PICC 中国人民保险

Guide to Health Claims

PICC Overseas Student Health Insurance

PICC 中国人民保险

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Foreword

Thank you for choosing PICC Property and Casualty Company Limited (PICC) for your preferred health insurance coverage.

This handbook provides guidelines in the following areas:
- How to contact us
- Understanding Pre-certification
- How to benefit from direct billing service
- How to make a claim
- How to access Emergency Medical Assistance
- How to use E-member portal on PC
- How to use E-member portal on mobile device

It is important that you read and understand this Guide to Health Claims.

If you have any queries with regards to the terms and conditions of your policy, please contact us

USA Toll Free	: **+18886478502**
China Local Helpline	: **+86 512 67483082**
Email address	: **PICC-Healthcare@axa-assistance.com.cn**

We have contracted AXA Assistance, and its affiliated organizations to offer healthcare provider access and direct billing settlement services with a network of hospitals and clinics within USA. Aside to obtaining the information from the member's portal, AXA Assistance will help you locate the appropriate hospital or clinic, as well as confirm your coverage and arrange for direct billing settlement to take place.

We reserve the right for final explanation\modification\cancellation of the contents of this handbook**.**

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1. Service Contact Numbers and e-Membership Card

1.1 Service Contact Information

Tel contact: USA Toll Free: **+1 8886478502** China Local Helpline: **+86 512 67483082** Email: **PICC-Healthcare@axa-assistance.com.cn**	You can always seek assistance by calling our 24-Hour Service Hotline. We are ready to be at your service in both Chinese and English languages. We will provide appropriate assistance to you in the following areas: ➢ verify your coverage according to your plan ➢ determine whether the services or supplies are covered under your plan ➢ assist to locate a panel hospital or clinic near you ➢ assist in pre-certification application ➢ verify if treatment is medically necessary to minimize the out-of-pocket cost to you ➢ assist in reimbursement procedure ➢ assist to arrange for Emergency Medical Assistance
Waiver application to your University/Institution Tel contact: USA Toll Free: **+1 8886478502** China Local Helpline: **+86 512 67483082** WeChat Work: **PICC WAIVER*** Email to: **piccwaiver@bwuins.com** *We will initiate friend request to member*	**Important Waiver Information:** Health Insurance is required for all full-time international students with F1 and J1 visas. Students enrolled in comparable health insurance plan have the option to submit a waiver application to opt out from the school insurance plan. However, the waiver requirement(s) and application(s) differ with each university's policies and can be complex. Our team handling enquiries on waiver application is available 24/7 to assist you.

1.2 e-Membership Card

Sample Image of the e-Membership Card

After you opt for the PICC Overseas Student Health Insurance, you will be able to retrieve e-Membership card on e-member portal:

Step 1: Log on to https://portal.axa-assistance.com.cn/emembercn/

Step 2: Go to *Policies* > Click *Views*

Step 3: Click *Show Medical Card*

This card provides you access to the hospitals and clinics within our panel network.

If you have issue viewing e-Membership card on e-member portal, please contact us at **+86 512 67483082 (China) or +1 8886478502 (US Toll Free)** immediately.

Subject to terms and conditions of your plan, there may not be the need for you to make payment for eligible medical services when you present your e-Membership card along with your valid ID to the United HealthCare panel of hospitals and clinics network.

Please present your e-Membership card to the network pharmacy when the prescription is filled. In order to be considered for reimbursement, please submit form for the prescription along with the paid receipt and prescription receipt.

It is important that you present the e-Membership card at the UnitedHealthCare facilities at all times. Failing which, you are responsible to pay the higher co-insurance amount applicable for out-of-network facilities.

The e-Membership card is for your personal use and is non-transferrable, that is, you must not loan or sell it to another person. If you breach the rules, we reserve the right to refuse to pay for any claims incurred and your membership/policy may also be cancelled.

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2. Pre-certification

Important:

Pre-certification protects you from any unexpected cost which may not be reimbursable.

