

REGULATIONS OF THE HEALTH INSURANCE PLANS (HIP)

Table of Contents

[HIP Regulations for Academic Personnel](#)

[HIP Regulations for Non-Academic Personnel and Students](#)

[Back to Top](#)

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REGULATIONS OF THE HEALTH INSURANCE PLAN FOR ACADEMIC PERSONNEL

[Section 1 - Definitions](#)

[Section 2 - Premiums](#)

[Section 3 - Membership and Classification](#)

[Section 4 - Enrollment of Academic Appointees](#)

[Section 5 - Days of Hospitalization](#)

[Section 6 - Services Provided](#)

[Section 7 - Services Not Provided](#)

[Section 8 - General Provisions](#)

[Section 9 - Payment of Hospital Bills](#)

Section 1 – Definitions

1. **"University"** or AUB means the American University of Beirut.
2. **"HIP"** means the Health Insurance Plan of the American University of Beirut.
3. **"Subscriber"** means the principal enroller in the Plan.
4. **"Member"** means any individual covered by the HIP.
5. **"Academic Appointee"** means a person engaged in teaching or other academic work at the University, as per its applicable rules and regulations.
6. **"Child"** means a natural born or a legally adopted dependent, unmarried child, up to the 21st birth date, living with the subscriber, except when the child is away from home for study.
7. **"Adult"** means an unmarried, non-working natural born or legally adopted son or daughter who is 21 to 25 years of age if attending school, and beyond that, only if unable to work for reasons of physical or mental disabilities, and if totally dependent upon and living with the subscriber.
8. **"Family"** means the subscribers, their spouses, and eligible children.
9. **"Spouse"** means the husband or wife of the subscriber.
10. **"Maternity"** means HIP maternity benefits for persons enrolled for such benefits within 21 days after marriage or at least ten months before normal delivery date, as stated in Section 8, Item 7.
11. **"HIP Premium"** is a premium applied to subscribers not covered by the Lebanese National Social Security Fund - Medical and Maternity Branch (hereafter referred to as NSSF).

12. **"HIP/NSSF Premium"** is a premium applied to subscribers covered by the Lebanese National Social Security Fund - Medical and Maternity Branch.
13. **"Medical Emergency"** means a sudden, unexpected and unforeseen occurrence of condition resulting in an injury or acute illness requiring immediate attention as determined by the medical profession.
14. Academic appointees who retired prior to July 1, 1998 and who leave or resign and have surviving spouses are defined in Section 4, Item 1.

[Back to Top](#)

Section 2 – Premiums

The premium rates are determined by the University and are subject to change from time to time at the sole discretion of the University. To check the premiums schedule, [click here](#).

[Back to Top](#)

Section 3 - Membership and Classification

1. All full-time academic appointees engaged for periods over three months are entitled but not required to enroll in the HIP with their spouses, dependent children under 21 years of age, and eligible adult sons and daughters. Subscriber may enroll alone but if they wish to cover their family, they must include the spouse and all eligible children, but can exclude dependent adults. The enrollment of new persons is subject to the passing of a medical examination by a physician designated by the University to evaluate their health status for possible enrollment in the plan.
2. Academic appointees engaged on half-time or more and for more than nine months are eligible to join the HIP under the same conditions as in 1 above. Part-time academic appointees are not eligible to join the HIP, but are eligible to use the University Health Service; exceptions to this rule are academic appointees holding clinical appointment in the Faculty of Medicine. Their enrollments are at first class rates only.
3. Eligible personnel who opt to join the HIP must fill in the benefits coordinator's office an enrollment form of membership within 21 days from the date of appointment indicating the class, the persons to be covered, and any additional optional coverage. Excerpts from rules and regulations governing HIP will be signed by appointees upon signing their contracts of employment; uninsured persons are of course, required to pay for their medical and hospital care. After the lapse of 21 days, enrollment will be available if requested in writing, only in the following October.
4. University personnel who go on periodic paid research leaves, home leaves, leaves with pay, or leaves without pay are entitled to continue their HIP membership while on leave. Payment of bills incurred outside AUB Hospital or abroad will in no case exceed a maximum of 80 percent, in excess of deductibles, of the costs of similar medical care or hospitalization at the AUB Medical Center. The HIP coverage in this case may be inadequate, accordingly, a subscriber on leave as mentioned in the previous paragraph is advised to make private arrangement for adequate health insurance in the place of destination. For coverage during leaves without pay, subscribers have to pay the premium in advance prior to departure; otherwise, they would be considered as new members upon returning from such leaves.
5. Membership begins from the date of enrollment. For foreign hire personnel duly engaged from overseas, membership may begin one month before the date when work and salary begin. Membership continues automatically unchanged as long as the subscriber remains eligible under the plan. No change in class or coverage is allowed unless the subscriber specifically requests a change in writing, and then only in the following October.
6. HIP coverage may be continued at the written request of the subscriber for a period not to exceed one month from the last day of the month in which the contract or employment is terminated.
7. Any change in status, e.g., marriage, birth of a child, adoption of a child, must be reported within a maximum period of 21 days to the Benefits Coordinator's Office in order to take advantage of the benefits available. In such cases, the fee and the benefits begin with the date of the change of status. In case of birth of a child whose parents are members of the HIP, the benefits for the child begin from the fourth day. After the lapse of 21 days,

