World Class Coverage Plan

designed for

International Student Exchange, ISE

CISI
CULTURAL INSURANCE SERVICES INTERNATIONAL

Exclusive Plan



2026-2027
Policy # GLM N18156970-EXCL1M

Administered by
Cultural Insurance Services International

Underwritten by
ACE American Insurance Company

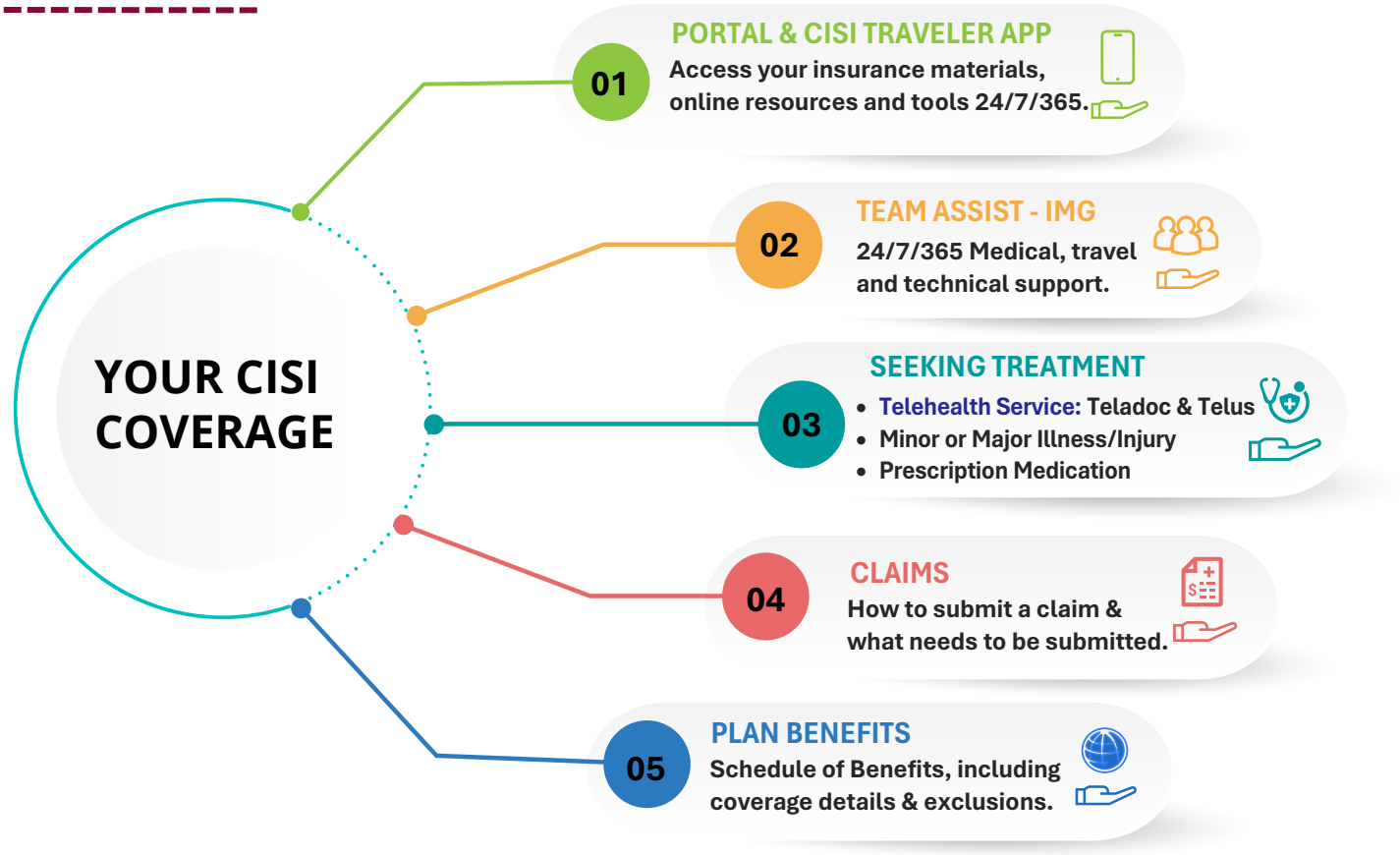
MEDICAL EMERGENCY SECURITY

CISI
CULTURAL INSURANCE SERVICES INTERNATIONAL

Welcome to CISI!