Pre-certification for all treatments are compulsory, otherwise, you will be required to bear a fifty percent (50%) co-insurance penalty on the eligible and medically necessary expenses on top of any applicable deductible, co-payments and co-insurance stated in the policy/policy schedule.

Hospital Charges including : Diagnostic procedures, Surgical procedures, Operating theatre charges, Nursing care, drugs and dressings, Surgical appliance and surgical implants, Surgeon and anaesthetist charges, Intensive care unit and high dependency unit charges, CT scan, MRI, x-rays and other such proven medical imaging techniques, Chemotherapy and/or radiotherapy, Kidney dialysis
Mental Health
Alcohol and Substance Abuse
AIDS, HIV, and Sexually Transmitted Diseases
Out-patient Treatment including : Out-patient surgical procedures, Diagnostic procedures, CT Scan, PET Scan, MRI, Radiotherapy, Chemotherapy, Kidney dialysis
Out-patient Prescription Drugs required for more than 30 days
Therapeutic Services : Occupational Therapy, Physical Therapy, Speech Therapy
Maternity Care for covered pregnancy
Contraception
Termination of pregnancy
Extended Care / Inpatient Clinics /in-patient Rehabilitation
Hospice and palliative care
Home Health Nurse / Skilled Nursing / In-Home Nurse / Private Duty Nurse
Intercollegiate, interscholastic, intramural, club sports
Durable Medical Equipment

For clarity, we will require you to contact us beforehand for our confirmation that the following services are medically necessary prior to our pre-certification:
- **Home Health Nurse / Skilled Nursing / In-Home Nurse / Private Duty Nurse or** special nursing in **hospital**

- **Extended Care / In-patient Clinics /In-patient Rehabilitation**

Additional note:
Co-payment is not required for if you seek out-patient treatment at the **University Student Centre or Student Health Centre.**

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Pre-certification is a process for which you obtain written approval for certain medical procedures or treatment, from us prior to the commencement of the proposed medical treatment.

Notwithstanding the requirement to pre-certification:

➢ Pre-certification approval does not guarantee payment of a claim in full, as additional co-payments and out-of-pocket expenses may apply at final invoice.

➢ Benefits payable under the Policy are subject to eligibility at the time when the charges are incurred, and to all other terms, limitations, and exclusions of the Policy.

➢ If we obtain new evidence subsequently to show that the treatment or medical expenses are not eligible, the prior approval may be revoked. We shall be entitled to recover all money in respect of any liabilities incurred or paid by us for expenses that is not eligible under this policy.

2.1 Pre-certification Procedures

Complete the Medical Claim Form.
This form can be downloaded from the on-line member portal:
Step 1: Log on to https://portal.axa-assistance.com.cn/emembercn/
Step 2: Go to *Policies* > Click *Views*
Step 3: Claim form can be found under *FILE REPOSITORY*

- Or you may call us to have a copy sent to you.
  USA Toll Free   : **+1 8886478502**
  China Local Helpline   : **+86 512 67483082**

The completed Medical Claim form with supporting documents e.g. investigative reports should be received by AXA Assistance via email or fax at least **5 working days prior to the scheduled procedure** or treatment date at the hospital.

Please email the completed Medical Claim form to:
PICC-Healthcare@axa-assistance.com.cn

We will review the request and respond to you within 2 working days of receiving complete medical information.

For all pre-certification procedures, you must receive written approval from us prior to the commencement of any treatment or procedure.

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3. DIRECT BILLING SERVICE

3.1 Show e-Membership Card at Hospital / Clinic within our panel network

In case you are not able to apply pre-certification in advance due to an emergency** or when you need emergency medical consultation or treatment

➢ Please present the e-Membership card and confirm that the provider will arrange direct settlement.
Or

➢ You may seek assistance by calling our 24-Hour Service Hotline at **+1 8886478502.** We are ready to be at your service.

