



Description of Coverage

ISIC Premium Plan



Plan Code 2ISIC

- ✓ Medical and Dental Expense - \$100,000
- ✓ No-Out of Pocket Medical Expense up to \$1,000
- ✓ Baggage and Personal Effects - \$2,000
- ✓ Consult-A-Doctor
- ✓ 24-Hour Emergency Hotline Services
- ✓ Concierge Services

This is a brief Description of Coverage. **This is not your Policy/Certificate of Insurance. Please visit <http://www.csatravelprotection.com/2ISIC> or call (800) 353-1972 to obtain your Individual Policy in the following states: IL, IN, KS, LA, OR, OH, VT, WA, and WY or your Certificate of Insurance for all other states.** Your Individual Policy or Group Policy will govern the final interpretation of any provision or claim.

Important: Keep this document and carry a copy with you when you travel. If you need to cancel your Trip, contact the company you booked with immediately to cancel your reservation.

SCHEDULE OF COVERAGE AND SERVICES

INSURANCE COVERAGE

(Underwritten by Stonebridge Casualty Insurance Company)

Coverages	Maximum Limit per Person
Travel Delay	\$300 (\$150 Per Person Daily Limit Applies)
Baggage and Personal Effects Benefit	
Baggage	\$2,000
Administrative fees to reissue travel documents	\$500
Baggage Delay	\$200
Medical or Dental Expense	\$100,000
Accidental Death & Dismemberment	\$20,000
Air Flight Accident	\$100,000
Emergency Assistance	\$1,000,000 (Emergency Medical Transportation)

DESCRIPTION OF 24-HOUR EMERGENCY ASSISTANCE SERVICES

(PROVIDED BY CSA'S DESIGNATED PROVIDER)

AVAILABLE SERVICES

Various 24-Hour Emergency Assistance Services are provided along with the CSA Travel Protection plans. A description of all 24-Hour Emergency Assistance Services is contained in this document. The 24-Hour Emergency Assistance Services are only available to persons whose primary residence is in the United States or Canada. This plan is administered by CSA Travel Protection and Insurance Services.

HOW TO CALL THE 24-HOUR EMERGENCY HOTLINE

If you need emergency help for an available service, you can call toll-free 24 hours a day to (877) 628-9583 from within the United States, or call collect to (240) 330-1526 from around the world.

AVAILABILITY OF SERVICES

You are eligible for informational and concierge services at any time after you purchase this plan.

The Emergency Assistance Services become available when you actually start your trip.

Emergency Assistance, Concierge and Informational Services end the earliest of: midnight on the day the program expires; when you reach your return destination; or when you complete your trip.

ON DEMAND MEDICAL SERVICES

Immediate access to a network of physicians anywhere in the world is like taking a doctor with you on vacation.

Consult A Doctor™

Connect instantly with a network of physicians for information, advice, and treatment, including prescription medication, when appropriate by calling CSA's 24-Hour Emergency Hotline.

No Out Of Pocket Medical Expense

If you develop an acute illness while on your covered trip, a one-time medical expense will be paid for treatment up to \$1,000 when you call the 24-Hour Emergency Hotline and use CSA's designated provider network of 30,000 physicians and 850,000 service providers worldwide.

EMERGENCY ASSISTANCE SERVICES

- Medical referral
- Traveling companion assistance
- Emergency cash transfer
- Legal referral
- Locating lost or stolen items
- Replacement of medication and eyeglasses
- Embassy and consular services
- Worldwide medical information
- Interpretation/translation
- Emergency message relay
- Pet return
- Vehicle return

CONCIERGE SERVICES

- City profiles
- Epicurean needs
- Event ticketing
- Flowers and gift baskets
- Golf outings and tee times
- Hotel accommodations
- Meet-and-greet services
- Personalized retail shopping assistance
- Pre-trip assistance
- Procurement of hard-to-find items
- Restaurant reviews and reservations
- Rental car reservations
- Airline reservations
- Pet services locator

INSURANCE COVERAGE

Underwritten by Stonebridge Casualty Insurance Company

Coverage is provided to you. This plan is available to U.S. residents. It is also available to non-U.S. residents for travel to the U.S. (if the plan is purchased through a U.S. travel supplier.) There is no coverage unless payment has been made for this plan. There is no coverage unless your loss was caused by an unforeseeable event that occurs while coverage is in effect.

YOUR SATISFACTION IS GUARANTEED

If you are not satisfied for any reason, you may cancel your coverage within 10 days of your application date or receipt of this document, whichever is later. A letter indicating your desire to cancel should be sent to our authorized agent. If there has been no incurred covered expense and you haven't already left on your Trip, you will receive a full refund of your plan cost. After this 10-day free look period, the payment for this plan is non-refundable.

