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ELIGIBILITY

1. Who is eligible for coverage through HSI?

Compulsory members, such as:

- **Students**

A student is covered as long as he/she is a full time student and receives financial support from the State Educational Loan Fund (laanekassen) in Norway. Also, students without financial support from the State Educational Loan Fund have the same rights as mentioned above when studying abroad for a maximum of one year. It is presupposed that they are full-time students at an educational center abroad.

- **Consulates & Embassy employees**
- **Military staff**
- **War veterans**
- **Pensioners**

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2. Who is not eligible for coverage through HSI?

Voluntary members

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3. Insurance cards

FFU will send an insurance card to eligible students. This will be sent to your Norwegian address. If you have not received a card, or if you have lost it, please contact FFU directly.

For all other members, HSI will send an insurance card to eligible members upon receipt of an enrollment form (svarskjema).

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4. Will each family member receive an insurance card?

No. Only the main member and spouse will receive an insurance card. Children can use the insurance card of either of the parent.

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5. Where do I obtain an enrollment form (svarskjema)?

Contact the Ministry of Foreign Affairs or click on the following links:

- [Consulates & Embassy employees](#)
- [Military staff](#)
- [Pensioners](#)

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6. Coverage for dependents

Any direct child of a member is automatically covered through HSI/FFU upon receipt of the completed enrollment form. They will be covered under the main member. Please contact our office to register any newborn. Spouse or dependents with common child is compulsory members as long as they are provided for and are Norwegian citizens. Please contact our office for information.

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7. Termination of coverage for students

Generally you have full coverage up until the following Sunday in the month after your last exam. After this you have reduced coverage through FFU directly. This means that you have to pay all charges after this period yourself and submit to FFU for consideration. However; if you start working you are no longer covered, but can apply for voluntary membership.

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8. Am I covered with HSI during my Optional Practical Training (OPT)

No. As soon as you start working, you are no longer covered with HSI/FFU. However, you can apply for voluntary membership in which you will be covered through FFU directly.

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9. How do I apply for voluntary membership?

Go to www.trygdeetaten.no and find detailed information about voluntary membership. [Click here](#) to find the application. This is to be sent directly to FFU. For further information contact FFU directly.

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10. If I am a voluntary member, will I be covered through HSI?

No. All voluntary members must pay all charges upfront and submit to FFU for consideration.

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1. What treatment or treatment categories are not covered?

Acupuncture
Aromatherapy
Homeopathy
Naprath
Optician
Osteopath
Podiatrist

Regular dental work/School dental service
Routine check-ups
Infant welfare
Vaccinations
Experimental treatment
Medical certificates
Cosmetic treatment

Please note that this list is not complete.

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2. What is my deductible?

The deductible is \$182.77 per illness per year. This is taken in 25% increments. Children under 7 years of age have no deductible. Please note that the amount of the deductible changes each year.

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3. Do I have to pay co-insurance?

No, unless specifically stated otherwise.

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4. Is pre-existing conditions covered?

Yes.

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5. Routine visits

Not covered.

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6. Well baby care

Not covered.

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7. Vaccinations

Most vaccinations not covered.

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8. Well baby care and vaccinations are covered in Norway, why is it not covered while I am in the

US?

When you travel abroad, the coverage is not always the same as if you were in Norway. Well baby care and vaccinations are not governed by "trygdeloven" when you travel abroad, and are therefore not covered. As an example, schooling is free in Norway. However, when you travel abroad you will no longer have this right. The same is for well baby care and vaccinations.

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9. Mammogram

Covered. 25% deductible will apply if not already met.

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10. OB/GYN

Covered. 25% deductible will apply if not already met.

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11. Maternity

Covered. No deductible.

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12. Abortion

Covered. No deductible.

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13. Infertility treatment

Coverage is available. Please contact our office for details.

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14. Dental

Treatment of tooth decay and cleaning is not covered. Impacted wisdom teeth are covered at 75%; this includes x-rays and anesthesia. Gum disease (periodontal disease)/braces might be considered. Other oral surgical treatment may also be considered. Please contact our office for information.

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15. Physical Therapy

A referral from a Medical Doctor is needed. 24 sessions each 6 months period is covered and a total of 48 sessions a year. If you need more PT than this, please have the treating physician send us medical records to approve further sessions. Physical therapy is covered at 75%. If physical therapy follows surgery, therapy is covered at 100% for six months.

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16. **Occupational Therapy**

Not covered.

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17. **Speech Therapy**

Coverage is available. Please contact our office for details.

