



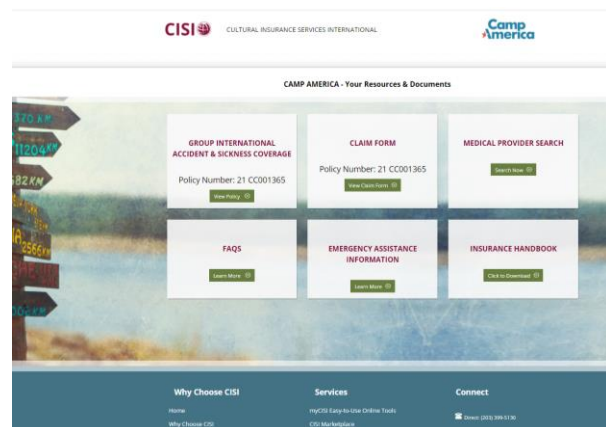
## Group International Accident & Sickness coverage

All participants are included in the mandatory Group International Accident & Sickness coverage arranged for the American Institute for Foreign Study, Inc.

Group International Accident and Sickness Coverage covers your medical treatments (semi-private room only) and the cost of flying you home if medically necessary in accordance with the terms of the of the coverage. Please note the amount of coverage available complies with J1 Visa regulations. Participants pay a deductible/excess charge in respect of each separate sickness or injury. For details concerning coverage amounts and related limits please see the policy Group International Accident and Sickness Coverage document available at <https://www.culturalinsurance.com/Camp-America-CISI/index.asp>.

## IMPORTANT PRE-DEPARTURE INFORMATION

Camp America participants are covered by the Group International Accident and Sickness coverage arranged for the American Institute for Foreign Study (AIFS). All administration and claims for this group are handled by the Cultural Insurance Services International (CISI).



Full details of coverage including additional information can be found at <https://www.culturalinsurance.com/Camp-America-CISI/>.

Questions related to benefits and claims, please contact CISI by email [claimhelp@mycisi.com](mailto:claimhelp@mycisi.com) or call +1 203 399 5130.

## PRE-EXISTING MEDICAL CONDITION

The Group International Accident and Sickness Coverage covers Pre-existing Medical Conditions up to \$5,000. Please see page 7 of your document for a definition of what is classified as a Pre-existing Medical Condition.

Participants may purchase an additional private coverage to cover any Pre-existing Medical Conditions. This private coverage must specifically cover working situations. Please note that you are allowed to have multiple coverages but cannot make multiple claims to different coverage providers.

## COVID-19

As COVID-19 is classified as a virus, under this plan you will have coverage (up to the maximum benefit amount) for any medical treatment related to this illness including diagnostic testing if advised by a medical professional.

If you require further information while in the USA, please contact CISI by email [claimhelp@mycisi.com](mailto:claimhelp@mycisi.com) or call +1 203 399 5130.

It is important that you abide by your camps safety guidelines and the guidelines of the community and state when off camp and after camp travel.

## MATERIALS

**Close to your departure date to the USA**, you will receive an email from [enrollments@culturalinsurance.com](mailto:enrollments@culturalinsurance.com) with the subject line, **CISI Insurance Materials**. This email will include:

- A downloadable version of your Coverage ID Card
- Your Coverage Plan
- Your Claim Form
- Directions to create a myCISI Participant Portal login
- Link the CISI Traveler App for your mobile phone

*Please note: You will not receive this right when you have fully paid your programme fees and have completed your police check and medical form requirements. You will receive it within a few days of your departure to the USA.*

## COVERAGE PARTICIPANT ID CARD

For medical care to be billed directly to CISI, you will always need to present your Coverage ID Card before you can be treated. By downloading the **CISI Traveler app** when you get your email, you can save your Coverage ID card to your mobile phone offline – this way you can access it whenever you need it.

