World Class Coverage Plan

designed for

Southern Utah University

Study Abroad

CISI
CULTURAL INSURANCE SERVICES INTERNATIONAL



Administered by
Cultural Insurance Services International

Underwritten by
ACE American Insurance Company

2027

Policy # 27 GLM N18157457

MEDICAL

EMERGENCY

SECURITY

Welcome to CISI!

No matter how far you travel, we're there.

This document includes:

Contact Information
CISI, Team Assist, and Telehealth Service.

Get to Know Your CISI Coverage
Access your insurance materials, online resources and tools 24/7/365.

How to Seek Treatment
Minor Illness/Injury, Telehealth Service, Locate a Provider, Major Illness/Injury, Mental Health/Remote Behaviorial Health.

Team Assist – AXA Assistance
24/7/365 Medical, Travel and Technical Support.

Claim Submissions
How to submit a claim & what needs to be submitted.

Plan Brochure
Schedule of Benefits, including coverage details & exclusions.

Contact Information

CISI Claims Department and Customer Service (9AM-5PM EST, Monday-Friday):

For Claim or Benefit Questions:

Phone: (800) 303-8120 | (203) 399-5130
Email: inquiries@mycisi.com

To Submit A Claim:

Online: Click here
Email: submityourclaim@mycisi.com

Team Assist– AXA Assistance (24/7/365):

Phone: (855) 327-1411 | (312) 935-1703 | **Email:** medassist-usa@axa-assistance.us

Telehealth Service - Dr. Please! (24/7/365):

Telehealth Service for **Minor** Illness or Injury. Click here for more information.

Get to Know Your CISI Coverage

CISI Materials - Welcome Email Package

You will receive an email once you are enrolled ***from*** **CISI Enrollments** (enrollments@culturalinsurance.com), **subject line containing: CISI Materials**. **This email includes:** plan brochure, insurance ID card, consulate letter, claim form, as well as links to create a login.

Create a Login

Once you **are enrolled**, you can create a login by one of two ways:

- **myCISI Participant Portal:** a) Click on the link within your welcome email, or b) go to https://www.culturalinsurance.com/ and click on **Login to myCISI**. Then go to **Continue** under the "Forgot password or Create account?".
- **CISI Traveler App:** a) Use the link in your welcome email, or b) search ***CISI Traveler***, or ***Cultural Insurance Services International*** in Google Play or the App Store. After downloading, click **Register**.

Participant Portal and CISI Traveler App Tools and Resources:

Your Insurance Documents	Email, view, and/or download your insurance documents.
Provider Search	Search medical providers worldwide.
Claim Information and Submissions	Submit claim(s) online through the Participant Portal online & Check Status (not the CISI Traveler App).
Personal Security Assistance	Access security-specific information.
CISI & Team Assist Contact Information	All contact information in one place – CISI as well as Team Assist for emergent & non-emergent needs.
Itinerary	Add and edit travel plans on-the-go to ensure you can be located in the event of an emergency.
Check-In	Let your program and CISI know you are safe when unforeseen events occur.
Travel Destination Information	Get embassy contact details, country-specific information, travel alerts and warnings.

Insurance described is marketed by Cultural Insurance Services International (CISI); insurance is underwritten and provided by ACE American Insurance Company and its U.S. based Chubb underwriting company affiliates. Chubb is the marketing name used to refer to subsidiaries of Chubb Limited providing insurance and related services. For a list of these subsidiaries, please visit our website at www.chubb.com.

Seeking Treatment

Telehealth Service – Dr. Please! *For Minor Illnesses and Injuries*

Your plan includes a telehealth service. For **non-urgent medical services**, **Doctor Please!** is a **24/7/365** virtual medical care via app or phone with trained, licensed and experienced doctors, with multi-language capabilities. The doctors diagnose and treat minor illnesses, injuries, infections, colds and allergies. Follow the steps below to access **Doctor Please!**:

Step 1: ACCESS

- Download the **Doctor Please!** app via Google Play or App Store.
- Register and enter access code **US0223**.

Step 2: BOOK

- Schedule a virtual consult or use the call back feature.
- Upload photos to support diagnosis of the condition.

Step 3: TELECONSULT

- Access to a MD via video (press "start a video") or by phone (doctor calls you).
- Treatment advice for non-urgent and acute conditions is provided.

Step 4: REVIEW

- After the appointment, doctor's notes are published.
- Rx provided in PDF or sent to the nearest pharmacy *if applicable*.

Dr. Please! offers services in the following countries:

EUROPE

Austria	Medical Diagnosis, Medical Advice, Prescription	**Italy**	Medical Diagnosis, Medical Advice, Prescription
Belgium	Medical Diagnosis, Medical Advice	**Netherlands**	Medical Diagnosis, Medical Advice, Prescription
Cyprus	Medical Diagnosis, Medical Advice	**Norway**	Medical Diagnosis, Medical Advice, Prescription
Czech Republic	Medical Diagnosis, Medical Advice, Prescription	**Poland**	Medical Diagnosis, Medical Advice, Prescription
Denmark	Medical Diagnosis, Medical Advice, Prescription	**Portugal**	Medical Diagnosis, Medical Advice, Prescription
Finland	Medical Diagnosis, Medical Advice, Prescription	**Spain**	Medical Diagnosis, Medical Advice, Prescription
France	Medical Diagnosis, Medical Advice, Prescription	**Sweden**	Medical Diagnosis, Medical Advice, Prescription
Germany	Medical Diagnosis, Medical Advice, Prescription	**Switzerland**	Medical Diagnosis, Medical Advice, Prescription
Greece	Medical Diagnosis, Medical Advice, Prescription	**UK (England, Scotland, Wales & Northern Ireland)**	Medical Diagnosis, Medical Advice, Prescription
Ireland	Medical Diagnosis, Medical Advice, Prescription		

