

Frequently Asked Questions

about the Sirius America Insurance Company Health Insurance Policy and
On Call International Global Assistance Program

Who are your contacts?



Who is Compass Student Insurance?

Compass Student Insurance is an insurance broker and the enrollment administrator for the Westminster Theological Seminary International Student and Scholar health insurance policy.

When should you call Compass Student Insurance?

You should contact them with any questions regarding your enrollment dates, policy document, ID cards at info@studenthealthusa.com or 781-356-1999



Who is ASRM, LLC?

ASRM, LLC is the Third-Party Administrator which administers your insurance policy and processes the **medical claims** for Sirius America Insurance Company. Sirius America Insurance Company is the insurance company which underwrites the medical benefits portion of your insurance policy. Please see ASRM's contact information on your identification card. Policy terms and conditions are briefly outlined in the Description of Coverage. Complete provisions pertaining to this insurance are contained in the Master Policy on file with the IEES trustee and the Subscriber. In the event of any conflict between the Description of Coverage and the Master Policy, the Policy will govern.

When should you call ASRM, LLC?

Call if you have any questions regarding your medical benefits, eligibility, claim status or reimbursement issues. If ASRM, LLC is closed and you have a **true emergency** with respect to one of these areas (for example hospital will not discharge patient unless payment is received in full) please contact On Call International as they can contact our staff after hours.

If you have any other issues regarding your medical coverage contact ASRM, LLC direct.

TOLL FREE: 800-359-7475 • COLLECT: 856-380-1213 • FAX: 856-231-7995 • WEB: www.helpwithmyplan.com
505 South Lenola Road, Suite 231 • Moorestown, New Jersey 08057



Who is On Call International?

On Call International is the assistance company which provides the non-medical benefits. On Call International is responsible for the Medical, Travel and Security Assistance, which includes services such as Emergency Medical Evacuation/Repatriation, Repatriation of Remains, Joining of Injured Family Member, a Nurse Helpline and any **overseas** Medical, Dental and Pharmacy referrals. On Call International provides all services with the oversight of a highly trained staff of nurse case managers, physicians and security professionals. On Call International is open 24 hours a day, 7 days a week including all holidays. Please see their contact information on your identification card. On Call International is not affiliated with Sirius America Insurance Company.

When should you call On Call International?

- If you are not sure of the level of medical care you need or how quickly you need it while traveling overseas.
- In the event you have to be medically evacuated from one location where medical treatment is not available, to another where treatment is available, as a result of a covered sickness or injury.
- In the event of a death due to a covered sickness or injury.
- In the event of a natural disaster warranting evacuation – see On Call International Global Assistance Program brochure.
- If you are located **outside** the United States and want a referral to a physician or hospital.
- If you are located **outside** the United States and need assistance with payment arrangements.

What do you need to know about your coverage?

Am I covered for pre-existing conditions?

Yes, with the exception of congenital anomalies, eligible expenses incurred for treatment of a pre-existing condition are covered up to \$5,000 during the first six months of your policy. After six months of continuous coverage, eligible expenses covered up to the policy maximum.

Is pregnancy covered?

Yes, pregnancy, including all complications thereof, is covered like any other sickness with respect to your Sirius America Insurance Company medical coverage.

Am I covered for dental?

Routine dental care or dental care needed as a result of cavities, wisdom teeth, or diseases of the gums are not covered. If dental treatment is needed as a result of a covered injury, and the injured teeth were sound and natural (never previously restored or compromised prior to the injury), the dental treatment is eligible for reimbursement.

What is a deductible?

A deductible is the portion of a bill that is not covered by the insurance company and is therefore the responsibility of the insured. It is the dollar amount of eligible medical expenses which must be paid as an out-of-pocket expense by each covered person on an annual basis before certain benefits are payable under the policy. Your Westminster Theological Seminary plan has a \$50.00 deductible. The policy year runs August 1, 2023 - July 31, 2024.

What is "out-of-pocket?"

Out-of-Pocket expenses are the deductible and co-insurance amounts that the Insured is responsible to pay. This means the policy year deductible, any copays or cost sharing under the plan and the co-insurance amount of your policy. The Out-of-Pocket maximum for your policy is \$2,500.00 per person. Please note that limitations and exclusions as listed in your policy are not included in calculating the Out-of-Pocket maximum.

What to do if you get sick?

Should I go to the emergency room?

A hospital Emergency Room is designed to treat urgent and life-threatening medical conditions. For example, an Emergency Room might be the best place to seek treatment for sudden chest pain, serious wounds with uncontrolled bleeding or that are deep enough to need stitches, eye injuries, broken bones, loss of consciousness, drug overdose, severe abdominal pain, or other conditions that you think may cause death or serious and lasting harm if not treated immediately. Emergency Rooms will treat the most sick or injured patients first, and if your condition is not immediately life-threatening, you will have to wait for treatment. In some metropolitan hospitals, the wait can be several to many hours for non-urgent conditions.

Colds or flu, coughs, rashes, minor fevers, earaches, headaches, scrapes or minor burns, sore muscles or backache generally are not life-threatening and do not warrant Emergency Room visits. An appointment, scheduled within 24 hours with a local physician or a urgent care facility, can often treat these important, but not life-threatening, conditions.