## ARRIVING IN THE USA EARLY?

If you will be making your own travel arrangements to the USA (Own Transport) and will be departing for the USA of to a maximum of 4 weeks prior to your camp start date (as detailed on the placement page of your CA account), you must inform us and Camp America with the date of your departure so we can ensure that your coverage will cover your travel and time before camp. Please note that the coverage will then start from this date and will be valid for 153 days (or when you depart the USA at the end of your CA summer – whichever comes first) so please keep this in mind if you will be arriving in the USA early to ensure that you have enough coverage through camp and any after camp travel.

Please send us your departure date to: [campplacement@campamerica.co.uk](mailto:campplacement@campamerica.co.uk).

## EXCLUSIONS

Exclusions on the Group International Accident and Sickness Coverage mean that hospital bills etc. for mental conditions including depression and anxiety, self-harm and injuries caused while intoxicated will not be covered and you will be personally responsible for any such costs.

It is important that you look at all the Exclusions (situations where you will not be covered) stated on page 15 in your coverage document. Please pay special attention to the following - Benefits will not be paid for any loss of injury that is caused by or results from: being legally intoxicated as determined according to the laws of the jurisdiction in which the injury occurred, alcoholism, drug addiction or the use of any drug or narcotic except as prescribed by a doctor.

### IMPORTANT AFTER ARRIVAL INFORMATION

[What to do if you are injured or take ill while in the USA](#)

## WHILE AT CAMP...

If you fall ill or are injured while at camp most likely the first medical treatment and assessment you will receive will be from the camp infirmary. Their medically trained staff will assess your situation and determine if you will require further medical treatment.

If you do require further medical treatment the camp most likely will take you to the local medical facility, they normally use for their staff and campers.

When you arrive at a medical facility you will be asked to complete forms that will include asking for your address. If you can, please put down your home address and not your camp address. This may not be possible as some facilities may only accept a US address. In that case, please put down your camp address. The address you list is very important as if the medical facility needs to send you a bill this is where they will send it to.

The medical facility will take down your group coverage details (**please ensure you have your Coverage ID Card with you**). In most cases you should not be required to pay any bills at the time of your appointment. Bills should be sent directly to CISI (if you presented your Coverage ID Card). If you are required to make any payments, please ensure you get a proper **itemized bill (please ensure you request this at the time you make the payment)** that details the treatment you received. You will be unable to claim this money back without this itemized bill.

**Please note that if you go to a hospital emergency room for an illness and are not admitted as a patient your excess (deductible) which is normally \$50 will increase an additional \$250.**

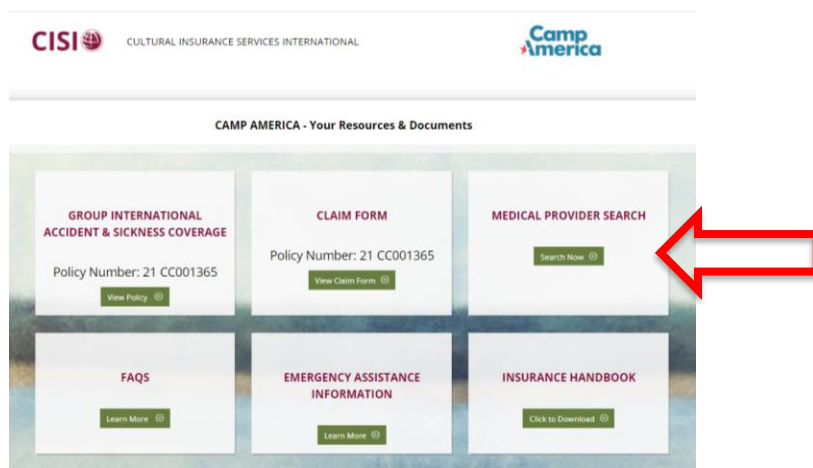
## WORKERS COMP COVERAGE

Employees and most cultural exchange staff are covered by their camps workers comp for injuries obtained while working. Please consult with your camp administration if you experience a work-related injury and require medical treatment. You will be asked to submit a work-related injury claims through your camp's worker's compensation. Should a claim not qualify under the camp's worker's compensation plan, the claim can then be submitted via the Group International Accident and Sickness coverage.

