

## **XJTLU Student Insurance Q & A**

### **1. What are the types of student insurance in XJTLU?**

Student insurance in XJTLU mainly includes two parts:

- 1) SIP Fundamental Medical Insurance: The insurance includes a fundamental medical insurance which is supported by individuals, communities and villages and subsidized by districts and town and a supplementary commercial insurance. The financing standard is 120 RMB per person for fundamental medical insurance and 23 RMB per person for commercial insurance. Fundamental Medical Insurance is often done in late November every year.
- 2) Commercial Insurance  
It is a supplementary insurance of Foundation Medical Insurance contributed by university

### **SIP Fundamental Medical Insurance**

### **2. What's the settlement account date of Fundamental Medical Insurance?**

The accounting date is from January 1<sup>st</sup> to December 31<sup>st</sup> every year. For Year 1 students, the accounting date is from the registration day to December 31<sup>st</sup> next year.

### **3. How to use insurance card when you go to doctors?**

Students who go to designated hospitals need to take SIP Residence Medical Insurance Card.

Only self-consumed part should be paid when you pay by card, with the other fees are settled by Provident Fund Center and the designated hospital.

### **4. What are the conditions for medical fee to be reimbursed manually?**

Insurance card can only be used in the designated hospitals. Manual reimbursement will be applied when card can't be used in the following situations:

- (1) The fee caused by treatment for rejection reaction of organ transplantation and Hepatitis pharmacotherapy in the designated hospitals
- (2) Medical fee cost in other hospitals outside of Suzhou
- (3) Medical fee cost when the insurance card is broken or lost and in the progression of replacement application.
- (4) Medical fee cost by emergency and first aid treatment in hospitals in the town or city.
- (5) Medical fee cost in designated hospitals when the network of insurance is broken
- (6) For newly enrolled undergraduates who will not get the cards immediately, the medical fee cost between registration days and 31<sup>st</sup>, December in designated hospitals.

- (7) For local students, Medical fee cost in the designated hospitals in original residence registration city (No matter then residence is transferred to university or not, the fee cost in origination residence registration city can be reimbursed manually. A copy of the residence registration form is required if residence has been transferred to University)**

Students who have the medical fee that is neither in Suzhou nor the situations above, that is, it is not included in the acquiescent reimbursement category need to contact One-Stop Center in advance so that we can report to SIP Provident Center to include the fee into the reimbursement category.

**5. How to apply for manual reimbursement?**

Take the related materials: medical records, invoices, the detailed expense and other certificates of discharge from hospital to One-Stop Center, who will go to Provident Fund Center at the end of each month to handle the cases collectively. Students will be informed of the results via e-mails.

**6. How to replace the medical card if it is lost?**

Go to Suzhou Bank branches or Citizen Card Service centers to report the loss of the card with National ID card (or Passport) in person. Or give oral report loss by calling at guest hot line of Citizen Card Service centers 96067,962026 or 12333.

When the reporting information has been confirmed, the function of insurance card reported of the loss Having been confirmed, insured person take the National Identity Card (or Residence Registration Form) and loss reporting application form to Citizen Card Center in Suzhou to get the new card seven days after the application.

Notice: The new card regain the function of Medical insuranceand remain the money in medical account and bank account. However the money in eletronic wallet will not be transferred within the new card.

**7. What's the settlement ratio of student medical insurance?**

**A. Outpatient Insurance**

Outpatient (including the emergency): 1000 Yuan out of the total costs in one year can be 60% reimbursed if it takes place in the designated hospitals and conform to the insurance requirements.

**B. Outpatient serious illness**

Illness	Payment Limit	Settlement Radio
hemophilia	60,000 RMB	90%
aplastic anemia	8,000 RMB	90%
psychosis	2,000 RMB	100%
cataract	3,800 RMB	90%
uremia hemodialysis, Organ transplantation after anti-rejection drugs, Tumor treatment period	Less than 200,000 RMB	90%
	Between 200,000 RMB to 500,000 RMB	95%
Tumor rehabilitation	8,000 RMB	90%

### C. Inpatient serious illness medical insurance

- (1) In-patient fee cost in designated hospital between the minimum of 500 RMB and the maximum of 500,000 will be paid periodically by student insurance fund. The specific ratio is in the following:

Level	Amount	Settlement Radio of comprehensive arrangement for serious disease Fund
Level 1	Between 500RMB to 40,000 RMB	70%
Level 2	Between 40,000 RMB to 100,000 RMB	80%
Level 3	Between 100,000 RMB to 200,000 RMB	90%
Level 4	Between 200,000 RMB to 500,000 RMB	95%
Level 5	More than 500,000 RMB	None

- (2) Insured students' in-patient fee because of mental health in psychiatry hospital has no minimum paying standard, which will be directed paid according to the ratio by student insurance fund.
- (3) Payment for insured students' in-patient fee and out-patient serious illness has the maximum of 200,000 per year. The fee beyond the maximum won't be paid by student insurance fund.