AMERICAS

USA	Medical Diagnosis, Medical Advice, Prescription	**Ecuador**	Medical Diagnosis, Medical Advice
Canada	Medical Diagnosis, Medical Advice, Prescription	**Guatemala**	Medical Diagnosis, Medical Advice
Mexico	Medical Diagnosis, Medical Advice, Prescription (Rx limited reach)	**Honduras**	Medical Diagnosis, Medical Advice
Argentina	Medical Diagnosis, Medical Advice	**Nicaragua**	Medical Diagnosis, Medical Advice
Brazil	Medical Diagnosis, Medical Advice	**Panama**	Medical Diagnosis, Medical Advice
Chile	Medical Diagnosis, Medical Advice	**Paraguay**	Medical Diagnosis, Medical Advice
Colombia	Medical Diagnosis, Medical Advice	**Peru**	Medical Diagnosis, Medical Advice, Prescription
Costa Rica	Medical Diagnosis, Medical Advice	**Puerto Rico**	Medical Diagnosis, Medical Advice
Dominican Republic	Medical Diagnosis, Medical Advice	**Uruguay**	Medical Diagnosis, Medical Advice
El Salvador	Medical Diagnosis, Medical Advice		

AFRICA

Ghana	Medical Diagnosis, Medical Advice	**South Africa**	Medical Diagnosis, Medical Advice
Kenya	Medical Diagnosis, Medical Advice		

ASIA

Australia	Medical Diagnosis, Medical Advice	**Russia**	Medical Diagnosis, Medical Advice
China	Medical Diagnosis, Medical Advice	**Singapore**	Medical Diagnosis, Medical Advice
Hong Kong	Medical Diagnosis, Medical Advice	**South Korea**	Medical Diagnosis, Medical Advice
Indonesia	Medical Diagnosis, Medical Advice, Prescription (verifying Rx capability)	**Taiwan**	Medical Diagnosis, Medical Advice
Kingdom of Saudi Arabia	Medical Diagnosis, Medical Advice	**Thailand**	Medical Diagnosis, Medical Advice
New Zealand	Medical Diagnosis, Medical Advice	**Turkey**	Medical Diagnosis, Medical Advice

See a Doctor in Person

Important: There are no in-network nor out-of-network restrictions; and you are not limited to the providers CISI and Team Assist have within their provider search lists. You can go to any provider that you choose.

Step 1: Locate A Provider

To locate a provider near you, you can use our provider search tools:

- CISI Traveler App – Provider Search; or
- CISI Participant Portal – Provider Search; or
- Call Team Assist if you need assistance.

Step 2: Schedule An Appointment

- Contact the provider to schedule an appointment. If you need assistance in doing so, contact Team Assist, AXA.
- *If the Provider is requesting a guarantee of payment before your visit, contact CISI and we can assist in placing the "GOP" for coverable expenses.*

Step 3: At Your Appointment

- **Be prepared to pay out of pocket for minor illnesses or injuries** *and keep all receipts and documentation for eligible claims.*
- Present your insurance ID card when requested. If a provider is willing to bill CISI directly, covered medical expenses can be paid directly by CISI.
- Providers may contact AXA Assistance 24/7 using the number on your insurance ID card to verify eligibility and benefits.
- ***If the provider prefers that you pay for any medical services, medicines, or equipment out-of-pocket at the time of your visit, hold onto all documents, bill and receipts to submit a claim for covered expenses.***

Frequently Asked Questions (FAQs)

Will this insurance cover the purpose of my visit?

View your plan details. If you are still unsure, contact CISI with any additional questions.

Does my plan have a Deductible?

No, your plan does not have a Deductible.

Who pays for the prescriptions at a pharmacy?

Prescriptions are an out-of-pocket expense. Hold onto the receipt and documentation to submit a claim for covered expenses.

I paid out-of-pocket. How do I submit a claim?

See the claim information page.

Major Illness or Injury: In Case of Inpatient Care/Serious Accident

For all emergencies, seek help without delay at the nearest facility and then, after admittance, open a case with AXA Assistance (our 24/7 assistance provider). Opening a case for inpatient care will allow us to monitor your case, provide regular updates to your program and family and address any concerns you may have. In addition, depending on your condition, if deemed medically necessary, the medical evacuation benefit will apply.

Mental Health/Remote Behaviorial Health

Mental health is extremely important. CISI works with many mental health providers abroad. You can locate a provider via the provider search within the CISI Traveler App and CISI Participant Portal. You can also contact Team Assist for referrals as well. For those in remote areas, there are mental health providers who can meet via skype/zoom. You can contact CISI for more information. See your plan details for benefit limits.

Additional services - Remote Bahavioral Health: Click Here

Team Assist (TAP) – AXA Assistance

The Team Assist Plan is designed by CISI in conjunction with the Assistance Company to provide travelers with a worldwide, 24-hour emergency telephone assistance service. Multilingual help and advice may be furnished for the Insured Person in the event of any emergency during the term of coverage. The Team Assist Plan complements the insurance benefits provided by the Accident and Sickness Policy. If you require Team Assist assistance, your ID number is your policy number.