** *Note: Emergency refers to a sudden, unexpected acute medical condition which, in the Insurer's opinion, constitutes a serious or life threatening* ***emergency*** *which requires immediate surgical or medical attention to avoid death or permanent and irreversible total loss of function.*

3.2 Important notes and Conditions of use

➢ If you are unwell, you may seek medical treatment at :
   a. the University Student Centre or Student Health Centre **(no co-payment is required)**
   b. one of the Urgent care or Walk-in Clinics (a list of such clinics nearest to you can be found on the "Find a Doctor" search tool, under "Places" or "Clinics"

   Tips:
   a. Avoid going to the Accident and Emergency (A&E) unit of the hospitals for non-life threatening ailments.

      The waiting time is longer and the charges are usually higher.

   b. Avoid walking in to a specialist clinics as most of these specialist clinics require appointment and do not take walk-in patients.

➢ Under the China Banking and Insurance Regulatory Commission (CBIRC) legislation if the medical fee exceeds RMB 10,000 or USD 1,000 (or equivalent amount of other currency) in a single transaction, you will be required to provide your ID/passport copy to us.

➢ You will pay more upfront if you do not present the e-Membership card, as this visit will be considered by us as an outside network transaction, where you will have to bear a higher co-insurance.

> The charges shown at the medical provider is the preliminary claim assessment of your policy. You are obligated to accept the final claims adjustment after we have completed the claims assessment. You may be required to pay any excess amount of the policy coverage if there is any miscalculation or uncovered items according to the policy terms.

> If your treatment is not eligible under the terms and conditions of your Policy or if AXA Assistance is temporarily unable to confirm whether your treatment is covered, the cost will not be settled directly with the provider.

> Nevertheless, you may proceed with the treatment. However, you will be responsible for the medical expenses at the provider. You may file for a reimbursement claim with all the necessary documents after your treatment.

4. REIMBURSEMENT OF ELIGIBLE CLAIMS

If you have visited a clinic or hospital outside of the direct billing network in USA or seek treatment in China, you should settle the payment directly at the provider and then seek reimbursement within 60 days after your eligible treatment.

In case you cannot mail the claim documents within 60 days, you could submit on-line / register the claim via the e-member portal https://portal.axa-assistance.com.cn/emembercn/ first within 60 days after your treatment.

The policyholder must inform us in writing in a timely manner within 60 days after the occurrence of any event, which may give rise to a claim under this Policy. We reserve the right to not pay benefits if we have not received a properly completed medical claims form, original invoices and all required documents within 60 days of the treatment being received.

The following documents are required for submission for reimbursement:
1. The prescribed claim form;
2. The identification of the claimant;
3. A copy of emergency medical records, discharge summary, hospitalization records and other medical records;
4. The original invoice and detailed list of expenses for medical expenses incurred;
5. Other certificates and information provided by the insured person in connection with the confirmation of the nature, cause and degree of loss of the insurance accident.

Please send the above documents to:

For Submission of claims from USA:
P.O. BOX 2711, Chicago, IL 60690

For Submission of claims from China:
AXA Assistance (Beijing) Co. Ltd Suzhou Branch
Address - Floor12 Tower G1, Genway I-Park, No. 88 Dongchang Road, Suzhou 215000 P. R. China

Upon receiving the required and completed claim documents, we will:
1. Settle the eligible claim and issue the result within 10 working days from when full information is received.
2. In other cases, we will let you know if we need any more information.

5. EMERGENCY MEDICAL ASSISTANCE

The services for Emergency Medical Assistance must be arranged by us at all times. We do not reimburse for any services that you have made your own arrangements.

If you are admitted as an emergency in-patient due to sudden illness or injury, and you or the treating doctor believe that the local medical facilities are not adequate to treat you, ask someone to call our emergency number.

USA : **+1 8886478502**
China Local Helpline : **+86 512 67483082**

We will require specific details of the nature of assistance required when your family member or friend contacts us:
- Information of the insured: full name, passport number, etc.
- Nature of injury or emergency or medical condition
- Where the member has sustained injury or moved from
- Full name and complete address of the hospital where the insured member is located
- Full name of the treating doctor
- Contact number of the hospital, ward and doctor
- Contact details of the caller and family member

Please note:
➢ This service is provided by an international assistance company who acts for **us**.