enrollment and coverage will be available if requested in writing, and then only in the following October.

8. The University may require the subscriber to sign declarations when in its opinion such declarations would ensure the proper application of the plan.

[Back to Top](#)

Section 4 - Enrollment of Academic Appointees Who Retired Prior to July 1, 1998, and Who Leave or Resign and Have Surviving Spouses

1. Definitions

- a. Retirees are AUB academic personnel residing in Lebanon who retired from AUB service prior to July 1, 1998, in accordance with the University regulations, after having served at least 15 cumulative years, with a minimum of five continuous years immediately preceding retirement.
- b. Academic appointees are AUB academic personnel residing in Lebanon who leave or resign from AUB service in accordance with the university regulations, who at such time were age 65 or over and had completed 15 years of cumulative service, with the last five years in continuous active service at the University, or who at such time were age 60 or over and had completed 20 years of cumulative service, with the last five years in continuous active service at the University, or who at such time were not yet 60, but had completed 30 years of cumulative service, with the last five years in continuous active services at the University, and who had continuously enrolled their families in the plan during such 15, 20, or 30-year period when eligible.
- c. A surviving spouse residing in Lebanon is the wife or husband of a deceased retiree or deceased AUB academic appointee who is described in the preceding paragraphs, or who had served for at least 15 cumulative years with a minimum of the last five years of continuous active service immediately preceding death while in service.

2. Regulations

- a. Enrollment of retirees, academic appointees, and surviving spouses (as defined in Section 4, Item 1 above) and their families will be in accordance with the general regulations of the plan.
- b. Dependent children of retirees, academic appointees, and surviving spouses (as described in Section 4, Item 1 above) will be eligible only up to age 21. Adult children will also be eligible up to the age 25, if students.
- c. Applications for enrollment must be submitted in writing within a maximum of one month of the actual date of retirement, leaving, or resigning from AUB, or of the death of the subscriber.
- d. Premiums are paid for one year in advance according to rates established by the University.
- e. Enrollment is open only to the subscribers and the members of their families as at the time of their retirement, leaving, or resignation from AUB, or death.
- f. In case of death of academic appointees who retire, or leave, or resign from AUB, their families as at the time of their death may apply to continue in the plan.
- g. The enrollment of a surviving spouses who remarry stops at the time of remarriage, together with all other members under their subscription in the plan.

- h. Reimbursement for hospitalization or medical services is made only for those living in Lebanon. No reimbursement will be made for any services done outside Lebanon under any circumstances.
- i. Once enrollment of an academic appointee who retires, or leaves, or resigns from AUB, or of a surviving spouse is discontinued, it may not be reinstated.

[Back to Top](#)

Section 5 - Days of Hospitalization

1. Members are entitled to 30 days hospital care during the first calendar year of enrollment in the plan. They are entitled to 45 days during the second year, 60 days during the third year, and 90 days thereafter for uninterrupted or consecutive years of enrollment.
2. Days are non-cumulative, i.e., the unused portion of hospital service during any year shall not be cumulative in succeeding years.
3. Maternity benefits are limited to a maximum of three days care, and only when both husband and wife are members. When necessary to stay in hospital beyond three days because of medical complications, the additional days will be deducted from the regular days of care to which the member is entitled.