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

GET TO KNOW CISI



IMPORTANT CONTACT INFORMATION & LINKS

CISI CLAIMS DEPARTMENT (9-5 EST, M-F)

CLAIM OR BENEFIT QUESTIONS:

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

SUBMIT A CLAIM:

ONLINE: Click here
EMAIL: submityourclaim@mycisi.com

TEAM ASSIST (24/7/365) – IMG

PHONE: (317)-316-9612
EMAIL: assist@imglobal.com

AETNA PROVIDER SEARCH:

Locate a Provider near you:
https://www.culturalinsurance.com/aetna-provider-search

TELEHEALTH SERVICES:

TELADOC
24/7 Telehealth for Minor Illness or Injury:
www.all360health.com
Click here for more information.

TELUS Health
24/7 Telehealth for Mental Health
Click here for more information.

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.

YOUR INSURANCE MATERIALS

You will receive an email once you are enrolled *from* CISI Enrollments, **enrollments@culturalinsurance.com**, with the *subject line* '**CISI Materials**'.
Your welcome email will contain:

- **Plan Brochure**
  Outlines your plan's benefits & coverage details.
- **Insurance ID Card**
  Bring this with you when seeking treatment.
- **Portal and Mobile App Links**
  Access your insurance materials & services 24/7/365.
- **CISI Contact Information**
  Email or call CISI if you have questions.
- **Claim Form**
  If you seek treatment & need to submit a claim.



PARTICIPANT PORTAL & CISI TRAVELER APP

Your CISI coverage includes a comprehensive online Portal of tools and resources as well as a Mobile app, allowing you access to:

- **Your Insurance Documents**
  Email/view your insurance documents or download for offline access later.
- **Provider Search**
  Search for a provider on-the-go.
- **Medical Emergency Information**
  Access Team Assist's contact information.
- **Claims**
  Submit Claim(s), Check Status and Claim Information.
- **CISI & Team Assist Contact Information**
  All contact information in one place.

CREATE A LOGIN

Once you are enrolled you can create a myCISI login either via the CISI Traveler App or on a computer via the myCISI Participant Portal.

*Links to both are provided within the **CISI Materials** email, however you can also access them both below.*

myCISI Participant Portal

Go to https://www.culturalinsurance.com/ and click on **Login to myCISI** in the top right to access the myCISI Participant Portal.

CISI Traveler App

Simply click on the below "Google Play" or "App Store" icons to download:

Available on the App Store ANDROID APP ON Google play

If the icon is not working, Search CISI Traveler, or Cultural Insurance Services International.

UNDERSTANDING YOUR INSURANCE ID CARD

The card contains information for both you and the provider:

This information is for the Medical Provider and Pharmacy:

Your "PPO" Preferred Provider. Network. aetna PPO/NAP CISI CULTURAL INSURANCE SERVICES INTERNATIONAL

For the Medical Provider →

GROUP SPONSOR: EXAMPLE
Subscriber Name: SMITH, JOHN
Group #: 0863971-015-00100
Coverage Dates: 04-Jan-2026 to 03-Jan-2027
Member ID: 00123567

Do NOT call this number on the front. This information is for the Medical Provider. →

Aetna Provider Services Phone #: 1-800-414-0596
Submit claims to: Aetna, P.O. Box 981543, El Paso, TX 79998-1543
For Electronic submissions: Electronic Payer ID# 60054