Emergency Medical Transportation Services

The Team Assist Plan provides services and pays expenses up to the amount shown in the *Schedule of Benefits* for:

- Emergency Medical Evacuation
- Repatriation/Return of Mortal Remains

All services must be arranged through the Assistance Provider.

The TAP offers these services *(These services are not insured benefits):*

Medical Assistance

Medical Referral: Referrals will be provided for doctors, hospitals, clinics or any other medical service provider requested by the Insured. Service is available 24 hours a day, worldwide.

Medical Monitoring: In the event the Insured is admitted to a foreign hospital, the AP will coordinate communication between the Insured's own doctor and the attending medical doctor or doctors. The AP will monitor the Insured's progress and update the family or the insurance company accordingly.

Coverage Verification/Payment Assistance for Medical Expenses: The AP will provide verification of the Insured's medical insurance coverage when necessary to gain admittance to foreign hospitals, and if requested, and approved by the Insured's insurance company, or with adequate credit guarantees as determined by the Insured, provide a guarantee of payment to the treating facility.

Emergency Message Transmittal: The AP will forward an emergency message to and from a family member, friend or medical provider.

Dr. Please: The AP will provide global teleconsultation services to participants who requires non-urgent medical services while traveling or temporarily residing outside their home country on a covered trip.

Behavioral Health Services: Services are available for English-speaking eligible participants who require such services while traveling away from home or temporarily residing outside their home country. When notified of a behavior health or crisis support situation, telephone access to behavioral health professionals for intake, screening, assessment, stabilization counseling and referral services will be available. Follow-up services will be arranged when recommended as a result of the service and available by AXA. These services are not intended to be therapeutic treatment services. Properly licensed and credentialed counseling staff will be available 24/7.

Travel Assistance

Obtaining Emergency Cash: The AP will advise how to obtain or to send emergency funds world-wide.

Lost/Delayed Luggage Tracing: The AP will assist the Insured whose baggage is lost, stolen or delayed while traveling on a common carrier. The AP will advise the Insured of the proper reporting procedures and will help travelers maintain contact with the appropriate companies or authorities to help resolve the problem.

Traveler Check Replacement Assistance: The AP will assist in obtaining replacements for lost or stolen traveler checks from any company, i.e., Visa, Master Card, Cooks, American Express, etc., worldwide.

Replacement of Lost or Stolen Airline Ticket: One telephone call to the provided 800 number will activate the AP's staff in obtaining a replacement ticket.

Technical Assistance

Credit Card/Passport/Important Document Replacement: The AP will assist in the replacement of any lost or stolen important document such as a credit card, passport, visa, medical record, etc. and have the documents delivered or picked up at the nearest embassy or consulate.

Worldwide Inoculation Information: Information will be provided if requested by an Insured for all required inoculations relative to the area of the world being visited as well as any other pertinent medical information.

Locating Legal Services: The AP will help the Insured contact a local attorney or the appropriate consular officer when an Insured is arrested or detained, is in an automobile accident, or otherwise needs legal help. The AP will maintain communications with the Insured, family, and business associates until legal counsel has been retained by or for the Insured.

Assistance in Posting Bond/Bail: The AP will arrange for the bail bondsman to contact the Insured or to visit at the jail if incarcerated.

Claims

Click here or follow the instructions below.

How to Submit a Claim Online

Submit your CISI insurance claim online in minutes with a simple step-by-step process.

Step 1: Log into Your Account

Log into our Participant Portal — no paper claim form needed.

Don't have an account? Create one here using the information that matches your CISI insurance card.

Step 2: Start Your Claim

Go to the **Claim Info & Submission** tab from the portal menu.

Then click **Submit a Claim** and answer a few guided questions about your claim and payment details.

Step 3: Upload Your Documents & Submit

Attach any supporting materials (such as receipts, invoices, or medical reports) and submit your claim.

You can return anytime to check your claim status or upload additional documents.

Alternative Ways to Submit a Claim

Submit a claim by mail, email, or fax if needed. Download and complete a generic claim form, and send it alongside any pertinent documents, invoices and/or receipts. *Always double-check your claim form and reimbursement details to help prevent processing delays. If you are submitting a claim that is nonmedical, review your plan brochure before completing the claim form.*

Mail: CISI, 1 High Ridge Park, Stamford, CT 06905

Email: submityourclaim@mycisi.com

Fax: 203-399-5596

Claim Reimbursement and Claim Status

Important Information:

- U.S. mailing address is required for reimbursement by check. If you do not have a U.S. address, please include a note requesting wire payment—if approved, we'll follow up to collect the necessary banking details.
- Claims should be submitted for processing as soon as possible (and no later than one year after treatment was received).
- Claims are processed generally within 15 business days from receipt date if all information is provided to process the claim.
- **Check the status of your claim** by logging into your Participant Portal and going to the **Claim Info & Submission Tab**. Or you can contact CISI at (800) 303-8120 from 9AM to 5PM EST.

Frequently Asked Questions (FAQs)

I received a bill from a medical provider. What do I do?

The bill may be for your deductible. Review the charges and see if CISI made a payment on your behalf. The balance may be your responsibility. If you do not have a deductible in your plan, or have already paid this amount, submit the bill to CISI Online. Include proof of payment to be reimbursed for any coverable expenses and any additional documentation pertaining to the claim. You also have the option to submit the claim via email, mail, or fax.