[Back to Top](#)

Section 6 - Services Provided

Except as indicated in Section 7 of this plan, members are entitled to the following services, as and if provided at the AUB Medical Center:

1. In-Hospital Coverage

- a. Hospitalized members are entitled to professional medical services within the University and general hospital services, except those listed in Section 7 of the plan.
- b. All necessary incurred hospital charges relating to treatment of illness or injury while the member is hospitalized, including maternity, if applicable. Coverage is provided at the AUB medical center only and is 100 percent in excess of deductibles. However, coverage at other hospitals, and in emergency cases only, is a maximum of 80 percent reimbursable in excess of deductibles at AUB medical center rates (i.e., hospital and professional fee schedules) as charged to the plan.
- c. Newborn babies will be covered under the mother's maternity benefits for a maximum of three days. Additional days will be covered by the infant's own membership, if any; otherwise, the subscriber will pay for all charges and costs.
- d. Isolation services: these do not cover fees for special nurses and difference in room rates, if any, which must be paid by the member.
- e. A maximum of three days hospitalization for diagnostic purposes only of suspected mental illness, alcoholism, substance abuse/addiction.

2. Out-Patient (Ambulatory) Coverage

- a. An HIP member is entitled to general or specialist physician consultation services if referred by the University Health Service.
- b. An HIP member is entitled to diagnostic x-ray and laboratory examinations, therapy treatment (radiotherapy, chemotherapy and physiotherapy), emergency room, and other necessary services within the resources of the AUB Medical Center.
- c. Mental illness or substance abuse/addiction diagnosis only for a maximum of two clinical visits.

[Back to Top](#)

Section 7 - Services/Benefits Not Provided

This plan does not provide for the following services:

1. Private nurses, external appliances and prosthesis, and ambulance services.
2. Prescriptions, medications, and medical supplies with respect to out-patients, except for:
 - a. One day surgery, for which the plan will cover 80 percent of the costs of the anesthesia and medical supplies, provided that the 20 percent which is not covered does not exceed the deductible fee of HIP in-patients when admitted to the AUB hospital.
 - b. Intravenous medications that are needed to conclude the course of therapy for an acute and self-limited medical condition for which the patient was admitted to the hospital.
 - c. Injuries resulting from misconduct. Misconduct shall be interpreted as any willful act or carelessness resulting in injury.
 - d. Chronic or other conditions or diseases or injuries which existed on or before the date of original enrollment or re-enrollment, unless the member has completed five consecutive years of membership.
 - e. Pre-existing conditions, diseases, or injuries of adults.
 - f. Pre-enrollment medical examination fees and cost of tests for adults.
 - g. Any conditions arising from pregnancy, unless maternity coverage has been subscribed for in accordance with the regulations.
 - h. Any injury or illness for which benefits are paid for by the employer under the law.
 - i. Rest cures, sanatoria, custodial care, quarantine.
 - j. Cosmetic or plastic surgery, unless necessary to correct traumatic injury occurring while insurance is in effect.
 - k. Dental examination and related x-ray, extractions, fillings, general dental care, and any dental surgery.
 - l. Visitor expenses or personal choice items (e.g., laundry cleaning, gifts, telephone bills, etc.).
 - m. Speech therapy, psychiatric, or child psychology services.
 - n. Suicide, self destruction or intentional self inflicted injury, or any attempt thereof while sane or insane.

- o. Alcoholism, the abuse of drugs and like substances, the addiction to and abuse of medicines under no medical supervision, and all consequences arising therefrom.
- p. Treatment of injuries and sickness consequent to the participation of the insured, either as an amateur or professional, in hazardous sport (e.g., motor or motorcycling race, deep sea diving, scuba-diving, snorkeling, parachuting, hand gliding, delta-plane).
- q. Abortion that is not medically mandated.
- r. Tubal-ligation as well as all birth control procedures and their consequences; treatment of impotence and varicocele and their consequences; fertility, sterility, and all screening tests, medications, and treatments related thereto and their consequences; in-vitro and ex-vitro, or any other artificial insemination procedures.

[Back to Top](#)

Section 8 - General Provisions

The Health Insurance Plan provides medical and hospital care for eligible academic personnel under these regulations. To benefit from the coverage provided for by the plan, HIP members are required to use exclusively the University Health Service and AUB Hospital for such care. Coverage will be in accordance with the plan's rules and regulations.