**8. Where can we find the detailed Q&A about medical insurance policies?**

(1) SIP Provident Fund Management Center *Questions and Answers on Residence Medical Insurance*

(2) *Management Methods on SIP Residence Fundamental Medical Insurance*

<http://www.sipspf.org.cn/publish/main/198/2011/20110629103335222434497/20110629103335222434497.html>

### SIP Supplementary Commercial Insurance

**9. What's the settle account date of Fundamental Medical Insurance?**

The accounting date is from January 1<sup>st</sup> to December 31<sup>st</sup> every year. For Year 1 students, the accounting date is from the registration day to December 31<sup>st</sup> next year.

**10. What's the settlement ratio of student medical insurance?**

1) In what situation you qualified to enjoy the insurance benefits?

The out-patient fee that insured student cost in designated hospital and conform to the insurance requirements during per insured year accumulated more than 6,000RMB, insured student could claim their cases to Commercial Insurance Company.

2) What's the settlement criteria?

The self-pay medical expense that accumulated more than 6,000RMB enjoy the compensation of 800RMB, and the amount over 6,000RMB according to piecewise compensation.

Items	Settlement Radio
Between 6,000 RMB to 10,000 RMB	40%
Between 10,000 RMB to 20,000 RMB	50%
Between 20,000 RMB to 50,000RMB	60%
Between 50,000 RMB to 100,000 RMB	70%
Over 100,000 RMB	80%

PS: The amount of payment in one insured year does not cap.

### **Commercial Insurance (Local Student Only)**

**11. What's the balance date for Commercial Insurance?**

It is From September 1<sup>st</sup> to August 31<sup>st</sup> every year.

**12. What are the conditions for we claim settlements?**

As the supplementary of Fundamental Medical Insurance, Commercial Insurance is based on the Fundamental Medical Insurance. Cases have claimed Fundamental Medical Insurance balance may claim Commercial Insurance as well. Cases that are without the confinements of Fundamental Medical Insurance can also claim Commercial Insurance if it is within the claiming scope.

Whether the case is within the claiming scope should get consultation from One-Stop Center or Ms. Zhou from insurance company.

**13. What are the insurance items?**

Please see the main items and programs in the chart below:

	coverage	Insured Sum	Indemnity Type
<b>Accidental injury insurance</b>	accidental death	RMB 100, 000	Total indemnity
	accidental disability	RMB 100, 000	Indemnity pro rata ( 10%-100% )
<b>Inpatient Medical insurance</b>	general in patient medical expenses	Medical Expenses 40,000	Social security range 100% after social security to submit an expense account
<b>Dead Disease insurance</b>	dead disease inpatient medical expenses	Medical Expenses RMB 100, 000	Total indemnity
<b>Outpatient Medical insurance (Accidental only)</b>	Accidental Medical	RMB 5, 000	Social security range 100% after social security to submit an expense account

**14. What are the procedures of reimbursement of Commercial Insurance?**

Since Commercial Insurance can only be reimbursed manually, all the medical fees within the claiming scope can be sent to One-Stop Center to get manual reimbursement no matter you have got Fundamental Insurance claiming or not. Medical records, invoices, detailed fees and the copy of your National Identity Card should be provided when you claim the reimbursement.

**15. How and who can I contact if I have questions on the insurances?**

One-Stop Student Service Center

E-mail: [Insurance@xjtlu.edu.cn](mailto:Insurance@xjtlu.edu.cn)  
Tel: 0512-88161854  
Fax: 0512-88161858  
Commercial Insurance: Ms Zhou 13701558079  
SIP Provident Fund Management Center: 0512-62881168

**NOTE: If there is any difference between English version and Chinese version, the Chinese version shall prevail.**

## 西交利物浦大学学生保险问答手册

### 1. 我校学生保险包括哪些？

我校学生的医疗保险主要分为两大块：

- (1) **园区居民基本医疗保险**，个人缴纳总计 143 元，包括基础医保 120 元和补充商业保险 23 元。园区居民医疗保险一般在每年的 11 月底办理。
- (2) **商业保险**，作为对基本医疗保险的补充，由学校出资。