I got a letter from CISI asking for more information. What do I do?

The claims team may send you an email asking you to complete a claim form or provide additional documentation in order to process your claim. Follow their instructions and upload the information via the Claims Info & Submission Tab once you log into your Participant Portal. You can also email the requested information to.

Where can I access a claim form?

If you are choosing to submit a claim by email, mail or by fax, a claim form is attached to your welcome email, posted on our website mycisi.com & within your myCISI Participant Portal. If you choose to submit a claim online, you will not need a claim form.

Southern Utah University

2027

Policy # GLM N18157457

Administered by Cultural Insurance Services International • 1 High Ridge Park • Stamford, CT 06905-1322
This plan is underwritten by ACE American Insurance Company

SCHEDULE OF BENEFITS

COVERAGE AND SERVICES	MAXIMUM LIMITS
TRAVEL ACCIDENT INDEMNITY INSURANCE	
Accidental Death and Dismemberment Per Insured Person	$10,000
ACCIDENT AND SICKNESS INSURANCE	
Medical expenses (per Covered Accident or Sickness):	
Deductible	zero
Benefit Maximum	$250,000 at 100%
Extension of Benefits	30 days
Home Country Coverage Limit	$10,000
TRAVEL ASSISTANCE INSURANCE	
Emergency Medical Reunion	$3,000 (incl. hotel/meals, max $100/day)
Quarantine	$$2,000
Trip Cancellation	$2,000
Trip Delay	$500 ($100/day)
Trip Interruption	$1,000
EVACUATION AND REPATRIATION INSURANCE	
Emergency Medical Evacuation	$200,000
Repatriation of Mortal Remains	$100,000
Security Evacuation (Comprehensive)	$100,000 ($1M Aggregate)
Transportation of Baggage & Personal Property	$3,000 per Occurrence
NON-INSURANCE SERVICES	
Team Assist Plan (TAP): 24/7 medical, travel, technical assistance	

Policy terms and conditions are briefly outlined in this Description of Coverage. Complete provisions pertaining to this insurance are contained in the Master Policy on file with Southern Utah University under form number IM-57729. In the event of any conflict between this Description of Coverage and the Master Policy, the Policy will govern.

Eligibility and Provisions

Benefits are payable under the Policy for Covered Expenses incurred by an Insured Person for the items stated in the *Schedule of Benefits*. All students and accompanying faculty and staff who are enrolled as Southern Utah University study abroad participants, and who are temporarily pursuing educational activities outside of the United States and their Home Country are eligible for coverage. Benefits shall be payable to either the Insured Person or the Service Provider for Covered Expenses incurred Worldwide,

except in the United States or their Home Country. The first such expense must be incurred by an Insured Person within 30 days after the date of the Covered Accident or commencement of the Sickness; and

- All expenses must be incurred by the Insured Person within 364 days from the date of the Covered Accident or commencement of the Sickness; and
- The Insured Person must remain continuously insured under the Policy for the duration of the treatment.

The charges enumerated herein shall in no event include any amount of such charges which are in excess of Reasonable and Customary charges. If the charge incurred is in excess of such average charge such excess amount shall not be recognized as a Covered Expense. All charges shall be deemed to be incurred on the date such services or supplies, which give rise to the expense or charge, are rendered or obtained.

Accidental Death and Dismemberment Benefit

If Injury to the Insured Person results, within 365 days of the date of a Covered Accident, in any one of the losses shown below, We will pay the Benefit Amount shown below for that loss. The Principal Sum is shown in the *Schedule of Benefits*. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Accident.

For Loss of:	**Percentage of Maximum Amount:**
Life	100%
Two or more Members	100%
Speech and Hearing in Both Ears	100%
One Member	50%
Speech or Hearing in Both Ears	50%
Hearing in One Ear	25%
Thumb and Index Finger of the Same Hand	25%

"Member" means Loss of Hand or Foot, Loss of Sight, Loss of Speech, and Loss of Hearing. "Loss of Hand or Foot" means complete Severance through or above the wrist or ankle joint. "Loss of Sight" means the total, permanent Loss of Sight of one eye. "Loss of Speech" means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means. "Loss of Hearing" means total and permanent Loss of Hearing in both ears that is irrecoverable and cannot be corrected by any means. "Loss of a Thumb and Index Finger of the Same Hand" or "Loss of Four Fingers of the Same Hand" means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). "Severance" means the complete separation and dismemberment of the part from the body.

Maximum aggregate benefit per occurrence is $1,000,000.

Accident and Sickness Medical Expenses

We will pay Covered Expenses due to Accident or Sickness only, as per the limits stated in the *Schedule of Benefits*. Coverage is limited to Covered Expenses incurred as listed below and subject to Exclusions. Initial treatment of an Injury or Sickness must occur within 30 days of the Accident or onset of the Sickness.

When a Covered Injury or Sickness is incurred by the Insured Person We will pay Reasonable and Customary medical expenses incurred shown in the *Schedule of Benefits*. In no event shall Our maximum liability exceed the Benefit Maximum stated in the *Schedule of Benefits* as to Covered Expenses during any one period of individual coverage.