This is for a Pharmacy →

ScriptSave WellRxID# MSC53233536, Group # 8602, RxBin 006053, RxPCN MSC

Contact & Policy information is for you, and if the Medical Provider needs to contact CISI:

KEEP THIS CARD WITH YOU AT ALL TIMES
MEMBER INFORMATION AND CONTACT INFORMATION
Plan Policy #: 25 GLM N00000000 ← **Policy Number**

Underwritten by ACE AMERICAN INSURANCE COMPANY, Administered by CISI (Cultural Insurance Services International)

Coverage and/or Claim Questions?
Contact CISI by:
Phone: 1-203-399-5130
Email: inquiries@mycisi.com ← **CISI Contact Information**

FOR EMERGENCIES (24/7/365) - Contact Team Assist
(Inpatient or Emergency Care)
Call IMG at (317)-316-9612
Email: assist@imglobal.com ← **Team Assist Information**

IN CASE OF A MINOR INJURY OR ILLNESS

TELEHEALTH SERVICES:

PLEASE NOTE your plan has an **Emergency Room *Illness* Deductible of $1,000.** This is **patient responsibility for an illness that is not a true emergency.** Emergency Room Deductible is ***waived if***: 1) injured; 2) Admitted as an inpatient from the ER; or 3) referred to the ER by a medical professional.

TELADOC For Minor Illness or Injury.

Teladoc is FREE to use. **Avoid the high costs and long waits at an urgent care, doctor's office or emergency rooms.** 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.

STEP 1: ACCESS

- Call **317-316-9612** and IMG will verify eligibility.
- **Let IMG know the student is a minor.**
- IMG will provide the member with Teladoc information and login code.
- IMG will send an email with written instructions.

STEP 2: REGISTER

- Go to www.all360health.com
- Click on **Create Your Account**.
- Once completed, on the next page there will be a section to enter the code IMG provided.

STEP 3: SCHEDULE

- Schedule a virtual consult via the Teladoc app.
- Request a video consult or use the call back feature.
- Upload photos to support diagnosis of the condition.
- View scheduled appointments on the app.

STEP 4: 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 5: REVIEW

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

TELUS Health For Mental Health & Wellbeing.

Remote Mental Health Services are available 24/7/365. Participants who are struggling with their mental health and wellbeing can speak with a licensed professional at anytime from anywhere. **TELUS Health** provides expert assistance and support for a variety of issues: Stress at home or at school, financial issues, health issues, emotional wellbeing due to cultural adjustment, loneliness & loss, social pressures, victim of a crime, feeling disconnected and more. **Follow the steps below to access TELUS Health.**

01 ACCESS

- Call **317-316-9612** IMG's hotline to access Remote Behavioral Health Services.
- **Let IMG know the student is a minor.**
- IMG will either warm transfer to Telus Health or Member provides name and phone number and is advised the Telus Health will call them to schedule an appointment.

02 ASSESSMENT

- Clinical services will be either telephonic or online.
- Stabilization and intervention of acute situation handled by U.S. mental health expert.
- Evaluation for signs of self-harm, substance abuse, or violence.

03 ACTION PLAN

- Escalation to IMG's Medical Assistance team in case of self-harm, substance abuse, or violence.
- Need for referrals to other providers for additional services.
- Determine if hospitalization/repat required.

04 CONTINUOUS SUPPORT

- When required, IMG will access its global network to provide additional provider support services for clinics, hospitals, and repat.

05 FOLLOW UP

- IMG medical desk may make additional follow-up call within 24 hours to help ensure the member's issue has been resolved.

IN CASE OF A MINOR INJURY OR ILLNESS

WANT TO SEE A DOCTOR/PROVIDER IN PERSON?

STEP 1: LOCATE A PROVIDER NEAR YOU

Use Aetna's Preferred Provider Network website: https://www.culturalinsurance.com/aetna-provider-search

STEP 2: SCHEDULE AN APPOINTMENT

If the Medical Provider is not a walk-in clinic, call the Medical Provider and Schedule an

Appointment. If you need assistance, contact CISI or Team Assist.