Will I be covered in my home country?

No. The policy is valid worldwide with the exception of your home country.

Can I go to any physician or hospital I want?

Yes. Your policy utilizes the PHCS/MultiPlan Preferred Provider Network. Medical providers who belong to this network are considered preferred providers and have a contract with your policy's administrator to bill them direct for services rendered to their participants. This means for eligible expenses under your policy, a preferred provider will bill ASRM direct at the time of service and you would only be responsible for any deductible or copayment. You can search for a preferred network provider yourself via the link below or call PHCS/MultiPlan provider services for assistance at 1-800-922-4362 or visit www.multiplan.com to find a PHCS/MultiPlan Provider.

Directions for PHCS/MultiPlan website lookup:

Go to <https://www.multiplan.com/webcenter/portal/ProviderSearch>

There maybe a message you have to click "ok" in order to continue

Click on the select network button on the left

Choose PHCS

Choose "I don't see any of these statements"

Choose "Front"

OUTSIDE THE UNITED STATES, CONTACT ON CALL INTERNATIONAL FOR A REFERRAL COLLECT 410-453-6330.

Will I have to pay when I go to the doctor?

Present your Identification Card when you go to a hospital or physician. If you visit a PHCS/Multiplan network medical provider, they will bill ASRM directly. If you visit a non-PHCS/Multiplan provider, the physician's office or clinic may require payment at the time of service. If this happens, you will have to submit the claim to ASRM, LLC for review. Outpatient service providers outside the United States usually require you pay for treatment at the time of service. In the event of an inpatient hospitalization outside of the United States, contact On Call International as soon as possible after hospitalization.

How can my (overseas) medical provider contact you?

The medical provider may contact ASRM, LLC at 856-380-1213 (collect, if outside the United States), fax 856-231-7995, or they may call On Call International collect at 410-453-6330 if ASRM, LLC is closed. Usually, arrangements for direct payment to the medical provider are possible once we send written confirmation of your insurance benefits. Payment can then be made in the form of a check or electronic transfer of funds directly to the medical service provider.

How can I keep the expenses of my medical bills to a minimum?

By seeking medical care at your college or university Student Health Center, if one is available. If not, visit an in-network doctor's office or urgent care for non-emergency services rather than an emergency room. An emergency room will charge much higher prices than a doctor's office or urgent care. However, if your condition is urgent or life-threatening, you should go directly to an Emergency Room.

How to file a claim?

How do I get reimbursed?

By submitting what is known in the insurance industry as a claim. A claim is a request for payment in accordance with an insurance policy. For our purposes, this would require an original itemized bill, along with a completed claim form.

Where can I get a claim form?

You may obtain a form directly from the ASRM, LLC website, www.helpwithmyplan.com or you may contact our customer service department at 800-359-7475 (within the United States) or 856-380-1213 (collect, if outside the United States) and request one be sent to you.

How do I submit a claim?

For services rendered in the United States, network PHCS/Multiplan providers will submit the claim directly. You may only be asked to pay the deductible or co-payment, if applicable. If you were required to pay at the time of service and need to submit the claim, complete a claim form and send it with itemized, original bills, along with receipts showing proof of payment, to ASRM, Claims Department, 505 S. Lenola Road, Suite 231, Moorestown, NJ 08057. Claims must be submitted within 90 days of the date of the loss. For Claims Customer Service call 800-359-7475 (within the United States) or 856-380-1213 (collect, if outside the United States), Monday through Friday, 8:30 a.m. to 5:30 p.m., ET.

How often do I need to submit a claim form?

One claim form will be required for each new and separate sickness or injury. Additional claim forms do not need to be submitted if you are under continuing care with your physician for the same condition.

Can I submit all my bills once I return home?

Yes, however, you must notify ASRM, LLC of the claim within 90 days of occurrence. Only **original** receipts will be accepted, and we recommend you keep photocopies for your records.

Why do I need a claim form?

The Claim Form gives us the information we need to process your claim. The following are just a few examples of why a claim form is required:

1. **Loss due to an Injury:** The claim form enables the examiner to determine where, when and how the injury was incurred.
2. **Provides Authorization:** A completed claim form includes an authorization for release of information. This allows the insurance company to communicate with medical providers and request critical information when necessary without further delay.

Why would ASRM, LLC need medical records?

Medical records may be requested for a number of reasons. Following are just a few:

1. To determine the history of a sickness or injury: how, when and where it began and how far it has progressed; whether or not it has been cured; the likely future course of treatment; and what complications, if any, may have arisen as a result of the condition.
2. When a physician lists multiple diagnoses, the records help us to determine how many of the diagnoses listed were actually treated and which ones were mere observations noted by the physician.
3. In the case of injuries, medical records give a clearer picture of what happened, so that we can more accurately determine what benefits you are entitled to.

I have lost my ID card, what should I do?

Contact Compass Student Insurance as soon as possible for a replacement at info@studenthealthusa.com or you can download identification cards from your Compass [My Insurance](#) account.