EFFECTIVE DATES OF COVERAGE

Your coverage under this plan will take effect 12:01 A.M. on the date following your plan payment being received by our authorized agent.

Coverage provided to you for a Covered Trip will take effect on the date and time you start the Covered Trip.

Your coverage under this plan will end on the earliest of:

1. on the date you are no longer eligible for coverage under this plan; or
2. on the date the required plan payment is not paid; or
3. on the date the plan is terminated.

Your coverage for a Covered Trip automatically ends on the first of the following dates:

1. on the date coverage under this plan ends; or
2. on the date the Covered Trip is completed; or
3. on the Scheduled Return Date; or
4. on your arrival at the return destination on a round-trip, or the destination on a one-way trip; or
5. on the date of cancellation of the Covered Trip covered by the plan.

COVERAGES AND BENEFITS

The following coverage and benefits are a sample of the listed coverage and benefits in your Policy or Certificate of Insurance and are described on a general basis only. **Please visit <http://www.csatravelprotection.com/2ISIC> or call (800) 353-1972 to obtain your Policy or Certificate of Insurance**, which will govern the final determination of any provision or claim.

This plan covers you for certain unforeseeable events that occur while your coverage is in effect. They include:

Travel Delay Coverage and Benefits

If your Trip is delayed for 6 hours or more, we will reimburse you, up to the amount shown in the Schedule, for reasonable additional expenses incurred by you for lodging arrangements, meals, telephone calls and local transportation while you are delayed. We will not pay benefits for expenses incurred after travel becomes possible.

Covered events for Travel Delay Benefits include:

Common Carrier delay; loss or theft of your passports, travel documents or money; quarantine (except as a result of a pandemic); hijacking; natural disaster; inclement weather; a documented traffic accident while you are en route to your destination; unannounced strike; civil disorder; your, your traveling Family Member's, or Traveling Companion's Sickness or Injury; your traveling Family Member's or Traveling Companion's death.

Baggage and Personal Effects Benefits

We will reimburse you, less any amount paid or payable from any other valid and collectible insurance or indemnity, up to the amount shown in the Schedule, for direct loss, theft, damage or destruction of your Baggage, passports or visas during your Trip. We will not pay for damage to or loss of documents or tickets, except for administrative fees required to reissue tickets.

Baggage Delay Benefits

We will reimburse you, up to the amount in the Schedule, for the cost of additional clothing and personal articles purchased by you, if your Baggage is delayed for 24 hours or more during your Trip. We will also reimburse you up to \$25 to expedite the return of your Baggage.

Accidental Death & Dismemberment Benefits

We will pay this benefit up to the amount in the Schedule if you are injured in an Accident, which occurs while you are on a Covered Trip, and suffer one of the losses listed in your Policy or Certificate of Insurance within 180 days of the Accident.

Note: Maximum Percentage of Principal Sum Payable is 100% for the loss of Life, Both Hands, Both Feet, Sight of Both Eyes, One Hand and One Foot, One Hand and Sight of One Eye, One Foot and Sight of One Eye. Maximum Percentage of Principal Sum Payable is 50% for the loss of One Hand, One Foot or Sight of One Eye.

Air Flight Accident Benefits

We will pay this benefit up to the amount in the Schedule if you sustain a covered loss in an Accident which occurs while a passenger in or on, boarding or alighting from an aircraft of a regularly scheduled airline or air charter company that is licensed to carry passengers for hire.

Medical and Dental Expense Benefits

We will pay this benefit, up to the amount on the Schedule, for the following Covered Expenses incurred by you.

1. Physician-ordered medical services incurred by you within one year from the date of your Sickness or Injury that occurs during the Covered Trip.

2. expenses for emergency dental treatment incurred during the Covered Trip.

Medical and Dental Expense Benefits are subject to the following:

Covered Expenses will only be payable at the Usual and Customary level of payment; benefits will be payable only for Covered Expenses resulting from a Sickness that first manifests itself or an Injury that occurs while on a Trip; and benefits payable as a result of incurred expenses will only be paid after benefits have been paid under any Other Valid and Collectible Group Insurance in effect for you.

Emergency Assistance Benefits

We will pay this benefit, up to the amount in the Schedule, for the following Covered Expenses incurred by you while on a Covered Trip:

1. Physician-ordered emergency medical evacuation to the nearest suitable Hospital.
2. non-emergency medical evacuation to your primary or secondary residence when deemed necessary by a Physician.
3. economy-class round-trip airfare to the Hospital for one person chosen by you, provided that you are traveling alone and are hospitalized for more than 7 days.
4. economy-class airfare to your primary or secondary residence including escort expenses, if you are 18 years of age or younger and left unattended due to the death or hospitalization of an accompanying adult.
5. economy-class airfare to your primary or secondary residence from a medical facility to which you were previously evacuated, less any refunds paid or payable from your unused transportation tickets.
6. repatriation expenses for preparation and air transportation of your remains to your primary or secondary residence.