1. In-patients

- a. Admission to the hospital under this plan must be recommended by a University Health Service physician or by a physician on the staff of the American University Hospital having admission privileges. The admitting physician shall determine whether or not a patient requires hospitalization, and the attending physician shall determine when a patient is ready for discharge.
- b. After securing the admission slip from the doctor, the patient should report to the HIP office in the hospital to complete the "Notification of Expected Admission" and find out if the proposed admission is covered by HIP or subject to study in the light of the final diagnosis appearing on the medical record. This step may be postponed in case of an emergency situation.
- c. HIP/NSSF members will be covered by the plan in accordance with its rules and regulations for the portion of benefits not granted or covered by NSSF.
- d. If accommodations are not available in the class to which a member is a subscriber, the hospital administration shall have the right to assign a bed in a lower or higher class without refund or extra charge. If members requests to be admitted to a class higher than that to which they are subscribers, they shall pay the difference in the hospital charges.
- e. In case of emergency hospitalization in a hospital other than AUH, the members shall pay the hospital charges. They will then apply to the Benefits Coordinator's Office who, after proper investigation, will authorize refund of such part of the charges paid as are provided by the plan. To this effect, the members shall submit original itemized bills and receipts together with a report from the attending physician.
- f. Payment of such charges to the members will in no case exceed 80 percent of similar hospitalizations in the university hospital at the preferential rates, as charged to the plan in excess of deductibles.
- g. There will be a fixed deductible fee per admission per HIP member which will be determined by the University from time to time as shown in [Appendix A](#).
- h. Coverage for any condition arising out of pregnancy shall be available for three days. Such a coverage is applicable only if the husband and wife are members and enrollment for maternity benefits was made within 21 days after marriage. Enrollment for maternity not made within 21 days after marriage may be made in October, and to be covered, enrollment must be at least 10 months before the normal delivery date.

- i. Once maternity insurance is discontinued by a subscriber for any reason, maternity coverage cannot be reinstated.
- j. Newborn infants of members will be covered by their mother's maternity insurance for three days, and after that, they will be enrolled by the Benefits Coordinator's Office as dependent members upon the subscriber's written request.
- k. Subscribers will be entitled to coverage with their families, if insured, up to the end of the month when they leave the University, or at their option, for a period not to exceed one month from the last day on which they leave the University.
- l. Upon marriage or attainment of 21 years of age by any child of a subscriber, membership as a dependent shall terminate automatically at the end of the month during which marriage or attainment of 21 years of age has occurred. Adults, as defined in Section 1, Item 7, will be reinsured only upon written request.
- m. Premiums will be deducted by the comptroller from the monthly salary of the subscriber. Full monthly premiums will be charged for coverage of a month or a fraction of a month.
- n. Premiums of personnel not receiving salaries will be collected yearly in advance. Subscribers will be notified and requested to pay any increase in premiums.
- o. Administration of the plan and interpretation of its regulations shall rest with the University, whose decision will be final and binding.
- p. The University reserves the right to change the premiums, conditions, and regulations of the HIP at any time without prior notice. Such changes will apply to new members and those already enrolled in the plan.
- q. The University will make no refunds on premiums.

2. Out-patients

Coverage of out-patient services of members of the plan will be 100 percent of the services performed within the resources of the AUB Medical Center through the University Health Service. In emergency cases only, reimbursement for medical services provided at other than AUB Medical Center will be at maximum of 80 percent of cost calculated at AUB's hospital fee schedule rates as charged to the plan; reimbursement ceiling for professional fees will be equal to those of AUB's hospital professional fee schedule then in effect. The procedure to be followed for reimbursement is similar to that of Section 8, Item 1, part e.

[Back to Top](#)

Section 9 - Payment of Hospital Bills

1. Hospital bills shall be submitted by the American University Hospital to the Benefits Coordinator's Office. The subscribers shall remain obligated for the payment of any charge not covered by the plan. The University shall deduct any such charges from the subscribers' salary.
2. Claims for reimbursement for services paid for in a hospital other than the American University Hospital should be mailed or delivered in person to the Benefits Coordinator's Office within two months from the members' discharge; otherwise, the members will forfeit their right for reimbursement and the claim will be rejected.
3. In the event members of the HIP are also members of another health insurance plan, the HIP will pay only those items covered by HIP, but not by the other plan.