## DURING YOUR AFTER-CAMP TRAVEL.....

If you fall ill or are injured after camp and wish/need to seek medical treatment you can visit your **CISI Traveler app** to locate a medical provider in your area. You can also visit <https://www.culturalinsurance.com/Camp-America-CISI/>.

Click on Medical provider Search button (detailed below):



You will then see this box:

Passport to Healthcare®  
[Search Aetna's network for a medical provider.](#)

- Search the Passport to Healthcare Primary PPO Network first.
- If you do not find a suitable provider, search the Passport to Healthcare Secondary PPO Network.

A screenshot of the "Start Search Here" form. It has a purple header with the text "Start Search Here". Below the header, it says "Please enter your home location (zip, city, county or state) to access providers specific to your plan benefits." There is a text input field labeled "Enter location here". Below the input field, it says "Traveling? You can change your location after you select your plan". There is a "Look within" section with a slider ranging from "0 Miles" to "100 Miles", currently set at "25 Miles". A purple "Search" button is at the bottom.

Enter the zip code or area where you are located and the search area you would like to see results within.

You will then be asked to select a plan which should be **Passport to Healthcare primary PPO Network**.

A screenshot of the "Select a Plan" form. It has a purple header with the text "Select a Plan". Below the header, it says "Select a Plan to find providers in 06905 (Stamford, CT) Change location >". There is a "Continue" button at the top right. Below the header, there is a search input field with a magnifying glass icon. Below the input field, it says "Enter plan name to narrow list below, e.g. Managed Choice". There is a "Medical Plans" section with two radio buttons: "Passport to Healthcare® Primary PPO Network" and "Passport to Healthcare® Secondary PPO Network". A red arrow points to the "Passport to Healthcare Primary PPO Network" radio button. There is a "Continue" button at the bottom right.

\*Note: If you choose the **“Passport to Healthcare Secondary PPO Network”**, you will still be able to search providers, but the options may be limited.

You will then be presented with a list of medical facilities. Please note you can attend any medical facility and are not limited to those on the search.

**Please note that if you go to a hospital emergency room for an illness and are not admitted as a patient your excess (deductible) which is normally \$50 will increase an additional \$250.**

When you arrive at a medical facility you will be asked to complete forms that will include asking for your address. If you can, please put down your home address and not your camp address. This may not be possible as some facilities may only accept a US address. In that case, please put down your camp address. The address you list is very important as this is where the medical facility will send your bill to if necessary.

The medical facility will take down your coverage details (**please ensure to have your Coverage ID Card with you**). In most cases you should not be required to pay any bills at the time of your appointment. Bills will be sent directly to your coverage provider. If you are required to make any payments, please ensure you get a proper medical receipt that details the treatment you received.

## PRESCRIPTION EXPENSES

Medication that is prescribed to you by a doctor or physician assistant for a covered condition (as detailed in your document) is reimbursable. You will need to pay for your medication at the pharmacy and submit a completed claim form and your prescription receipt. A prescription receipt is usually stapled to the outside of your bag from the pharmacy and includes your name, the name of the prescribing physician, and the name of the medication, the dosage and the amount billed. Cash register receipts are not considered for reimbursement.

You can apply for a Pharmacy Discount that will reduce your upfront out of pocket expense. Request one at <https://www.wellrx.com/prescription-discount-card/>.

**IMPORTANT NOTES** - Travel outside the USA is covered (no coverage in your home country) while you are a participant of the Camp America programme. This includes Canada and Mexico. If you require medical attention outside of the USA, it is most likely that you will be required to pay for this treatment at the time. You can then submit a claim (please see Advance Payment information).

## MEDICAL EXPENSES

The first and most important point to remember – You are going to be charged for any medical treatment you receive while in the USA. As long as you presented your **Coverage Participant ID card** the bill will be sent directly to the coverage provider for them to process.