Emergency Assistance Benefits are subject to the following:

Covered Expenses will only be payable at the Usual and Customary level of payment; benefits will be payable only for Covered Expenses resulting from a Sickness that first manifests itself or an Injury that occurs while on a Trip; and benefits payable as a result of incurred expenses will only be paid after benefits have been paid under any Other Valid and Collectible Group Insurance in effect for you. Covered Expenses items 1, 2 and 4 above are subject to the program medical advisor's prior approval.

GENERAL PLAN EXCLUSIONS

The following exclusions are a sample of the listed exclusions in your Policy or Certificate of Insurance and are described on a general basis only. **Please visit <http://www.csatravelprotection.com/2ISIC> or call (800) 353-1972 to obtain your Policy or Certificate of Insurance**, which will govern the final determination of any provision or claim.

The following exclusion applies to Accidental Death and Dismemberment and Air Flight Accident coverages:

We will not pay for a loss caused by or resulting from Sickness of any kind.

The following exclusion applies to all coverages except Baggage Delay, Baggage and Personal Effects:

We will not pay for loss or expense caused by or incurred resulting from a Pre-Existing Condition, including death that results therefrom. This Exclusion does not apply to benefits under Covered Expenses item 1, 2 or 6 of the Emergency Assistance Benefits coverage.

Pre-Existing Condition means an illness, disease, or other condition during the 60-day period immediately prior to your effective date for which you or your Traveling Companion or Family Member who is scheduled or booked to travel with you: 1) received, or received a recommendation for, a diagnostic test, examination or medical treatment; or 2) took or received prescription drugs or medicine.

Item 2 of this definition does not apply to a condition which is treated or controlled solely through the taking of prescription drugs or medicine and remains treated or controlled without any adjustment or change in the required prescription throughout the 60-day period before coverage is in effect under the Policy.

We will not pay for any loss under the plan caused by, or resulting from:

1. your, your Traveling Companion's, or Family Member's suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane (while sane in CO & MO);
2. mental, nervous, or psychological disorders;
3. being under the influence of drugs or intoxicants, unless prescribed by a Physician;
4. normal pregnancy or resulting childbirth or elective abortion;
5. participation as a professional in athletics;
6. riding or driving in any motor competition;
7. declared or undeclared war, or any act of war;
8. civil disorder (does not apply to Travel Delay);
9. service in the armed forces of any country;
10. nuclear reaction, radiation or radioactive contamination;
11. operating or learning to operate any aircraft, as pilot or crew;
12. mountain climbing, bungee cord jumping, skydiving, parachuting, hang gliding, parasailing or travel on any air supported device, other than on a regularly scheduled airline or air charter company;
13. any unlawful acts, committed by you, a Traveling Companion or Family Member traveling with you (whether insured or not);
14. any amount paid or payable under any Worker's Compensation, disability benefit or similar law;

15. a loss or damage caused by detention, confiscation or destruction by customs;
16. Elective Treatment and Procedures;
17. pandemic and/or epidemic;
18. medical treatment during or arising from a Trip undertaken for the purpose or intent of securing medical treatment;
19. bankruptcy, Financial Insolvency, default or failure to supply services by a travel supplier;
20. business, contractual, or educational obligations of you, a Family Member, or Traveling Companion;
21. failure of any tour operator, Common Carrier, or other travel supplier, person or agency to provide the bargained-for travel arrangements;
22. a loss that results from an illness, disease, or other condition, event or circumstance which occurs at a time when the plan is not in effect for you.

DEFINITIONS

The following definitions are a sample of the defined terms in your Policy or Certificate of Insurance and are described on a general basis only. **Please visit <http://www.csatravelprotection.com/2ISIC> or call (800) 353-1972 to obtain your Policy or Certificate of Insurance**, which will govern the final determination of any provision or claim.

ACCIDENT means a sudden, unexpected, unintended and external event, which causes Injury.

ACCOMMODATION means any establishment used for the purpose of temporary, overnight lodging for which a fee is paid and reservations are required.

BAGGAGE means luggage, personal possessions and travel documents taken by you on the Covered Trip.

COVERED TRIP (or TRIP) means: A period of round-trip travel away from Home to a destination outside your city of residence; the purpose of the trip is business or pleasure and is not to obtain health care or treatment of any kind; the trip has defined departure and return dates specified when the Insured enrolls; the trip does not exceed 365 days (180 days for residents of WA).