[Back to Top](#)

REGULATIONS OF THE HEALTH INSURANCE PLAN FOR NON-ACADEMIC PERSONNEL AND STUDENTS

[Section 1 - Definitions](#)

[Section 2 - Premiums](#)

[Section 3 - Membership and Classification](#)

[Section 4 - Enrollment of Non-Academic Retirees and Surviving Spouses](#)

[Section 5 - Days of Hospitalization](#)

[Section 6 - Services Provided](#)

[Section 7 - Services Not Provided](#)

[Section 8 - General Provisions](#)

[Section 9 - Payment of Hospital Bills](#)

Section 1 – Definitions

1. **"University"** or AUB means the American University of Beirut.
2. **"HIP"** means the Health Insurance Plan of the American University of Beirut.
3. **"Subscriber"** means the principal enroller in the plan.
4. **"Member"** means any individual covered by the HIP under these regulations pertaining to non-academic personnel and students.
5. **"Employee"** means a person employed by the University who is engaged in office or non-manual work other than teaching.
6. **"Worker"** means a person employed by the University who is engaged in manual or non-office work.
7. **"Child"** means a natural born or a legally adopted dependent, unmarried child, up to the 21st birth date, living with the subscriber, except when the child is away from home for study.
8. **"Adult"** means an unmarried, non-working natural born or legally adopted son or daughter who is 21 to 25 years of age, if attending school, and beyond that, only if unable to work for reasons of physical or mental disabilities and if totally dependent upon and living with the subscriber.
9. **"Family"** means the subscribers, their spouses, and eligible children.
10. **"Spouse"** means the husband or wife of the subscriber.
11. **"Student"** means a person registered for a course of study at the University, whether working or not for a degree, on full-time or part-time basis, provided the student is registered for at least six credit hours. Auditors are not considered as students. A

graduate student registered for a thesis is eligible to continue the HIP coverage for not more than two consecutive years.

12. **"Trainee"** means a person coming to the University for a training program which may or may not include regular course work. HIP coverage is restricted to the trainee only.
13. **"Maternity"** means HIP maternity benefits for persons enrolled for such benefits within 21 days after marriage, or at least ten months before normal delivery date, as stated in Section 8, Item 7.
14. **"HIP Premium"** is a premium applied to subscribers not covered by the National Social Security Fund - Medical and Maternity Branch (hereafter referred to as NSSF).
15. **"HIP/NSSF Premium"** is a premium applied to subscribers covered by the National Social Security Fund - Medical and Maternity Branch.
16. **"Medical Emergency"** means a sudden, unexpected, and unforeseen occurrence of condition resulting in an injury or acute illness requiring immediate attention as determined by the medical profession.
17. Non-academic retirees and surviving spouses are defined in Section 4, Item 1.

[Back to Top](#)

Section 2 - Premiums

The premium rates are determined by the University and are subject to change from time to time at the sole discretion of the University. To check the premiums schedule, [click here](#).

[Back to Top](#)

Section 3 - Membership and Classification

1. All full-time employees and workers engaged for periods over three months are entitled, but not required to, enroll in the HIP with their spouses, and dependent children under 21 years of age, and eligible adult sons and daughters. Subscribers may enroll alone, but if they wish to cover their families, they must include their spouses and all eligible children, but can exclude dependent adults. The enrollment of new persons is subject to the passing of medical examinations by physicians designated by the University to evaluate their health status for possible enrollment in the plan.
2. Employees and workers engaged on half-time or more and for more than nine months are eligible to join the HIP under the same conditions as in (1) above. All other part-time personnel are not eligible to join the HIP, but are eligible to use the University Health Service.
3. Persons of 65 years of age or above are not eligible for original enrollment in the HIP.
4. Eligible personnel who opt to join the HIP must fill in the Benefits Coordinator's Office an enrollment form of membership within 21 days from the date of appointment indicating the class, the persons to be covered, and any additional optional coverage. Excerpts from rules and regulations governing HIP will be signed by appointees upon signing their contracts of employment; uninsured persons are, of course, required to pay for their medical and hospital care. After the lapse of 21 days, enrollment will be available if requested in writing, only in the following October.
5. Non-academic personnel who go on leaves with pay or leaves without pay are entitled to continue their HIP membership while on leave. Payment of bills incurred outside AUB Hospital or abroad will in no case exceed a maximum of 80 percent, in excess of deductibles, of the costs of similar medical care or hospitalization at the AUB Medical Center. The HIP coverage in this case may be inadequate, accordingly, subscribers on leave, as mentioned in the previous paragraph, are advised to make private arrangements for adequate health insurance in the place of destination. For coverage during leaves without pay, the subscribers have to pay the premium in advance prior to departure, otherwise, they would be considered as new members upon returning from such leaves.
6. Membership begins from the date of enrollment. For foreign hire personnel duly engaged from overseas, membership may begin one month before the date when work and salary begin. Membership continues automatically unchanged as long as the subscriber remains eligible under the plan. No change in class or coverage is allowed unless the subscriber specifically requests a change in writing, and then only in the following October.
7. HIP coverage may be continued at the written request of the subscriber for a period not to exceed one month from the last day of the month in which the contract or employment is terminated.
8. Any change in status, e.g., marriage, birth of a child, adoption of a child, must be reported within a maximum period of 21 days to the Benefits Coordinator's Office in order to take advantage of the benefits available. In such cases, the fee and the benefits begin with the date of the change of status. In case of birth of a child whose parents are members of the HIP, the benefits for the child begin from the fourth day. After the lapse of 21 days,

enrollment and coverage will be available if requested in writing, and then only in the following October.