> Emergency evacuation is applicable when you are admitted as an emergency in-patient, and our appointed doctor and the treating doctor believe that the current medical facilities are not able to provide the treatment to you.

> We will cover the costs of repatriating you, if we have agreed to cover you for the emergency evacuation.

> We will not cover the cost of evacuating or repatriating you if you have decided to travel elsewhere for treatment and we believe the nearest medical facilities were adequate to provide you the required treatment.

> Entitlement to the Emergency Medical Assistance service does not mean that your treatment before and following evacuation or repatriation will be eligible for benefit. Any such treatment will be subject to the terms and conditions of your plan

> Treatment outside USA is limited to China, including Hong Kong, Macau and Taiwan, subject to a limit of USD 500 only. You and your family are responsible to :
- Pay for any hospital expenses before you can be moved/discharged
- Pay for any hospital deposit required by the receiving hospital or medical facility

6. DENIAL OF LIABILITY

Neither the insurer nor the policyholder is responsible for the quality of care received from any institution or individual. This policy does not give the insured person any claim, right or cause of action against us or policyholder based on an act of omission or commission of a hospital, medical practitioner or other provider of care or service.

It is hereby declared that as a condition precedent to Insurer's liability, the policyholder and the insured person have agreed that any personal information in relation to the policyholder provided by or on behalf of the insured person to us may be held, used and disclosed to enable Insurer or individuals/organizations associated with Insurer or any independent third party (within or outside China) to:

(i)   process and assess the insured person's application or any matter arising from the policy and any other application for insurance cover, and/or

(ii)   provide all services under the policy.

The Insurer shall not be bound to take notice of any trust, charge, lien, assignment or other dealing with or relating to this policy, but the payment by the Insurer to the policyholder or insured person, his/her nominee or legal representative, as the case may be, of any compensation or benefit under the policy shall in all cases be an effectual discharge to the Insurer.
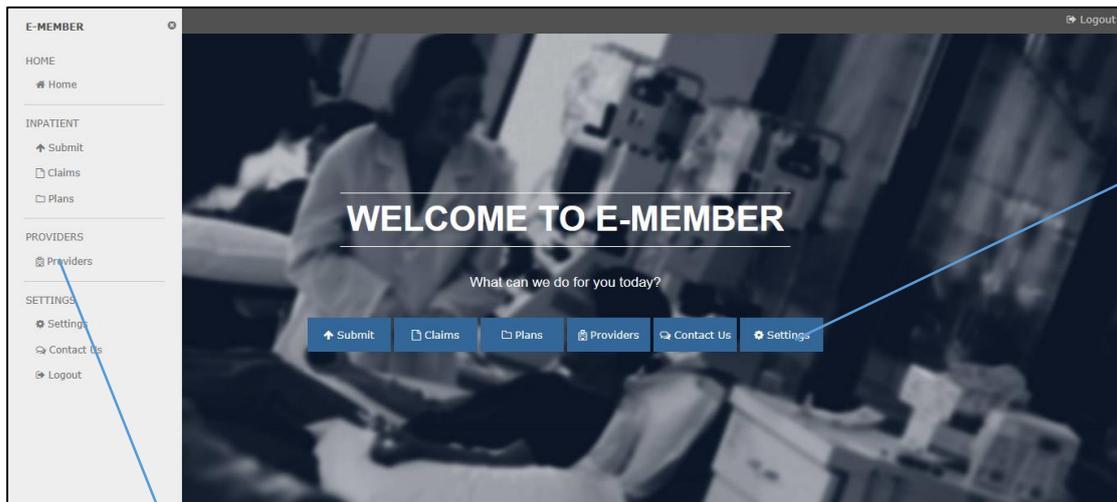
7. How to use E-member portal[A1] on PC/Desktop