Covered Accident & Sickness Medical Expenses

Only such Medically Necessary expenses, incurred as the result of a covered Accident or Sickness, which are specifically enumerated in the following list of charges, and which are not excluded in the Exclusions section, shall be considered as Covered Expenses:

- Hospital Room and Board Expenses: the daily room rate when the Insured Person is Hospital Confined and general nursing care is provided and charged for by the Hospital. In computing the number of days payable under this benefit, the date of admission will be counted but not the date of discharge.

- Ancillary Hospital Expenses: services and supplies including operating room, laboratory tests, anesthesia and medicines (excluding take home drugs) when Hospital Confined. This does not include personal services of a non-medical nature.
- Daily Intensive Care Unit Expenses: the daily room rate when the Insured Person is Hospital Confined in a bed in the Intensive Care Unit and nursing services other than private duty nursing services.
- Outpatient Surgical Room and Supply Expenses for use of the surgical facility.
- Outpatient diagnostic X-rays, laboratory procedures and tests.
- Doctor Non-Surgical Treatment/Examination Expenses (excluding medicines) including the Doctor's initial visit, each Medically Necessary follow-up visit and consultation visits when referred by the attending Doctor.
- Doctor's Surgical Expenses
- Anesthesiologist Expenses for pre-operative screening and administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis.
- Outpatient Laboratory Test Expenses.
- Physiotherapy Expenses on an inpatient or outpatient basis. Expenses include treatment and office visits connected with such treatment when prescribed by a Doctor, including diathermy, ultrasonic, whirlpool, or heat treatments, adjustments, manipulation, message or any form of physical therapy.
- Chiropractic Care and Therapeutic Services shall be limited to a total of $50 per visit, excluding x-ray and evaluation charges, with a maximum of 10 visits per Injury or Sickness. The overall maximum coverage per Injury or Sickness is $500 which includes x-ray and evaluation charges.
- Dental Expenses including dental x-rays for the repair or treatment of each injured tooth that is whole, sound and a natural tooth at the time of the Accident ,and emergency alleviation of dental pain. The alleviation of dental pain is covered up to the maximum of $500 ($250 maximum per tooth).
- Ambulance Expenses for transportation from the emergency site to the Hospital.
- Rehabilitative braces or appliances prescribed by a Doctor. It must be durable medical equipment that 1) is primarily and customarily used to serve a medical purpose; 2) can withstand repeated use; and 3) generally is not useful to a person in the absence of Injury. No benefits will be paid for rental charges in excess of the purchase price.
- Prescription Drug Expenses including dressings, drugs and medicines prescribed by a Doctor and administered on an outpatient basis.
- Mental and Nervous Disorders: expenses for treatment of a disorder that results directly and from no other cause, from a Covered Accident, while Hospital Confined up to $5,000, or on an outpatient basis up to $2,500. Benefits are limited to one treatment per day. "Mental and Nervous Disorders" means Neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder of any kind.
- Emergency medical treatment of pregnancy.
- Therapeutic termination of pregnancy is covered up to a maximum of $500.
- Newborn Nursery Care is covered up to the maximum of $500.
- Pregnancy, childbirth or miscarriage.
- Charges due to a Pre-Existing Condition are limited to $2,500.

Extension of Benefits

We will pay the benefit shown in the *Schedule of Benefits*, while the Insured Person is in his or her Home Country, if the Insured Person obtains treatment for an Injury or Sickness within 30 days of returning from a Trip to his or her Home Country. Such treatment must be for the recurrence or continuation of treatment for an Injury or Sickness that began during the course of a Trip for which a benefit is otherwise payable under the Medical Expense Benefit.

Home Country Benefit

We will pay benefits shown in the *Schedule of Benefits* while the Insured Person is in his or her Home Country, if the Insured Person obtains treatment for:

1. an Injury or Sickness within 30 days of returning from a Trip to his or her Home Country; or

2. for a continuation of benefits for treatment that began during the course of a Trip for which a benefit is otherwise payable under the Medical Expense Benefit.

The Insured Person must remain continuously insured, including while on vacations and school breaks. Home Country Benefit payments are subject to any applicable Benefit Maximum, Deductible and Coinsurance Rate shown in the *Schedule of Benefits*.

Emergency Medical Reunion

We will pay up to the Benefit Maximum as shown in the *Schedule of Benefits* for expenses incurred to have a Family Member or one person selected by the Insured Person, accompany him or her to the Insured Person's Home Country or the Hospital where the Insured Person is confined if the Insured is:

1. confined in a Hospital for at least 6 consecutive days due to a covered Injury or Sickness; or
2. the victim of a Felonious Assault. The Family Member or the one person selected by the Insured Person travel must take place within 7 days of the date the Insured is confined in the Hospital, or the date of the occurrence of the Felonious Assault.

"Felonious Assault" means a violent or criminal act reported to the local authorities which was directed at the Insured Person during the course of, or an attempt of, a physical assault resulting in serious injury, kidnapping, or rape.

In the event that an Insured Person dies as a result of a covered Injury or Sickness, We will pay the expenses incurred for emergency travel arrangements, up to the Benefit Maximum shown in the *Schedule of Benefits*, for a Family Member or the selected person to accompany the mortal remains of the deceased Insured Person.

Covered expenses include a round-trip economy airline ticket and other travel related expenses not to exceed the Daily Benefit Maximum shown in the *Schedule of Benefits*.

All transportation and lodging arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the usual level of charges for similar transportation or lodging in the locality where the expense is incurred.