9. Students who register at the University at the beginning of the first semester must be enrolled for 12 months starting October 1 through September 30 of the following year, and students who register at the beginning of the second semester will only be covered from the beginning of the second semester up till September 30 of the same year, provided they do not graduate, withdraw, or be suspended and/or dropped from the University. Students who register at the beginning of the summer session will be covered from the beginning of the summer session to September 30. Coverage during the summer will be limited only to the use by the students of the University Health Service and University Hospital, provided they do not withdraw, be suspended, or dropped from the University. Under no condition will coverage be for hospitalization outside the AUB hospital (inpatient, outpatient services).
10. Eligible married students may enroll their spouse and children who are living with them in Lebanon at the regular second class rates as long as they remain duly registered at the University and are members of the HIP. The premiums for the spouse and the children must be paid in full and in advance.
11. Students may be exempted from enrolling in the HIP if they present proof that they are covered by another health insurance plan and a waiver is signed by them, if of age, or by their guardians, if a minor, in which they indicate that they do not wish to participate in the plan of the University. Such students will be responsible for payment in full of all expenses incurred at the AUB hospital and private clinics.
12. The University may require the subscribers to sign declarations when in its opinion such declarations would ensure the proper application of the plan.

[Back to Top](#)

Section 4 - Enrollment of Non-Academic Retirees and Surviving Spouses

1. Definitions

- a. A retiree residing in Lebanon is an AUB non-academic personnel who retired from AUB service in accordance with the university regulations after having served at least 15 cumulative years, with a minimum of five continuous years immediately preceding retirement.
- b. Employee or workers are regular full-time AUB non-academic personnel residing in Lebanon who resign any time after their sixtieth birthday, provided they have had completed at least 15 years of active service at the University and had enrolled continuously in HIP for at least 15 years.
- c. A surviving spouse residing in Lebanon is the wife or husband of a deceased university non-academic personnel who had served for at least 15 cumulative years, with a minimum of five continuous years immediately preceding death while in service.

2. Regulations

- a. Enrollment of retirees, employees, and workers who resign and have surviving spouses (as defined in Section 4, Item 1 above) and their families, will be in accordance with the general regulations of the plan.
- b. Dependent children of retirees, employees, and workers who resign, and surviving spouses (as defined in Section 4 item 1 above) will be eligible only up to the age of 21. Adult children will also be eligible up to the age of 25, if students.
- c. Application for enrollment must be submitted in writing within a maximum of one month of the actual retirement date, resignation date, or death of the subscriber.
- d. Premiums are paid for one year in advance according to rates established by the University.
- e. Enrollment is open only to the subscribers and the members of their families as at the time of their retirement, resignation, or death.
- f. In case of death of retirees, or employees, or workers who resigned from the University, their families as at the time of their death may apply to continue in the plan.
- g. The enrollment of surviving spouses who remarry stops at the time of remarriage, together with all other members under their subscription in the plan.
- h. Reimbursement for hospitalization or medical services is made only for those living in Lebanon. No reimbursement will be made for any services performed outside Lebanon under any circumstances.

- i. Once enrollment of a retiree, an employee, or worker who resigned, or of a surviving spouse is discontinued, it may not be reinstated.

[Back to Top](#)

Section 5 - Days of Hospitalization

1. Members are entitled to 30 days hospital care during the first calendar year of enrollment in the plan. They are entitled to 45 days during the second year, 60 days during the third year, and 90 days thereafter for uninterrupted or consecutive years of enrollment.
2. Days are non-cumulative, i.e., the unused portion of hospital service during any year shall not be cumulative in succeeding years.
3. Maternity benefits are limited to a maximum of three days care, and only when both husband and wife are members. When necessary to stay in hospital beyond three days because of medical complications, the additional days will be deducted from the regular days of care to which the member is entitled.