7.1 Login Page

Clink the link: https://portal.axa-assistance.com.cn/emembercn/
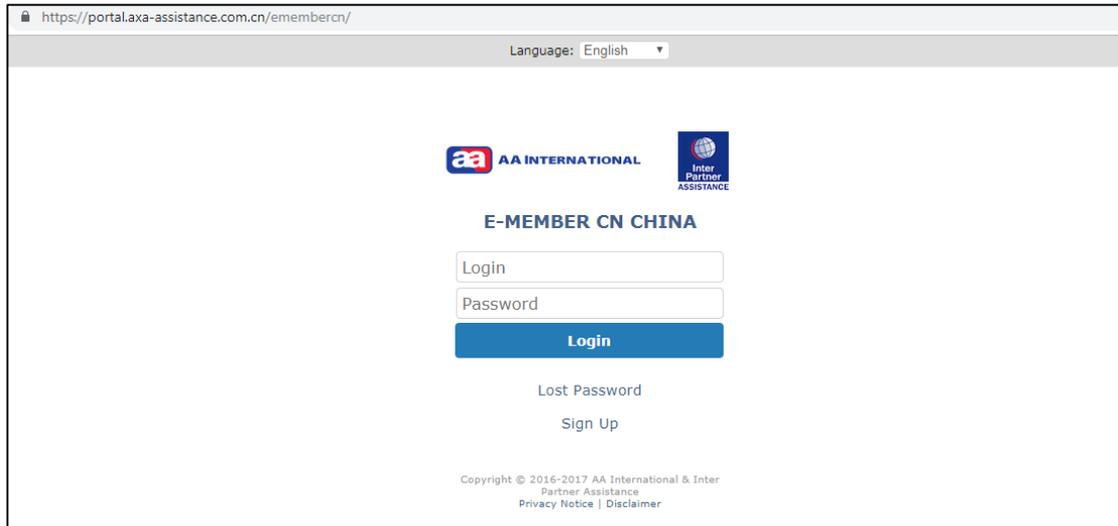
7.2 Using the system

Click to select the function you want to use

Click to select the function you want to use

![PICC 中国人民保险]

7.3 Submitting new reimbursement claims

Select the right case type:

a. If you only seek consultation and went home, choose "Outpatient"

b. If you are admitted to hospital, choose "Inpatient"

c. If you are undergoing procedure but do not have overnight stay in hospital, choose "Day Care"

Select the right plan that you want to claim from

For Inpatient case only, enter your discharge date

Enter treating doctor's full name

E.g. Fever

Select country of treatment

Enter hospital full name where you receive treatment

≡ E-MEMBER CN

⬇ REIMBURSEMENT CLAIMS SUBMISSION

CASE INFO

* Case Type:
Inpatient

* Visit/Admission Date:
10/06/2019

* Discharge Date:

* Policy:
Select One

* Treating Doctor:

* Initial Diagnosis:

* Visit/Admission Country:
CHINA

* Hospital/Clinic Name:

* Payment Method:
Select One

* Payment Currency:
AFGHANISTAN [AFN]

Currency will be displayed automatically according to visit/admission country

Click Choose to select the image of document/report/claim form/receipt etc. If you are using mobile phone, you may choose camera to take picture

* Total Claim Amount (i.e. 100):
0

Choose

Upload

Cancel

Uploaded File(s)

No records found

Important! Original Documents Required
To complete the submission, please mail to us the original documents to:

USA submission:
PO Box 261477
Miami, FL 33126.

China submission:
AXA Assistance (Beijing) Co. Ltd Suzhou Branch
Address - Floor12 Tower G1,Genway I-Park, No. 88
Dongchang Road, Suzhou 215000 P. R. China

☐ I have read and agree to the Terms and Condition

Submit

Key in the total amount to be claimed

Please email the original claim for, medical reports (if any), bills and receipts to this address for us to process

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7.4 Checking your claim(s) status

You may see all the claims submitted to us

Amount paid

Treatment/Admission date of claims

Date claim was received

Status:

New/In Progress/Paid/Ineligible

(Please call us if you require

further explanation)

Claim amount submitted

7.5 Checking your plans

Policy Start Date

Policy End Date

Clink link to download policy details

You may see spouse/child policy details in this section (if applicable)