Covered Expenses include an economy round-trip airline ticket and other travel related expenses not to exceed the Aggregate Benefit Maximum and the Daily Benefit Maximum shown in the *Schedule of Benefits*.

"Family Member" means the Insured Person's parent, sister, brother, Spouse, child, grandparent, or immediate in-law.

Quarantine Benefit

We will pay expenses incurred for up to the Maximum Limit shown in the *Schedule of Benefits*, if the Insured Person is subject to a Quarantine for H1N1 Influenza/any contagious disease that prevents traveling. Symptoms of the disease causing the Quarantine must first be manifested after the start of the Trip and the Quarantine must cause an interruption or delay in the Insured Person's Trip for which suitable accommodations are not otherwise available. Benefits will end on the earlier of: (a) 14 days after the Quarantine is issued; or (b) the date the Quarantine expires. Covered Expenses:

1. the reasonable expenses incurred for lodging and meals;
2. the cost of a one-way economy airfare ticket to either the Insured Person's Home Country or to re-join the group; and
3. non-refundable travel arrangements.

"Quarantine" means the period of time during which the Insured Person is forced into medical isolation by a recognized government authority, their authorized deputies, or medical examiners due to the Insured Person either having, or being suspected of having, a contagious disease, infection or contamination while the Insured Person is traveling outside of the Insured's Home Country.

Trip Cancellation Benefit

We will reimburse the Insured Person for the amount of non-refundable money the Insured Person paid for his or her Trip, up to the Benefit Maximum shown in the *Schedule of Benefits*, if the Insured Person is prevented from taking his or her Trip or his or her Trip is interrupted as the result of Injury, Sickness or death that occurs prior to the Trip, or during the Trip to either the Insured Person or a Family Member. "Family Member" means a Insured Person's husband, wife, children, brother, sister, parent, grandparent.

Trip Delay Benefit

We will reimburse Covered Expenses up to $100 per person per day subject to a $500 Maximum Benefit if an Insured's trip is delayed for more than 12 hours.
Covered Expenses include charges incurred for reasonable, additional accommodations and traveling expenses until travel becomes possible. Incurred expenses must be accompanied by receipts. This benefit is payable only for one delay of the Insured Person's Trip. Travel Delay must be caused by one of the following reasons:

- Injury, or Sickness of the Insured Person or a Traveling Companion;
- carrier delay;
- lost or stolen passport, travel documents or money;
- Natural Disaster;
- the Insured being delayed by a traffic accident while en route to a departure;
- hijacking;
- unpublished or unannounced strike;
- civil disorder or commotion;
- riot;
- inclement weather which prohibits Common Carrier departure;
- a Common Carrier strike or other job action;
- equipment failure of a Common Carrier;
- or the loss of the Insured Person's and/or traveling companion's travel documents, tickets or money due theft.

The Insured Person's Duties in the Event of Loss: The Insured must provide Us with proof of the Travel Delay such as a letter from the airline, cruise line, or Tour operator/ newspaper clipping/ weather report/ police report or the like and proof of the expenses claimed as a result of Trip Delay.

Trip Interruption Benefit

We will reimburse the cost of a round-trip economy air and/or ground transportation ticket of the Insured Person's trip, if his or her trip is interrupted as the result of:

- the death of a Family Member; or
- the unforeseen Injury or Sickness of the Insured Person or a Family Member. The Injury or Sickness must be so disabling as to reasonably cause a trip to be interrupted.
- substantial destruction of the Insured Person's principal residence by fire or weather related activity; or
- a Medically Necessary covered Emergency Medical Evacuation to return the Insured Person to his or her Home Country or to the area from which he or she was initially evacuated for continued treatment, recuperation and recovery of an Injury or Sickness.

Additionally, We will reimburse the cost of a one-way economy air and/or ground transportation ticket for the Insured Person's return to the program, if his or her trip is interrupted as the result of:

- substantial destruction of the Insured Person's principal residence by fire or weather related activity; or
- a Medically Necessary covered Emergency Medical Evacuation to return the Insured Person to his or her Home Country or to the area from which he or she was initially evacuated for continued treatment, recuperation and recovery of an Injury or Sickness.

The total benefits payable under the Trip Interruption Benefit will not exceed the maximum stated in the *Schedule of Benefits*.

Emergency Medical Evacuation Benefit

We will pay benefits for Covered Expenses incurred up to the maximum limit stated in the Schedule of Benefits, if a Medical Emergency commencing during the Period of Coverage results in the Emergency Medical Evacuation of the Insured Person. The Insured Person's Doctor must certify that the severity of the Insured Person's Medical Emergency requires an Emergency Medical Evacuation. Benefits will not be payable unless the Assistance Company authorizes in advance, and services are rendered by the Assistance Company. All transportation arrangements must be by the most direct and economical route.

Covered Expenses include Medical Transportation, Dispatch of a Doctor or Specialist, Return of Dependent Child(ren), Escort Services, and Transportation After Stabilization.

Repatriation of Mortal Remains Benefit

We will pay benefits for Covered Expenses incurred up to the maximum limit stated in the Schedule of Benefits, if a Medical Emergency commencing during the Period of Coverage results in the Emergency Medical Evacuation of the Insured Person. The Insured Person's Doctor must certify that the severity of the Insured Person's Medical Emergency requires an Emergency Medical Evacuation. Benefits will not be payable unless the Assistance Company authorizes in advance, and services are rendered by the Assistance Company. All transportation arrangements must be by the most direct and economical route.