STEP 3: AT YOUR APPOINTMENT

Present your insurance ID card. Either print or save your Insurance Id card to your phone (this can be done through the CISI Traveler App).

Medical Providers can contact CISI directly, toll-free at (800) 303-8120 to verify eligibility and/or benefits, from 9AM to 5PM EST.

What is Medical Provider'?

Medical Provider refers to a doctor, urgent care, hospital, or other medical facility.

Who is my PPO?

Aetna is your Preferred Provider (PPO) Network and allows access to over 1.2 million medical providers throughout the United States.

What is 'In-Network' and 'Out-of-Network'?

The providers within Aetna's network are known as 'In-Network' Providers. If you go to a Medical Provider 'Out-of-Network', you may be required to pay more out of pocket. Arranging services through a preferred provider is not required, but will help reduce any potential out-of-pocket expenses.

Do I have to pay at the time of my appointment?

You may have a copay depending on your type of visit. If you have a copay, it will appear on the front of your insurance card under 'In-Network Copay'.

What is a Copay or Coinsurance?

This is the amount of money you will have to pay out-of-pocket for covered medical services.

What is a Deductible and does my plan have one?

The Deductible is the amount you have to pay before your benefits 'kick-in' (before insurance pays). Please see your plan's *Schedule of Benefits* to see if you have any Deductible(s).

Will this insurance cover the purpose of my visit?

If you are unsure if this insurance will cover your appointment, view your plan's coverage starting on page 7. If you have specific questions that you are unsure of, call CISI.

WHO PAYS AT THE PHARMACY?

Prescription medication will be an out-of-pocket expense. **Present your insurance ID card** at the pharmacy to receive a discount when paying. As long as the medication is for a covered illness or injury, you submit a claim for reimbursement. See the following page for claim submission questions.

What is a prescription receipt?

This is usually stapled to the outside of your pharmacy bag when you pick up your medication. If it has the following information, it's a prescription receipt:

- ✓ Your Name,
- ✓ Your Doctor's Name,
- ✓ Name of Medication,
- ✓ Dosage of Medication,
- ✓ Date Medication was Filled, &
- ✓ Amount of Medication.

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 IMG (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.

CLAIMS SUBMISSIONS & QUESTIONS

SUBMIT A CLAIM BY:

Online Portal: https://www.mycisi.com/Participant Portal

Email: submityourclaim@mycisi.com

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

Fax: (203) 399-5596

SUBMIT A CLAIM ONLINE

LOG INTO myCISI VIA THE ONLINE PORTAL: https://www.mycisi.com/ParticipantPortal

- **If you created a login already**, select I am "Insured". Then enter your Username and Password.
- **If you have not created a login**, Click on the "click here" button to create an account.

1. Go to the **Claim Info & Submission** tab.
2. Click on **Submit a Claim & check the Status Online**.
3. Click on **Submit a Claim** and follow the prompts.
4. Check **claim status** once you've submitted a claim.

SUBMIT A CLAIM BY EMAIL, MAIL OR FAX

STEP 1 — COMPLETE CLAIM FORM

Fully complete and sign the medical claim form for each occurrence, indicating whether the Doctor/Provider has been paid.

STEP 2 — INCLUDE ITEMIZED BILLS & DOCUMENTATION

Attach itemized bills for all amounts being claimed and documentation. *If mailing, we recommend you provide us with a copy and keep the originals yourself.

STEP 3 — SUBMIT CLAIM

You can submit claims by:

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

Email: submityourclaim@mycisi.com

Fax: (203) 399-5596

How long will it take to be reimbursed for eligible medical expenses paid out-of-pocket?

Generally, 15 business days from receipt date if all information is provided to process the claim. To check the status of your claim, contact CISI at (800) 303-8120 from 9AM to 5PM EST.