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18. **Psychotherapy**

Psychotherapy must be performed by a psychologists (PhD) or psychiatrists (MD). If you are seeing a PhD, a referral from an MD is needed.

Psychotherapy must be approved in advance for each individual case, however; the first three visits will be covered. After this we need a written evaluation from the treating physician that includes the current illness, prognosis and a 3 month treatment plan. Every three months we need an updated report.

In serious cases of mental disturbance please contact our office.

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19. **Chiropractic treatment**

Limited coverage. Please contact our office for details.

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20. **Prescription medication**

Please pay prescription medication up front and submit the original receipt to HSI for consideration. The receipt must include the name of the doctor who prescribed the medication, the date it was prescribed, the name of the drug, and the total charges.

Prescription medication is covered as follows:

- **Blue card**
Blue Card prescriptions are drugs for chronic conditions (ex. Diabetes, heart, depression etc). This is applied towards the ded of \$182.77, but taken in 36% increments. After deductible is met, Blue card is covered at 100%
- **White card**
White card prescriptions are drugs for acute conditions (ex. Cold, rash etc.). The patient must meet a base amount of \$246.15 per calendar year before we consider any charges at 90%. The base amount will change every year.

If you have questions whether the drug you are using is a blue card or white card prescription, please contact our office.

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21. **Supplies**

Generally not covered. Contact our office for details.

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22. **Durable Medical Equipment**

Generally not covered. However, please forward medical records and/or doctor's prescription to our office for consideration.

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23. **Vision**

Coverage is available for the eye exam. However; glasses or contact lenses are not covered. Exams by an optician are not covered.

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24. **Inpatient Hospital**

Necessary inpatient services in hospital in a semi-private room are covered in full, including psychiatric hospitals and maternity clinics. Necessary laboratory tests, x-rays, pathology, anesthesiology, etc. relating to the hospitalization dates are also covered in full.

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25. **Surgery**

If your medical doctor recommends a surgery, please contact our office for approval.

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26. **Ambulance**

Covered. No deductible.

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27. **Experimental treatment**

Not covered.

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28. **Death**

Necessary funeral expenses abroad are covered in full. Transportation expenses of cinerary urn or bier to Norway are also covered in full.

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29. Repatriation/medical evacuation

May be considered on a case by case basis; if medically necessary and approved by the Norwegian government then the reasonable charges are covered.

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30. Lifetime/per illness maximum?

Unlimited

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CLAIMS PROCESSING

1. While I am in the US, how will my claims be handled?

FFU will administer services and claims in the US through Health Systems International, LLC.

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2. How do I find a doctor?

The first option is to use the Health Systems International website to find a Preferred provider. The site is www.us-hsi.com. The site has an online, searchable physician and provider lookup, and other information.

The second option is to look for an out-of network provider. In this case, you can use any physician of your choice.

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3. What is a Preferred Provider (PPO)?

A PPO is a group of hospitals, physicians and other health care providers who agree to provide health care services at pre-negotiated rates to plan participants. These providers must all meet strict credentialing and re-credentialing requirements in order to be admitted and stay in the PPO Network.

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4. Why would I want to look for a PPO provider first?

Your per time deductible will be less. Also, because we are in network with these providers, you should not have any problems with them arranging direct billing with our office.

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5. Do I need to pay at the time of service?

Health Systems International has in place direct billing arrangements with a number of medical providers, and will set up others, when requested and if possible. When arranging care with the medical provider, please present your insurance card. This card details the information necessary to do direct billing. If the provider does not accept the insurance card you can request HSI to set up direct billing so you do not have

to pay at the time of service.

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6. The provider I contacted will not accept my insurance card, what do I do?

It is very likely that the provider has not heard of Health Systems International before. However, when presenting your insurance card, they will see the different PPO networks that we are affiliated with. If the provider is affiliated with the same networks they should be able to bill us directly.

However, if the provider is not affiliated with any of the same networks as our office, they most likely will not accept your insurance because they think you do not have out of network benefits. This is incorrect.

Therefore, if you have any problems with the provider not accepting your insurance, please either contact our office or have the provider contact our office so we can verify your coverage and arrange for billing.

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7. Where do I send a payment for my deductible?

Upon completion of processing your claim, we will send a check and an EOB to the provider. An EOB for this payment will also be sent to you. This will explain how we have processed your claim and will tell you what your responsibility is. The provider will then bill you for what you are responsible for and you should submit a payment directly to them.

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8. I keep receiving bills in the mail, what do I do?