## 基本医疗保险部分

### 2. 学生医疗保险的结算年度？

学生医疗保险费用的结算年度为每年 1 月 1 日至 12 月 31 日。每年新入学大学生，结算期限为入学报到之日起至次年 12 月 31 日。

### 3. 学生如何持卡就医？

学生在定点医疗机构就医时只需携带市民卡。刷卡时，只需向医疗机构支付个人承担的费用（包括自付和自费部分），其他费用由“中心”与定点医疗机构按规定结算。

### 4. 哪些情况下学生发生的医疗费用可以申请手工报销？

就医凭证只能在**苏州地区**的定点医疗机构使用，因以下情况不能刷卡消费的，进行手工报销：

- (1) 在苏州的定点医疗机构发生的门诊特定项目中器官移植后抗排异及丙型肝炎药物治疗费用；
- (2) 按规定办理居外、转外就医期间发生的医疗费用；

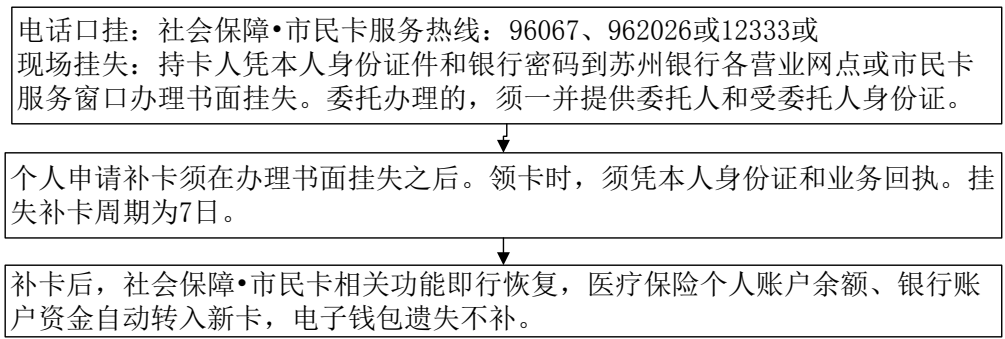
- (3) 因急诊、急救在乡镇以上医院发生的医疗费用；
- (4) 因居民医疗保险卡损坏、遗失已经办理挂失手续，并在申请补办期间在苏州的定点医疗机构发生的医疗费用；
- (5) 苏州的定点医疗机构居民医保网络系统故障期间在定点医疗机构发生的医疗费用；
- (6) 当年新入学大学生，从入学报到之日起至当年 12 月 31 期间在苏州定点医疗机构发生的医疗费用；
- (7) 参保学生在原户籍地的定点医疗机构发生的符合医疗保险规定的医疗费用。  
(不论户籍是否迁到学校，都可在户籍所在地就医后进行手工报销。如果户口未迁到学校，需提供一份户口本复印件。)

并非在苏州本地就医，又不符合上述手工报销情况的案例，即不属于基本医疗保险默认报销范围之内，如遇此等情况，请提前联系一站式服务中心，以便及时向园区社保中心报备，纳入报销范围之内。

5. 如何进行手工报销？

及时将就医材料（病历、发票、费用清单、出院记录及其他相关证明等）交到一站式服务中心，一站式服务中心在每月底前往园区公积金中心统一办理，之后通过邮件告知学生理赔结果。

6. 如果医疗保险卡丢失了，如何补办？



7. 学生医疗保险的赔付比例？

门诊医疗保险

参保中小学生和学生在定点医疗机构门诊发生的符合规定的医疗费用，年度累计在 1000 元以内享受医疗保险基金 60%的医疗补助。

门诊特定项目

病种	限额	结付比例
----	----	------

血友病	60000 元	90%
再生障碍性贫血	8000 元	90%
精神病	2000 元	100%
白内障	<b>3800 元</b>	90%
尿毒症透析、器官移植后抗排异药物治疗、肿瘤治疗期	20 万以内	90%
	20 万-50 万	95%
肿瘤康复期	8000 元	90%

### 大病住院医疗保险

①参保学生在定点医院发生的符合规定的住院费用，在起付标准 **500 元** 以上，最高支付标准 **50 万元** 以内的部分，按分段累计的方法从学生医疗保险基金中结付，具体支付比例如下：