[Back to Top](#)

Section 6 - Services Provided

Except as indicated in Section 7 of this plan, members are entitled to the following services, as and if provided at the AUB medical center:

1. In Hospital Coverage

- a. Hospitalized members are entitled to professional medical services within the University and general hospital services, except those listed in Section 7 of the plan.
- b. All necessary incurred hospital charges relating to treatment of illness or injury while the members are hospitalized including maternity, if applicable. Coverage is provided at the AUB medical center only and is 100 percent in excess of deductibles. However, coverage at other hospitals, and in emergency cases only, is a maximum of 80 percent reimbursable in excess of deductibles at the AUB medical center rates (i.e., hospital and professional fee schedules) as charged to the plan.
- c. Newborn babies will be covered under the mother's maternity benefits for a maximum of three days. Additional days will be covered by the infant's own membership, if any; otherwise, the subscriber will pay for all charges and costs.
- d. Isolation services: these do not cover fees for special nurses and difference in room rates, if any, which must be paid by the member.
- e. A maximum of three days hospitalization for diagnostic purposes only of suspected mental illness, alcoholism, substance abuse/addiction.

2. Out-Patient (Ambulatory) Coverage

- a. An HIP member is entitled to general or specialist physician consultation services if referred by the University Health Service.
- b. HIP members are entitled to diagnostic x-ray and laboratory examinations, therapy treatment (radiotherapy, chemotherapy and physiotherapy), emergency room and other necessary services within the resources of the AUB Medical Center.
- c. Mental illness or substance abuse/addiction diagnosis only for a maximum of two clinical visits.

[Back to Top](#)

Section 7 - Services/Benefits Not Provided

This plan does not provide for the following services:

1. Private nurses, external appliances and prosthesis, and ambulance services.
2. Prescriptions, medications, and medical supplies with respect to out-patients except for:
 - a. One day surgery, for which the plan will cover 80 percent of the costs of the anesthesia and medical supplies, provided that 20 percent which is not covered does not exceed the deductible fee of HIP in-patients when admitted to the AUB hospital.
 - b. Intravenous medications that are needed to conclude the course of therapy for an acute and self-limited medical condition for which the patient was admitted to the hospital.
 - c. Injuries resulting from misconduct. Misconduct shall be interpreted as any willful act or carelessness resulting in injury.
 - d. Chronic or other conditions or diseases or injuries which existed on or before the date of original enrollment or re-enrollment, unless the member has completed five consecutive years of membership.
 - e. Pre-existing conditions, diseases, or injuries of adults.
 - f. Pre-enrollment medical examination fees and cost of tests for adults.
 - g. Any conditions arising from pregnancy, unless maternity coverage has been subscribed for in accordance with the regulations.
 - h. Any injury or illness for which benefits are paid for by the employer under the law.
 - i. Rest cures, sanatoria, custodial care, quarantine.
 - j. Cosmetic or plastic surgery, unless necessary to correct traumatic injury occurring while insurance is in effect.
 - k. Dental examination and related x-ray, extractions, fillings, and general dental care, and any dental surgery.
 - l. Visitor expenses or personal choice items (e.g., laundry cleaning, gifts, telephone bills, etc.).
 - m. Speech therapy, psychiatric, or child psychology services.
 - n. Suicide, self-destruction, or intentional self inflicted injury, or any attempt thereat, while sane or insane.
 - o. Alcoholism, the abuse of drugs and like substances, the addiction to and abuse of medicines under no medical supervision and all consequences arising therefrom.

- p. Treatment of injuries and sickness consequent to the participation of the insured, either as an amateur or professional, in hazardous sport (e.g., motor or motorcycling race, deep sea diving, scuba-diving, snorkeling, parachuting, hand gliding, delta-plane).
- q. Abortion that is not medically mandated.
- r. Tubal-ligation, as well as all birth control procedures and their consequences; treatment of impotence and varicocele and their consequences; fertility, sterility, and all screening tests, medication and treatments related thereto and their consequences; in-vitro and ex-vitro, or any other artificial insemination procedures.

[Back to Top](#)

Section 8 - General Provisions

The Health Insurance Plan under these regulations provides medical and hospital care for eligible AUB community, namely academic and non-academic personnel and students. To benefit from the coverage provided for by the plan, HIP members are required to use exclusively the University Health Service and the AUB Hospital for such care. Coverage will be in accordance with the plan's rules and regulations.