7.6 Checking your nearest provider

Select plan you are using

Select the country of provider you are looking for

Select provider type: Hospital/Clinic

Key in your current location/address/road name/point of interest

Select the radius of search required from your location nearby

7.7 Contact us

Choose the type of feedback

Type in your message

8. How to use E-member portal on mobile device

8.1 Login Page

Go to URL: https://portal.axa-assistance.com.cn/emembercn/

Key in your login
username here

Click login
button to access
the portal

Key in your password here

Click Lost Password to generate
a new password to your email
address

8.2 Using the system

Click the function
you want to use
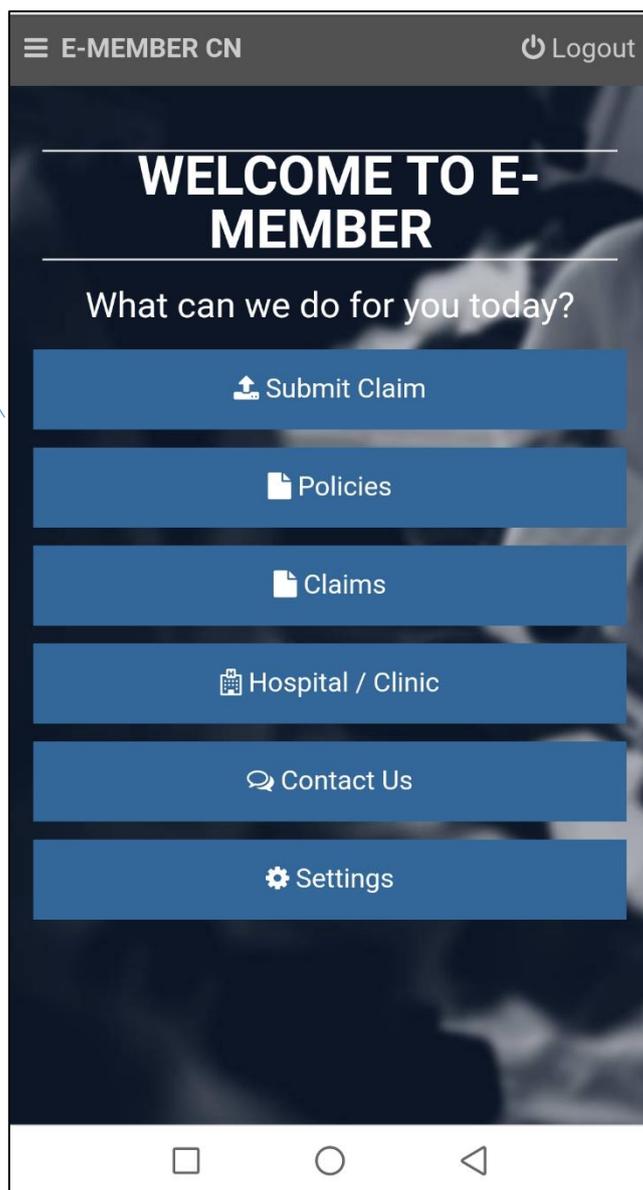
8.3 Submitting new reimbursement claims

Select the right case type:

a) a. If you only seek consultation and went home, choose "Outpatient"

b) b. If you are admitted to hospital, choose "Inpatient"

c) c. If you are undergoing procedure but do not have overnight stay in hospital, choose "Day Care"

Select the right plan you want to claim from

Select country of treatment

For Inpatient case only, enter your discharge date

Enter treating doctor's full name

Diagnosis or condition you are treated for. E.g. Fever

Enter medical provider full name where you received

☰ E-MEMBER CN   ⏻ Logout

⬆ REIMBURSEMENT CLAIMS SUBMISSION

CASE INFO

* Case Type:

    Inpatient ▼

* Visit/Admission Date:

    03/08/2018

* Discharge Date:

* Policy:

    Demo app (DEMOPOLICY000) ▼

* Treating Doctor:

* Initial Diagnosis:

* Visit/Admission Country:

    CHINA ▼

* Hospital/Clinic Name:

* Payment Method:

☐   ◯   ◁

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Currency will default to the country selected

Select the payment method you wish to receive your reimbursement from

Choose claims document to upload, it may trigger camera on mobile phone

Key in the total claims amount

Click submit once ready

* Payment Method:

Autopay

* Payment Currency:

AFGHANISTAN [AFN]

* Total Claim Amount (i.e. 100):

0

Choose

Upload

Cancel

Uploaded File(s)

No records found

Important! Original Documents Required

To complete the submission, please mail to us the original documents to:

USA submission:
PO Box 261477
Miami, FL 33126.