The billing practices in the US are quite different, thus, we would like to advise you that it is not uncommon for the hospital and physicians to bill you at the same time they bill our office. As well, there also may be medical providers that have not sent the bills to our office, expecting that you will forward them to us.

In case you do receive bills from the hospital or doctor's office, please forward them to our office together with a copy of your insurance card. However, please note that the bill may also be for your deductible, and therefore be your responsibility. If you are unsure if this is something you need to pay or not, please contact our office for information.

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9. What type of information do you need to be able to reimburse me for medical expenses?

We need an original itemized bill that indicates the following:

- Provider's name and tax identification number
- Date of service
- Charges
- Diagnosis (ICD-9 codes)
- Procedures (CPT codes)

For prescription we need the original prescription receipt that includes the name of the drug, the name of the doctor who prescribed it, the date it was filled, and the total charges.

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10. Where do I submit claims for reimbursement?

You can send any correspondence and/or claims to be refunded to our physical address at: Health Systems International, 5975 Castle Creek Parkway, Suite 100, Indianapolis, IN 46250.

However, for claim submission by providers, use the address of Health Systems International, P.O.Box 91250, Milwaukee, WI, 53209

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11. I do not agree with the decision you have made on my claim, what do I do?

If you do not agree with the decision of how your claim was processed, we encourage you to send an appeal or complaint. You may appeal against any decision you disagree with. The appeal must be presented within six weeks from the day you received notification of the decision. Please write the appeal in English. You can address this to Health Systems International. FFU will then review for possible reconsideration.

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12. How are claims payments made?

Normal payments is by check

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13. What exchange rate will be used?

The exchange rate for 2005 is \$1 = NOK 6.5. Please note that this is updated annually.

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14. What can I expect for turnaround time for claims payment?

From the time a *clean claim* (A claim where all the information is available for processing. If we do not have all the required information, we will request this either from you or directly from the provider.) is received, the average turnaround time is five working days. From the time we have processed your claim, it generally takes 7-10 days before a check/EOB is sent out from our office. [Click here](#) to see the claim flow for FFU.

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15. Where will my claim reimbursement and explanation of benefits (EOB) be mailed?

Checks and EOBs will be mailed directly to the address that you have informed us of. Therefore, you must ensure that HSI has your correct US address.

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16. Are claim submissions acknowledged?

No.

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17. Can I see my claim reimbursement on the website?

At this time you are not able to see your claim reimbursement on our website. However, we are working on creating this service for you.

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OTHER

1. What if I have other insurance?

If there is another possible liable party (other insurance), in order to expedite the processing of your claim please advise our office of any known relevant information.

If your insurance is through an American insurance company, such as Aetna, Tricare, Blue Cross Blue Shield etc., FFU/HSI is secondary and will pay covered expenses not payable by your primary insurance.

However, if your other insurance is through Norway, such as Gjensidige and Ansa, FFU/HSI will be your primary insurance.

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2. What do I tell the provider if I have insurance with two companies?

If the other insurance is through an American insurance company, such as Aetna, Tricare, Blue Cross Blue Shield etc, inform the provider that they are your primary insurance and that HSI/FFU is your secondary insurance. This will prompt the provider to send bills to the correct place and will speed up the processing time.

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3. I need to waive my school insurance, what do I do?

Your university may ask you to complete a form ensuring that your coverage meets the insurance requirements defined by the university. If required, please fax that form to our office to complete the specifications of your policy. We also have standardized letters about your policy coverage that we can send to your university. This may prevent demands from your university to purchase additional coverage.

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4. I have old claims I would like to be reimbursed for, can I submit these to you?

We must receive the first notification of a case within six months after the treatment for it to be covered. Please note that even though you might not have notified us, we might have received bills or correspondence from the provider directly regarding your case. Therefore, we recommend that you send all claims to us so we can review for coverage.

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5. When do I need a referral?

Your insurance policy requires you to have a referral from a Medical Doctor for [physical therapy](#) and for [psychotherapy](#) (see details above).

If you are seeing a specialist other than what is noted above, your insurance policy does not require you to have a referral from a Medical Doctor. However, please note that the specialist may be the ones that require

that you have a referral.

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6. I have received an injury questionnaire, why?

If the claim we receive indicates that you were treated for an injury, we will send you an injury questionnaire for you to fill out. Since we are secondary to all other liable parties, we want to investigate possible other insurance regarding your injury. Please note that we are not trying to put blame on anyone who may have caused the injury, but simply to find out if other insurance is available.

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