save on your phone via the CISI Traveler App.
- Present your card at your visit
- Medical Providers can contact CISI directly, toll-free at (800) 303-8120 to verify eligibility and/or benefits, from 9AM to 5PM EST.

#### What is Medical Provider'?

Medical Provider refers to a doctor, urgent care, hospital, or other medical facility.

### Who is my PPO?

**Aetna** is your Preferred Provider (PPO) Network and allows access to over 1.2 million medical providers throughout the United States.

## What is 'In-Network' and 'Out-of-Network'?

The providers within **Aetna's network** are known as 'In-Network' Providers. If you go to a Medical Provider Out-of-Network, you may be required to pay more out of pocket. Arranging services through a preferred provider is not required, but will help reduce any potential out-of-pocket expenses.

#### Do I have to pay at the time of my appointment?

Depending on your type of visit, you may have a copay. If you have a copay, it will appear on the front of your insurance card under 'In-Network Copay'.

## What is a Copay or Coinsurance?

This is the amount of money you will have to pay out-of-pocket for covered medical services.

## What is a Deductible and does my plan have one?

The Deductible is the amount you have to pay before your benefits 'kick-in' (before CISI pays). Please see your plan's Schedule of Benefits to see if you have any Deductible(s).

#### Will this insurance cover the purpose of my visit?

If you are unsure if this insurance will cover your appointment, view your plan's brochure. If you have specific questions that you are unsure of, call CISI

## WHO PAYS WHEN FILLING A PRESCRIPTION AT A PHARMACY?

You do not have to pay out-of-pocket if you go to an *In-Network/participating pharmacy (Aetna's network)*, if the medication is for a covered illness or injury.

Benefits are available for outpatient Prescription Drugs or medication(s) when prescribed by a Physician on an Outpatient basis when dispensed by *any In-Network/participating pharmacy (Aetna's network)* up to the maximum of \$2,500.

There are over 65,000 In-Network pharmacies that you can use, including all major retail chain pharmacies. If you are unsure if your pharmacy is In-Network, you can call customer service to check: 1-888-RX-AETNA (1-888-792-3862).

Present your ID Card to the pharmacist at the time of purchase. The pharmacy will bill CISI directly for your prescription.

If you go to a pharmacy that is **out-of-network/non-participating pharmacy**, it will be an out-of-pocket expense. You can access the Pharmacy Discount card and more information on how much you can save on certain prescriptions via this link: <a href="https://www.wellrx.com/prescription-discount-card/">https://www.wellrx.com/prescription-discount-card/</a>. As long as the medication is for a covered illness or injury, you submit a claim for reimbursement so hold onto the prescription receipt and payment receipt. See the following page for claim submission information.

#### What is a prescription receipt?

This is usually stapled to the outside of your pharmacy bag when you pick up your medication. If it has the following information, it's a prescription receipt:

- Your Name
- · Dosage of medication
- Your Doctor's Name
- Date medication filled
- · Name of the Medication
- Amount of medication

## WHAT TO DO IN AN EMERGENCY - INPATIENT CARE/SERIOUS ACCIDENT?

For all emergencies, seek help without delay at the nearest facility and then, after admittance, open a case with Robin Assist (our 24/7 assistance provider). Opening a case for inpatient care will allow us to monitor your case, provide regular updates to your program and family and address any concerns you may have. In addition, depending on your condition, if deemed medically necessary, the medical evacuation benefit will apply.

## **CLAIM QUESTIONS?**

If you seek medical treatment for an Injury or Illness while abroad and pay out-of-pocket, you are eligible to submit a claim. Claims should be submitted for processing as soon as possible (and no later than one year after treatment was received, if possible). Claims can be submitted by email, mail, fax or online.

#### TO SUBMIT A CLAIM ONLINE:

- STEP 1: Online Portal: <a href="https://www.mycisi.com/Participant">https://www.mycisi.com/Participant</a> Portal
  - If you created a login already, select I am "Insured". Then enter your Username and Password.
  - If you have not created a login, click on the "click here" button and follow the prompts.
- STEP 2: Go to Claim Info & Submission Tab.
- **STEP 3:** Click on Submit a Claim and follow the prompts. Make sure to upload itemized bills for all amounts being claimed and documentation.

#### TO SUBMIT A CLAIM EMAIL, MAIL OR FAX:

Download a claim form: https://welcome.culturalinsurance.com/wp-content/uploads/2025/12/Camp-America\_CF\_26-CC015749.pdf

- **STEP 1:** Fully complete and sign the medical claim form for each occurrence, indicating whether the Doctor/Hospital has been paid.
- **STEP 2:** Attach itemized bills for all amounts being claimed and documentation. \*We recommend you provide us with a copy and keep the originals for yourself.
- **STEP 3:** Submit claim(s) by mail: 1 High Ridge Park, Stamford, CT 06905, email: <a href="mailto:submityourclaim@mycisi.com">submityourclaim@mycisi.com</a>, or by fax: (203) 399-5596.