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

1) Does the bill include your insurance information? If not, you may just have to provide it to them. **2)** On the back of the bill or by logging into their website, there is room for you to fill in your insurance information and send it back to them.**3)** Once the medical provider has this information, they can send CISI a bill. **4)** The bill may be for your deductible or copay. Review the charges and see if CISI made a payment on your behalf. The balance may be your responsibility.

Can I send the bill to CISI?

Yes, but you should also provide your insurance information to your medical provider. Email a copy to submityourclaim@mycisi.com, then complete the provider's insurance form and return it to the provider.

I got a letter from CISI asking for an itemized bill - What is this and do I have to do anything?

We need a specific type of bill from your medical provider. If you received the letter, we've already sent the same request to them, but calling the provider to request an itemized bill and forwarding it to CISI will speed up the process and help ensure your claim can be paid.

I got an Explanation of Benefits - What is this?

This is a statement that CISI sends you when we make a claim payment on your behalf. This shows how much your policy covers and what, if any, cost you should pay to the medical provider.

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

The claims team may ask you to complete a claim form. Submit the form through your Participant Portal and email it to submityourclaim@mycisi.com. If additional information is needed, upload those documents in the Participant Portal or email them to submityourclaim@mycisi.com.

Approved reimbursements will be paid to the provider of the service unless otherwise indicated on the form.
For claim submission questions, call (203) 399-5130, or email inquiries@mycisi.com.
Claims should be submitted for processing as soon as possible (and no later than one year after treatment was received).

TEAM ASSIST (TAP) - IMG

CONTACT INFORMATION
PHONE: +1-317-316-9612
EMAIL: assist@imglobal.com

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.

Teladoc: The AP will provides 24/7/265 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 - TELUS Health: Services are available for eligible participants who are seeking well-being and mental health care while traveling away from home or temporarily residing outside their home country. The AP will connect you with a teleconsultation services to a counseling staff will are available 24/7/365.

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

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.

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.

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.

International Student Exchange, ISE

Exclusive Plan

2026-2027

Policy # GLM N18156970- EXCL1M

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	$15,000
ACCIDENT AND SICKNESS INSURANCE	
Medical expenses (per Covered Accident or Sickness):	
Deductible	$0
Deductible for Emergency Room visits as a result of a Covered Sickness:	*$1,000 (waived if admitted to the Hospital for inpatient care)*
Benefit Maximum	$1,000,000 at 100%
TRAVEL ASSISTANCE INSURANCE	
Emergency Medical Reunion	$12,500 (incl. hotel/meals, max $300/day)
Trip Interruption	$10,000
EVACUATION AND REPATRIATION INSURANCE	
Emergency Medical Evacuation	100% of Covered Expenses
Repatriation of Mortal Remains	100% of Covered Expenses
NON-INSURANCE SERVICES	
Team Assist Plan (TAP): 24/7 medical, travel, technical assistance	

PERSONAL LIABILITY COVERAGE			
Maximum Benefit Per Claim	$500,000	Additional Living Expenses	$10,000
Deductible per Personal Property Claim	$150	Payment of Deductible under Homeowner's Insurance	$1,000
Medical Payments Coverage	$25,000		

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 International Student Exchange, ISE under form number AH-15090. 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 International Student Exchange, ISE participants, and who are temporarily pursuing educational activities inside of the United States and traveling outside of their Home Country are eligible for coverage. Benefits shall be payable to either the Insured Person or the Service Provider for Covered Expenses incurred in the United States and outside 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 & Dismemberment Benefit

Accidental Death Benefit. If Injury to the Insured Person results in death within 365 days of the date of the Covered Accident that caused the Injury, We will pay 100% of the Benefit Amount.

