



EXCERPTS FROM RULES AND REGULATIONS GOVERNING AUB 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 AUB community namely academic personnel, non-academic personnel and students. The HIP members are required to use exclusively the University Health Service and the AUBMC 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 and their eligible dependents are automatically enrolled in the Second-Class HIP category if all required documents are submitted on or before the date of the appointment. Failure to do so will compromise enrollment and associated medical coverage and you will then need to manually complete the HIP enrollment process within 21 days of your effective appointment date.**
You may upgrade to First Class by submitting a HIP Status Change Form, or opt out of the plan by submitting a Waiver form—both actions must be completed within 21 days from the date of the appointment. Individuals who request medical services rendered during the 21 days grace period; will may no longer apply for waiver before the next Open Enrollment Period. Individuals who choose to opt out are responsible for covering their own medical and hospital expenses. After the 21-day period, requests to change the class or to waive enrollment will only be accepted in writing during the next open enrollment period in 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. In Emergency cases only, payment of hospitalization bills incurred outside AUBMC or abroad will in no case exceed 80% of the cost of similar services provided at AUBMC 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, they 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 AUBMC should be mailed or delivered in person to the Benefits Office within two months from the member's discharge, otherwise, the member will forfeit their right for reimbursement and the claim will be rejected.

5. **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 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 be available if requested in writing and then only in the following October.**
6. **Coverage** for any condition **arising out of pregnancy** shall be **available for three days**. Such coverage is applicable only if the female married subscriber declares her marriage in a written request within 21 days of her marriage date. 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. Persons who do not enroll are required to pay for any health condition arising from their pregnancy; their delivery and their pre/post-natal visits as well. If the female subscriber wants to enroll her newborn in the plan she should include her husband also.
7. **Changes** in class, coverage and discontinuation of membership **can be made only in October** and upon requesting them **in writing**.
8. **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**.
9. The University reserves the right to change the premiums, condition, 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.

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 AUB Health Insurance Plan.

Name: _____

Signature: _____

Date: _____

Revised and re-issued
by Benefits Office
August 2025