1. In-Patients

- a. Admission to the hospital under this plan must be recommended by a University Health Service physician or by a physician on the staff of the American University Hospital having admission privileges. The admitting physician shall determine whether or not a patient requires hospitalization, and the attending physician shall determine when a patient is ready for discharge.
- b. After securing the admission slip from the doctor, the patient should report to the HIP office in the hospital to complete the "Notification of Expected Admission" and find out if the proposed admission is covered by HIP or subject to study in the light of the final diagnosis appearing on the medical record. This step may be postponed in case of an emergency situation.
- c. HIP/NSSF members will be covered by the plan in accordance with its rules and regulations for the portion of benefits not granted or covered by NSSF.
- d. If accommodations are not available in the class to which a member is a subscriber, the hospital administration shall have the right to assign a bed in a lower or higher class, without refund or extra charge. If members request to be admitted to a class higher than that to which they are subscribers, they shall pay the difference in the hospital charges.
- e. In case of emergency hospitalization in a hospital other than AUH, the members shall pay the hospital charges. They will then apply to the Benefits Coordinator's Office who, after proper investigation, will authorize refund of such part of the charges paid as are provided by the plan. To this effect, the members shall submit original itemized bills and receipts, together with a report from the attending physician.

Payment of such charges to the members will in no case exceed 80 percent of similar hospitalization in the university hospital at the preferential rates, as charged to the plan in excess of deductibles.

- f. There will be a fixed deductible fee per admission per HIP member which will be determined by the University from time to time, as shown in [Appendix A](#).
- g. Coverage for any condition arising out of pregnancy shall be available for three days. Such a coverage is applicable only if the husband and wife are members and enrollment for maternity benefits was made within 21 days after marriage. Enrollment for maternity not made within 21 days after marriage may be made in October, and to be covered, enrollment must be at least 10 months before the normal delivery date.

- h. Once maternity insurance is discontinued by a subscriber for any reason, maternity coverage cannot be reinstated.
- i. New born infants of members will be covered by their mother's maternity insurance for three days, and after that, they will be enrolled by the Benefits Coordinator's Office as dependent members upon the subscriber's written request.
- j. Subscribers will be entitled to coverage with their family, if insured, up to the end of the month when they leave the University, or at their option, for a period not to exceed one month from the last day on which they leave the University.
- k. Upon marriage or attainment of 21 years of age by any child of a subscriber, membership as a dependent shall terminate automatically at the end of the month during which marriage or attainment of 21 years of age has occurred. Adults, as defined in Section 1, Item 8, will be reinsured only upon written request.
- l. Premiums will be deducted by the comptroller from the monthly salary of the subscriber. Full monthly premiums will be charged for coverage of a month or a fraction of a month.
- m. Premiums of personnel not receiving salaries will be collected yearly in advance. Subscribers will be notified and requested to pay any increase in premiums.
- n. Premiums of students will be collected in advance for the semester. No refunds will be made for students who withdraw for any reason during the semester.
- o. Students will be covered by HIP from the time they register and pay their fees up to 48 hours from the time they graduate or leave the University for other reasons.
- p. Administration of the plan and interpretation of its regulations shall rest with the University whose decision will be final and binding.
- q. The University reserves the right to change the premiums, conditions, and regulations of the HIP at any time, without prior notice. Such changes will apply to new members and those already enrolled in the plan.
- r. The University will make no refunds on premiums.

2. Out-Patients

Coverage of out-patient services of members of the plan will be 100 percent of the services performed within the resources of the AUB Medical Center through the University Health Service. In emergency cases only, reimbursement for medical services provided at other than the AUB Medical Center will be at a maximum of 80 percent of the cost calculated at the AUB's hospital fee schedule rates, as charged to the plan; reimbursement ceiling for professional fees will be equal to those of AUB's hospital professional fee schedule then in effect. The procedure to be followed for reimbursement is similar to that of Section 8, Item 1, part 5.

Section 9 - Payment of Hospital Bills

1. Hospital bills shall be submitted by the American University Hospital to the Benefits Coordinator's Office. The subscribers shall remain obligated for the payment of any charge not covered by the plan. The University shall deduct any such charges from the subscribers' salary.
2. Claims for reimbursement for services paid for in a hospital other than the American University Hospital should be mailed or delivered in person to the Benefits Coordinator's Office within two months from the members' discharge, otherwise, the members will forfeit their right for reimbursement and the claim will be rejected.
3. In the event a member of HIP is also a member of another health insurance plan, the HIP will pay only those items covered by HIP, but not by the other plan.

[Back to Top](#)