

**AMERICAN UNIVERSITY OF BEIRUT  
HUMAN RESOURCES DEPARTMENT**

**EXCERPTS FROM RULES AND REGULATIONS GOVERNING A.U.B.  
HEALTH INSURANCE PLAN**

We would like to draw your attention to the following regulations concerning the University Health Insurance Plan.

1. The Health Insurance Plan provides medical and hospital care for A.U.B. community namely academic personnel, non-academic personnel and students. The HIP members are required to use exclusively the University Health Service and the A.U.B. Hospital for their medical and hospital care. Coverage will be in accordance with the Plan's Rules and Regulations.
2. Enrollment in the Health Insurance Plan is optional for all Personnel who are working on full time basis for periods over three months or on half time basis for more than nine months.
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 coverage required and including any additional optional coverage. Persons who do not enroll are of course required to pay for their medical and hospital care. After 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 hospitalization bills incurred outside A.U.B. Medical Center or abroad will in no case exceed 80% of the cost of similar services provided at A.U.B. Hospital in excess of deductibles.

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 leave without pay, the subscriber has to pay the premium in advance prior to departure. Otherwise, he would not be covered and would be considered as a new member upon returning from such leave.

Claims for reimbursement (Original itemized bill, and receipts together with a report from the attending physician) 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 member's discharge, otherwise, the member will forfeit his/her right for reimbursement and the claim will be rejected.

5. HIP subscribers and family members will be covered in case of emergency and in case of approved leaves for outpatient and inpatient services outside the resources of A.U.B. Medical Center (Hospital) and University Health Services provided that reimbursement of bills incurred outside A.U.B. Medical Center will in no case exceed a maximum of 80% of similar medical care or hospitalization at A.U.B.
6. Any change in status, e.g. marriage, birth of a child, adoption of a child or stopping of a coverage in respect of any member must be reported in writing within a maximum period of 21 days to the Benefits Coordinator's Office in order to take advantage in status. In such cases, the premium (as amended) and/or the benefits begin with the date of the change of the 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 available if requested in writing and then only in the following October.
7. Coverage for any condition arising out of pregnancy shall be available for three days. Such 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. Once maternity insurance is discontinued by a subscriber for any reason, maternity coverage cannot be reinstated.
8. Changes in class, coverage and discontinuation of membership can be made only in October and upon requesting them in writing.
9. Chronic or other conditions or diseases or injuries, which existed on or before the date of original enrollment or reenrollment will not be covered unless the member has completed five consecutive years of membership.

It is to be noted that the wording of this memorandum is meant to be a mere summary of the provisions of the Plan and is provided solely as a matter of convenience and in no way define or limit the scope or intent of any provision of the Plan.

I have read the above terms from Rules and Regulations governing A.U.B. Health Insurance Plan.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Prepared and re-issued  
by Human Resources Department  
December 2002

REF: HIP/RULES&REGULI