Approved reimbursements will be paid to the provider of the service unless otherwise indicated on the form. For claim submission questions or status, call (800) 303-8120, or email <a href="inquiries@mycisi.com">inquiries@mycisi.com</a>.

## How long will it take to be reimbursed for eligible medical expenses paid out-of-pocket?

Turnaround for claim payments is generally 15 business days from receipt date. To check the status of your claim, contact CISI at (800) 303-8120 from 9AM to 5PM EST.

## I received a bill from a medical provider. What do I do?

- Does the bill include your insurance information? If not, you may just have to provide it to them.
- On the back of the bill or by logging into their website, there is room for you to fill in your insurance information and send it back to them.
- 3. Once the medical provider has this information, they can send CISI a bill.
- The bill may be for your deductible or copay. Review the charges and see if CISI made a payment on your behalf. The balance may be your responsibility.

## Can I send the bill to CISI?

Yes, but you should also give your insurance information to your medical provider. Email a copy to us at <a href="mailto:claimhelp@mycisi.com">claimhelp@mycisi.com</a> and complete the insurance information and send back to the medical provider.

# I got a letter from CISI asking for an itemized bill - What is this and do I have to do anything?

This means that we need a certain type of bill from the medical provider. If you received the letter, we have sent one to the medical provider as well. However, it does speed things up if you call to request an itemized bill and forward it to CISI. This should ensure that we get what is needed to pay your claims.

## I got an Explanation of Benefits - What is this?

This is a statement that CISI sends you when we make a claim payment on your behalf. This shows how much your policy covers and what, if any, cost you should pay to the medical provider.

## **Team Assist Plan (TAP)**

The Team Assist Plan is designed by CISI in conjunction with the Assistance Company to provide travelers with a worldwide, 24-hour emergency telephone assistance service. Multilingual help and advice may be furnished for the Insured Person in the event of any emergency during the term of coverage. The Team Assist Plan complements the insurance benefits provided by the Medical Plan. The Team Assist Plan provides the non-insurance services, and Crum & Forster SPC. Pays expenses up to the amount shown in the Schedule of Benefits for:

- Emergency Medical Evacuation
- Repatriation/Return of Mortal Remains

All services must be arranged through the Assistance Provider.

## The TAP Offers These Services: (Non-Insurance Benefits and Services are not provided by Crum & Forster SPC)

#### **MEDICAL ASSISTANCE**

**Medical Referral:** Referrals will be provided for doctors, hospitals, clinics or any other medical service provider requested by the Insured. Service is available 24 hours a day, worldwide.

**Medical Monitoring:** In the event the Insured is admitted to a foreign hospital, the AP will coordinate communication between the Insured's own doctor and the attending medical doctor or doctors. The AP will monitor the Insured's progress and update the family or the insurance company accordingly.

**Emergency Message Transmittal:** The AP will forward an emergency message to and from a family member, friend or medical provider.

Coverage Verification/Payment Assistance for Medical Expenses: The AP will provide verification of the Insured's medical insurance coverage when necessary to gain admittance to foreign hospitals, and if requested, and approved by the Insured's insurance company, or with adequate credit guarantees as determined by the Insured, provide a guarantee of payment to the treating facility.

#### TRAVEL ASSISTANCE

**Obtaining Emergency Cash:** The AP will advise how to obtain or to send emergency funds world-wide.

**Traveler Check Replacement Assistance:** The AP will assist in obtaining replacements for lost or stolen traveler checks from any company, i.e., Visa, Master Card, Cooks, American Express, etc., worldwide.

**Lost/Delayed Luggage Tracing:** The AP will assist the Insured whose baggage is lost, stolen or delayed while traveling on a common carrier. The AP will advise the Insured of the proper reporting procedures and will help travelers maintain contact with the appropriate companies or authorities to help resolve the problem.

**Replacement of Lost or Stolen Airline Ticket:** One telephone call to the provided 800 number will activate the AP's staff in obtaining a replacement ticket.

#### **TECHNICAL ASSISTANCE**

**Credit Card/Passport/Important Document Replacement:** The AP will assist in the replacement of any lost or stolen important document such as a credit card, passport, visa, medical record, etc. and have the documents delivered or picked up at the nearest embassy or consulate.

**Locating Legal Services:** The AP will help the Insured contact a local attorney or the appropriate consular officer when an Insured is arrested or detained, is in an automobile accident, or otherwise needs legal help. The AP will maintain communications with the Insured, family, and business associates until legal counsel has been retained by or for the Insured.

**Assistance in Posting Bond/Bail:** The AP will arrange for the bail bondsman to contact the Insured or to visit at the jail if incarcerated.

**Worldwide Inoculation Information:** Information will be provided if requested by an Insured for all required inoculations relative to the area of the world being visited as well as any other pertinent medical information.