China submission:
AXA Assistance (Beijing) Co. Ltd Suzhou Branch
Address - Floor12 Tower G1,Genway I-Park, No. 88
Dongchang Road, Suzhou 215000 P. R. China

☐ I have read and agree to the Terms and Condition

Submit

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8.4 Checking your claim(s) status

Your most
recent claim

Admission /
treatment date

When claim
received by Insurer

Medical provider
for this claim

Scroll down for the next
. .

≡ E-MEMBER CN   ⏻ Logout

📄 **CLAIMS**

NO.
1
ADMISSION DATE
31/07/2018
PATIENT NAME
Demo app
RECEIVED DATE
31/07/2018
CLAIM ID
3758
STATUS
Pending
FACILITY
SHANGHAI UNITED
CLAIM AMOUNT
RMB 1,000.00
PAID AMOUNT
-

NO.
2
ADMISSION DATE
01/02/2018
PATIENT NAME
Demo app
RECEIVED DATE
17/07/2018
CLAIM ID
3645

Name of the
patient

Current status of
this claim

Amount
submitted for
claim

Amount paid if
this claim

![PICC 中国人民保险]

8.5 Checking your plans

Click view to see policy documents

E-MEMBER CN   Ⓤ Logout

🗁 **POLICIES**

PRINCIPAL

ACTION
View

NO.
1

ACTIVE
✔

FULL NAME
Demo app

DATE OF BIRTH
01/12/1999

POLICY NUMBER
DEMOPOLICY000

PLAN NAME
DEMOPLAN

EFFECTIVE DATE
01/12/2017

EXPIRY DATE
01/12/2018

DEPENDENT

No records found

Your dependent's policy(s) if any

![PICC 中国人民保险]

8.6 Checking your nearest provider

For provider in United States, click this link to bring you to our partner's provider portal

Select the different plan type

Select the country of providers you are looking for

Put in the name, postcode, road or city of location you want to search for

Select the right plan to search for. Different plan may have different panel providers

Select the type of provider you are looking for

Select the range of distance you want to search for, from your current location

---

≡ E-MEMBER CN   ⏻ Logout

🏢 **HOSPITAL / CLINIC**

Search for providers near you

For United States providers, kindly click this link
http://us1.welcometouhc.com/

*Plan Type:
(Search for providers for a specific plan)

Inpatient   ▼

*Inpatient Plan:

Demo app (DEMOPOLICY000)   ▼

- -

*Provider Country:

CHINA   ▼

*Provider Type:

Hospital   ▼

*Location (i.e. road name, postcode, city):

[   ]

*Range (in KM):

5

[○━━━━━━━━━━━━━━━━━━━━━━]

Search

☐   ○   ◁

![PICC 中国人民保险]

*Location (i.e. road name, postcode, city):

上海

*Range (in KM):

5

Search

Click search once all criteria had been keyed in

1 PROVIDER(S) FOUND

This is a panel provider. Click on it to see details

上海交通大学附属第一人民医院国际医疗保健中心
上海市虹口区海宁路100号, No.100 Haining Road, Hongkou District, Shanghai, Shanghai, China, China

This is your current location according to your selection criteria

8.7 Contact us

Choose the type of feedback

Click send to submit feedback. Our customer service will attend to your feedback

Type in your messages

☰ E-MEMBER CN   ⏻ Logout

💬 **CONTACT US**

Have an enquiry? Use this page to reach us.

Subject:

Feedback ▼

Message:

Message

Send