FAMILY MEMBER includes your or your Traveling Companion's dependent, spouse, child, spouse's child, son/daughter-in-law, parent(s), sibling(s), grandparent(s), grandchild, step-brother/sister, step-parent(s), parent(s)-in-law, brother/sister-in-law, aunt, uncle, niece, nephew, guardian, Domestic Partner, foster child, or ward.

FINANCIAL INSOLVENCY means the total cessation or complete suspension of operations due to insolvency, with or without the filing of a bankruptcy petition, whether voluntary or involuntary.

INJURY means bodily harm caused by an Accident which: 1) occurs while your coverage is in effect under the plan; and 2) requires examination and treatment by a Physician.

OTHER VALID AND COLLECTIBLE GROUP INSURANCE means any group policy or contract which provides for payment of medical expenses incurred because of Physician, nurse, dental or Hospital care or treatment; or the performance of surgery or administration of anesthesia. The policy or contract providing such benefits includes group or blanket insurance policies; service plan contracts; employee benefit plans; or any plan arranged through an employer, labor union, employee benefit association or trustee; or any group plan created or administered by the federal or a state or local government or its agencies. In the event any other group plan provides for benefits in the form of services in lieu of monetary payment, the usual and customary value of each service rendered will be considered a Covered Expense.

PHYSICIAN means a person licensed as a medical doctor by the jurisdiction in which he/she is resident to practice the healing arts. He/she must be practicing within the scope of his/her license for the service or treatment given and may not be you, a Traveling Companion, or a Family Member.

SCHEDULED DEPARTURE DATE means the date on which you are originally scheduled to leave on your Covered Trip.

SCHEDULED RETURN DATE means the date on which you are originally scheduled to return to the point where the Covered Trip started or to a different final destination.

SICKNESS means an illness or disease of the body, which requires examination and treatment by a Physician.

TRAVELING COMPANION means a person whose name(s) appear(s) with you on the same Covered Trip arrangement and who, during the Covered Trip, will accompany you.

USUAL AND CUSTOMARY CHARGE means those charges for necessary treatment and services that are reasonable for the treatment of cases of comparable severity and nature. This will be derived from the mean charge based on the experience in a related area of the service delivered and the MDR (Medical Data Research) schedule of fees valued at the 100th percentile and the Anesthesia Relative Value Guide.

WHERE TO PRESENT A CLAIM

All claims should be presented to the Program Administrator:

CSA Travel Protection
P.O. Box 939057
San Diego, CA 92193-9057
(800) 541-3522 (Toll-Free)

CLAIMS AND GENERAL PROVISIONS

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The following provisions are a sample of the provisions in your Policy or Certificate of Insurance and are described on a general basis only. **Please visit <http://www.csatravelprotection.com/2ISIC> or call (800) 353-1972 to obtain your Policy or Certificate of Insurance**, which will govern the final determination of any provision or claim.

Concealment or Fraud We do not provide coverage if you have intentionally concealed or misrepresented any material fact or circumstance relating to the coverage.

Notice of Claim We must be given written notice of claim within 90 days after a covered loss occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible. Notice may be given to us or to our authorized agent. Notice should include the claimant's name and enough information to identify him or her.

Proof of Loss Written proof of loss must be sent to us within 90 days after the date the loss occurs. We will not reduce or deny a claim if it was not reasonably possible to give us written proof of loss within the time allowed. In any event, you must give us written proof of loss within twelve (12) months after the date the loss occurs unless you are legally incapacitated.

Duplication of Coverage You may only purchase one plan from us for each Covered Trip. If more than one plan is purchased for any Trip, the maximum limit of coverage payable will be from the plan with the highest level of benefit. We will refund plan payments received for any other plan for the specific Trip.

Our Right to Recover From Others We have the right to recover any payments we have made from anyone who may be responsible for the loss. You and anyone else we insure must sign any papers and do whatever is necessary to transfer this right to us.

TRAVEL INSURANCE IS UNDERWRITTEN BY:

Stonebridge Casualty Insurance Company, Columbus, Ohio; NAIC # 10952 (all states except as otherwise noted) under Policy/Certificate Form series TAHC5000, TAHC6000, and TAHC7000. In CA, CT, HI, NE, NH, PA, TN and TX Policy/Certificate Form series TAHC5100 and TAHC5200. In IL, IN, KS, LA, OR, OH, VT, WA and WY Policy Form #'s TAHC5100IPS and TAHC5200IPS.



FOR CERTIFICATE/POLICY INQUIRIES,
REQUESTS OR CONSULT A DOCTOR™

CUSTOMER SERVICE CALL:

(800) 353-1972

FOR EMERGENCY ASSISTANCE 24 HOURS

A DAY DURING YOUR TRIP, CALL:

IN THE U.S.

(877) 628-9583

COLLECT WORLDWIDE

(240) 330-1526