Covered Expenses include Medical Transportation, Dispatch of a Doctor or Specialist, Return of Dependent Child(ren), Escort Services, and Transportation After Stabilization.

Security Evacuation (Comprehensive)

Coverage (up to the amount shown in the Brochure's *Schedule of Benefits*, Security Evacuation) is provided for security evacuations for specific Occurrences. To view the covered Occurrences and to download a detailed PDF of this brochure, please go to the following web page: Security Evacuation Plan. Benefits are subject to the Maximum Limit shown in the *Schedule of Benefits*.

Exclusions and Limitations

We will not pay Accidental Death and Dismemberment Benefits for any loss or Injury that is caused by or results from:

- intentionally self-inflicted Injury.
- suicide or attempted suicide (applicable to Accidental Death and Dismemberment only).
- war or any act of war, whether declared or not.
- piloting or serving as a crewmember or riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline.
- Injury or death to which a contributing cause is the Insured Person's violation or attempt to violate any duly-enacted law, or the commission or attempt to commit an assault or a felony where the Insured is a voluntary participant, or that occurs while the Insured Person is engaged in an illegal occupation.
- Sickness, disease, or infection of any kind, except bacterial infections due to an accidental cut or wound, botulism or ptomaine poisoning.

In addition to the exclusions above, We will not pay Medical Expense Benefits for any loss, treatment or services resulting from or contributed to by:

- any elective treatment, surgery, health treatment, or examination, including any service, treatment or supplies that: (a) are deemed by Us to be experimental; and (b) are not recognized and generally accepted medical practices in the United States.
- services, supplies, or treatment including any period of Hospital confinement which were not recommended, approved and certified as necessary and reasonable by a Doctor; or expenses which are non-medical in nature.
- war or any act of war, whether declared or not.
- Injury sustained while participating in professional sports.
- routine physicals, check-ups, routine ob-gyn visits, pap smears, or wellness visits.
- Expense incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofacial pain.
- any treatment, service or supply not specifically covered by the Policy.
- treatment by any Immediate Family Member or member of the Insured Person's household.
- cosmetic surgery, except for reconstructive surgery needed as the result of an Injury.
- damage to or loss of dentures or bridges, or damage to existing orthodontic equipment (except as specifically covered by the Policy.
- eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof, unless caused by an Injury incurred while covered under the Policy.
- Treatment while confined primarily to receive custodial care, educational or rehabilitative care, or nursing services.
- treatment relating to birth defects and congenital conditions, or complications arising from those conditions.
- Injury or death to which a contributing cause is the Insured Person's commission or attempt to commit an assault or a felony where the Insured is a voluntary participant.

- any expenses covered by any other employer or government sponsored plan for which, and to the extent that the Insured Person is eligible for reimbursement.
- Injury or Sickness covered by Workers' Compensation, Employer's Liability Laws or similar occupational benefits.
- expenses payable by any automobile insurance policy without regard to fault.
- routine dental care and treatment
- Drugs, treatments or procedures that either promote or prevent conception, or prevent childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion.
- organ or tissue transplants and related services.
- expenses incurred in connection with weak, strained or flat feet, corns, calluses or toenails.
- treatment of acne.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.

Subrogation

To the extent the Company pays for a loss suffered by an Insured Person, the Company will take over the rights and remedies the Insured Person had relating to the loss. This is known as subrogation. The Insured Person must help the Company to preserve its rights against those responsible for the loss. This may involve signing any papers and taking any other steps the Company may reasonably require. If the Company takes over an Insured Person's rights, the Insured Person must sign an appropriate subrogation form supplied by the Company.

Definitions

Accident means a sudden, unexpected and unintended event.
Covered Accident means an Accident that occurs while coverage is in force for the Insured Person and results in a loss or Injury covered by the Policy for which benefits are payable.
Covered Activity means any activity that the Policyholder requires the Insured Person to attend, or that is under its supervision and control listed in the Schedule of Benefits and insured under the Policy.
Covered Expenses means expenses actually incurred by or on behalf of the Insured Person for treatment, services and supplies covered by the Policy. Coverage under the
Policyholder's Policy must remain continuously in force from the date of the Accident or Sickness until the date treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such treatment, service or supply, that gave rise to the expense or the charge, was rendered or obtained.
Deductible means the dollar amount of Covered Expenses that must be incurred as an out- of-pocket expense by each Insured Person per Injury, Accident, Policy Term or Sickness basis before Medical Expense Benefits and/or other Additional Benefits paid on an expense incurred basis are payable under the Policy.
Dependent means an Insured's lawful spouse ; or an Insured's unmarried child, from the moment of birth to age 26,. A child, for eligibility purposes, includes:
A Dependent may also include any person related to the Insured by blood or marriage and for whom the Insured is allowed a deduction under the Internal Revenue Code.
Insurance will continue for any Dependent child who reaches the age limit and continues to meet the following conditions:
1) the Dependent child is unable to engage in substantial gainful employment to the degree that the child can achieve economic independence due to a medically determinable Physical Impairment or Mental Impairment, which can be expected to result in death, or which has lasted or can be expected to last for a continuous period of not less than 12 months; and 2) chiefly dependent on the Insured for support and maintenance since the child reached the age of 26.
For purposes of this provision, "Mental Impairment" means a mental or psychological disorder such as: (1) an intellectual disability; (2) organic brain syndrome; (3) emotional or mental illness; or (4) specific learning disabilities as determined by Us. "Physical Impairment" means a physiological disorder, condition, or disfigurement, or anatomical loss affecting one or more of the following body systems: (1) neurological, (2) musculoskeletal; (3) special sense organs; (4) respiratory organs; (5) speech organs; (6) cardiovascular; (7) reproductive; (8) digestive; (9) genito-urinary; (10) hemic and lymphatic; (11) skin; or (12) endocrine.
The Insured must send Us satisfactory proof that the child meets these conditions, when requested. We will not ask for proof more than once a year after the 2-year period following the age limitation.
Dependent also means an Insured's Domestic Partner.