Once the claim has been processed you will be sent an “Explanation of Benefits” document. This form will detail what was billed for your medical treatment, what was paid to the medical facility coverage provider and the amount that is your responsibility to pay (excess).

If you did not provide your Coverage ID card at the time of treatment the medical facility will send the bill to the address you provided at time of treatment, The bill will be sent to your home address or your camp address. **If you gave your camp address and you have left the camp, please ask your camp director to forward the bill to your home address (or to Camp America USA).**

It is always the decision of the local medical facility to whether they will accept your coverage. In very rare cases you may come across a doctor who will not accept your coverage and you will be required to pay for the medical treatment at the time of your visit. You must be prepared to make this payment on the day. You will be able to claim back any payment you make by completing a claims form and submitting with an “itemized” bill and receipt. It must be an itemized bill as a cash and/or credit card receipt on its own will not be sufficient. PLEASE be aware of this as unexpected medical bill can take a chunk of your after-camp travel funds. Where possible it would be best to pay with a credit or debit card but be aware that not all medical practices take this type of payment and may only accept cash. If the cost of the payment is more than you can pay, please contact CISI at [1-800-303-8120](tel:1-800-303-8120) (toll free) or [1-203-399-5130](tel:1-203-399-5130).

If you receive a bill please do not be surprised by the amount. Please remember that medical treatment is very expensive in the USA. Remember that you have coverage and to follow the procedures detailed.

## MAKING A MEDICAL CLAIM

**If you have been sent a medical bill as you did not present your Coverage ID card at the time of your treatment:**

Please complete the medical claims form which you can find at <https://www.culturalinsurance.com/Camp-America-CISI/>.

Please email the claims form and medical bill to [claimhelp@mycisi.com](mailto:claimhelp@mycisi.com).

Once the claim has been processed you will receive an "Explanation of Benefits" detailing what has been paid to the medical facilities, any claims that have not been paid (and why) and any payments (such as excess) you will be responsible for.

**Please remember that you have a maximum time period of one calendar year to make a claim. After that time no claims will be accepted, and you will be responsible for all medical expenses.**

## EXCESS / DEDUCTIBLE COST

You are responsible for the first \$50 of every medical claim (plus an additional \$250 for emergency room treatment for an illness where you are not admitted as a patient). This is called the excess / deductible cost. You will see that on your Explanation of Benefits that the amount paid will always have the excess cost deducted.

All payment of excess cost needs to be made directly to the medical facility and you will need to contact them for instructions how to do this.

## ADVANCE PAYMENT

If you were required to pay for medical services, it is very important that you ask the medical provider for an itemized bill. This must be included with your



claim form. Please note that cash or credit card receipts are not sufficient. A fully itemized bill is always required from the medical provider.

## DEPARTING CAMP EARLY

If you are unable to complete your assignment due to a medical reason (as determined by a doctor in the US) The Group International Accident and sickness coverage, will cover the cost of your alternative flight home in accordance with the terms of the relevant coverage (pre-existing conditions may not be covered). The amount of pocket money to be paid will be determined on the time you worked on camp. Application payments will not be refunded.

If your position is terminated by the camp due to unacceptable behaviour or you decide to leave your camp prior to your end of assignment date, your coverage may be cancelled and options to purchase additional coverage will be discussed at that time.

## IMPORTANT INFORMATION FOR WHEN YOU RETURN HOME...

Once you have departed the USA to return home your coverage will automatically terminate. You will not be able to make claims for any NEW medical expenses or treatment that you receive **OUTSIDE OF THE USA OR ONCE YOU HAVE RETURNED TO YOUR HOME COUNTRY** including those that are directly related to an injury or illness you received while in the USA.

## COMPLAINTS

If you have a complaint or issue concerning any part of your coverage (including claims) please email [claimhelp@mycisi.com](mailto:claimhelp@mycisi.com) or call +1 203 399 5130.

If you still require further help do not hesitate to contact CISI at [claimhelp@mycisi.com](mailto:claimhelp@mycisi.com) or call +1 203 399 5130.