结付比例	金额	大病保险统筹基金结付比例
	起付点至 4 万元	<b>70%</b>
	4 万元至 10 万元	<b>80%</b>
	10 万元至 20 万元	<b>90%</b>
	20 万元至 50 万元	<b>95%</b>
	50 万元以上	无

②参保学生因精神病在精神病专科医院住院治疗不设起付标准，住院费用直接由学生医疗保险基金按上述规定比例结付。

③参保学生在一个结算年度内住院与门诊大病累计医疗支付费用以 **20 万元** 为封顶底线，超过封顶底线以上的医疗费用，学生医疗保险基金不再支付。

## 8. 在哪里可以找到详细的基本医疗保险的相关政策及问答？

1. 苏州工业园区公积金管理中心 《居民医保问答》



## 2.《苏州工业园区居民基本医疗保险管理办法》

<http://www.sipsf.org.cn/publish/main/198/2011/20110629103335222434497/20110629103335222434497.html>)

## 商业补充医疗保险

### 10. 保险年度是什么？

园区商业补充医疗保险的保险年度为自然年度（指当年1月1日至当年12月31日）。新生由入学日开始。

### 11. 赔付条件和标准是什么？

1、赔付条件。在一个保险年度内，参保人员在园区医疗保险定点医院和公立的定点门诊医疗机构发生的符合规定的自付医疗费用累计超过6千元，即可享受商业补充医疗保险的赔付。

2、赔付标准。参保人员在一个保险年度内的自付医疗费用累计满6千元后即可享受800元的赔付，并对其6千元以上的部分实行分段累计赔付，其中：

- （1）6千元以上至1万元以内部分，赔付40%；
- （2）1万元以上至2万元以内部分，赔付50%；
- （3）2万元以上至5万元以内部分，赔付60%；
- （4）5万元以上至10万元以内部分，赔付70%；
- （5）10万元以上部分，赔付80%。

参保人员在一个保险年度内的赔付金额不封顶。

## 商业保险部分

### 12. 每年学生商业保险的结算时间？

每年9月1日---次年8月31日（新生从开学日期）

### 13. 什么情况下，可以使用商业保险进行理赔？

商业保险作为对基本医疗保险的补充，是建立在基本医疗保险的基础上的。基本医疗保险已经赔付过的案例，商业保险也可进行再次赔付；基本医疗保险无法赔付的案例，如在商业保险保障范畴之内，商业保险也可进行赔付。

对于所发生的医疗费用是否属于商业保险保障范畴，请详细参阅《综合保险服务手册》，也可咨询一站式服务中心或保险公司联系人温女士。

### 14. 学生商业保险的保险项目有哪些？

我校购买的商业保险主要保险项目与赔付方案如下所示：

保障项目	保障内容	保障额度 (元)	给付比例
意外身故 (一次给付)	因意外身故	100,000	100%
意外致残 (一次给付)	因意外致残，根据伤残程度按比例赔付	100,000	按伤残等级比例赔付
意外门诊	因意外发生的医疗费用	5,000	* 医保核定范围内 100%，其中包含 1000 元自费用药
住院医疗 (包含意外、门诊)	因疾病或意外发生的住院医疗费用	40,000	* 医保核定范围内 100%，其中包含 5000 元自费用药
重大疾病 (一次给付)	符合条款约定的 29 类大病 一次性给付	100,000	100%

\* “医保核定范围内 100%”有两层含义，首先大前提是在医保核定范围内的医疗费用方可享受该待遇，其次如果是住院医疗费用符合“基本医疗保险统筹”，则先由基本医疗保险赔付，再由商业保险在 100%赔付剩余费用；如果是在“基本医疗保险统筹”范围之外的，则由商业保险 100%实行赔付。

“医保核定范围”的含义为城镇居民医疗保险统筹基金可列支的诊疗、服务设施和药品范围，参照《苏州市社会保险可用药范围》和《苏州市社会医疗保险医疗服务项目结付范围》。

## 15. 商业报销的报销流程？

因为商业保险只有手工报销一种报销手段，所以当有符合商业保险保障范畴的医疗费用发生，不论园区社保是否已先行赔付过，都可拿到一站式服务中心进行手工报销。需提供材料除相关病例、发票、费用清单等，另需提供身份证复印件和本人银行卡复印件。

## 16. 如果对于基本医疗保险和商业保险有任何疑问，如何联系？

学生一站式服务中心：邮箱：[insurance@xitlu.edu.cn](mailto:insurance@xitlu.edu.cn)

电话：0512-88161854 传真：0512-88161858  
园区公积金中心电话：0512-62881168