Doctor means a licensed health care provider acting within the scope of his or her license and rendering care or treatment to the Insured Person that is appropriate for the conditions and locality. It will not include a Insured Person or a member of the Insured Person's Immediate Family Member or household.

Domestic Partner means a person of the same or opposite sex of the Insured who: 1) shares the Insured's primary residence;
2) has resided with the Insured for at least 6 months prior to the date of enrollment and is expected to reside with the Insured indefinitely;
3) is financially interdependent with the Insured in each of the following ways: a) by holding one or more credit or bank accounts, including a checking account, as joint owners; b) by owning or leasing their permanent residence as joint tenants; c) by naming, or being named by the other as a beneficiary of life insurance or under a will; and by each agreeing in writing to assume financial responsibility for the welfare of the other. 4) has signed a Domestic Partner declaration with Insured, if recognized by the laws of the state in which he or she resides with the Insured; 5) has not signed a Domestic Partner declaration with any other person within the last 12 months. 6) is older than 18 years older, but no more than 70 years old; 7) is not currently married to another person; and 8) is not in a position as a blood relative that would prohibit marriage.

Guests means individuals invited and authorized to participate in a Covered Activity that is under the control of the Participating Organization.

Home Country means the country where an Insured Person has his or her true, fixed and permanent home and principal establishment or the United States.

Hospital means a facility that is licensed and operating within the scope of such license.

Immediate Family Member means a person who is related to the Insured Person in any of following ways: spouse; parent (includes stepparent); child (includes legally adopted and step child); brother or sister (includes stepbrother or stepsister); parent-in-law;son- or daughter–in–law; and brother- or sister-in-law.

Injury means Accidental bodily injury sustained by a Insured Person that is the direct cause of the condition for which benefits are provided, independent of disease or bodily infirmity or any other cause and that occurs while the insurance is in force.. All injuries sustained by one person in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

Insured Person(s) means a person eligible for coverage under the Policy as defined in "Eligible Persons" who has applied for coverage and is named on the application if any and for whom We have accepted premium. This may be the Primary Insured Person or Dependent(s).

Medical Emergency means a condition caused by an Injury or Sickness that manifests itself by symptoms of sufficient severity that a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy.

Medically Necessary means a treatment, service or supply that is: 1) required to treat an Injury or Sickness; prescribed or ordered by a Doctor or furnished by a Hospital; 2) performed in the least costly setting required by the Insured Person's condition; and 3) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. Purchasing or renting 1) air conditioners; 2) air purifiers; 3) motorized transportation equipment; 4) escalators or elevators in private homes; 5) eye glass frames or lenses; 6) hearing aids; 7) swimming pools or supplies for them; and 8) general exercise equipment are not Medically Necessary. A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may, at Our discretion, consider the cost of the alternative to be the Covered Expense.

Permanent Residence or Country of Residence means the country where an Insured has his or her true, fixed and permanent home and principal establishment, and to which he or she has the intention of returning.

Pre-existing Condition means an illness, disease or other condition of the Insured Person, that in the 6 month period before the Insured Person's coverage became effective under the Policy: 1) first manifested itself, worsened, became acute or exhibited symptoms that would have caused a person to seek diagnosis, care or treatment; or 2) required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or 3) was treated by a Doctor or treatment had been recommended by a Doctor.

Reasonable and Customary means the maximum amount that We determine is Reasonable and Customary for Covered Expenses the Insured Person receives, up to but not to exceed charges actually billed. Our determination considers: 1) amounts charged by other service providers for the same or similar service in the locality where received, considering the nature and severity of the bodily Injury or Sickness in connection with which such services and supplies are received; 2) any usual medical circumstances requiring additional time, skill or experience; and 3) other factors We determine are relevant, including but not limited to, a resource based relative value scale.

Sickness means an illness, disease or condition of the Insured Person that causes a loss for which the Insured Person incurs medical expenses while covered under the Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness.

Usual and Customary Charge means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.

U.S. Territories means lands that are directly overseen by the United States Federal Government. A list of these territories would include the United States Virgin Islands, Guam, American Samoa, Northern Mariana Islands, and Puerto Rico.
We, Our, Us means the insurance company underwriting this insurance or its authorized agent.

IMPORTANT NOTICE

This policy provides travel insurance benefits for individuals traveling outside of their home country. This policy does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy a person's individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA).
For more information about the ACA, please refer to www.HealthCare.gov

This information provides a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the policy issued in the state in which the policy was delivered under form number AH-15090. Complete details may be found in the policy on file at your school's office. The policy is subject to the laws of the state in which it was issued. Please keep this information as a reference.