Accidental Dismemberment Benefit. If Injury to the Insured Person results, within 365 days of the date of the Covered Accident that caused the Injury, in any one of the Losses specified below, We will pay the percentage of the Benefit Amount shown below for that Loss:

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 and Loss of Sight. "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 an ear that is irrecoverable and cannot be corrected by any means. "Loss of a Thumb and Index Finger 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. If more than one Loss is sustained by an Insured Person as a result of the same Covered Accident, only one amount, the largest, will be paid. Maximum aggregate benefit per occurrence is $1,000,000.

Accident & 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, subject to the Deductible 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:

- Charges made by a Hospital for room and board, floor nursing and other services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital's average charge for semiprivate room and board accommodation.
- Charges made for Intensive Care or Coronary Care charges and nursing services.
- Charges made for diagnosis, treatment and surgery by a Doctor.
- Charges made for an operating room.
- Charges made for outpatient treatment, same as any other treatment covered on an inpatient basis. This includes ambulatory surgical centers, Doctors' outpatient visits/examinations, clinic care, and surgical opinion consultations.
- Charges for Outpatient MRI or CAT Scan are covered up to $1,000.
- Charges for Outpatient lab services and x-rays are covered up to $500.
- Charges for Outpatient medical supplies are covered up to $250.
- Charges made for the cost and administration of anesthetics.
- Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood, transfusions, iron lungs, and medical treatment.
- Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Doctor or surgeon.
- Charges made for artificial limbs, eyes, larynx, and orthotic appliances, but not for replacement of such items.
- Local transportation to or from the nearest Hospital or to and from the nearest Hospital with facilities for required treatment. Such transportation shall be by licensed ground ambulance only.
- Charges for physiotherapy, if recommended by a Doctor for the treatment of a specific Disablement and administered by a licensed physiotherapist, are payable a) up to the policy maximum on an inpatient basis; or b) up to $2,500 on an outpatient basis.
- Nervous or Mental Disorders are payable a) up to $500 for outpatient treatment; or b) up to $500 on an inpatient basis. We shall not be liable for more than one such inpatient or outpatient occurrence under the Policy with respect to any one Insured Person.
- 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.
- Accidental dental charges for emergency dental repair or replacement to natural teeth damaged as a result of a covered Injury including expenses incurred for services or medications prescribed, performed or ordered by dentist.
- With respect to Palliative Dental, an eligible Dental condition shall mean emergency pain relief treatment to natural teeth up to $200 maximum per tooth
- Charges for complications with Pregnancy only, if conception occurs while the policy is in force.
- Therapeutic termination of pregnancy is covered up to a maximum of $500.
- Newborn Nursery Care is covered up to the maximum of $500.

Emergency Medical Reunion

When an Insured Person is hospitalized for more than 3 consecutive days, We will reimburse for expenses incurred for travel, meals and lodging for one individual selected by the Insured Person, from the Insured Person's current Home Country to the location where the Insured Person is hospitalized, subject to the Benefit Maximum and Daily Benefit shown in the *Schedule of Benefits*.

We will also pay this benefit if the Insured Person was the victim of a 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.

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.

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 the reasonable Covered Expenses incurred up to the maximum limit as stated in the *Schedule of Benefits*, to return the Insured Person's remains to his/her Home Country or Permanent Residence, if he or she dies. Covered Expenses include: expenses for embalming, cremation, least costly coffin or container appropriate for transportation, shipping costs including necessary government authorizations, and Escort Services (expenses for an Immediate Family Member or companion who is traveling with the Insured Person to join the Insured Person's body during the repatriation to the Insured Person's place of residence).

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 made by the most direct and economical route and conveyance possible and may not exceed the Usual and Customary Charges for similar transportation in the locality where the expense is incurred.

Note: All Covered Expenses in connection with either Emergency Medical Evacuation or Repatriation of Mortal Remains must be pre-approved and authorized by an Assistance Company representative appointed by the Company.

Exclusions & Limitations

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

- Disease of any kind.
- Bacterial infections except pyogenic infections which occur from an accidental cut or wound.
- Neuroses, psychoneuroses, psychopathies, psychoses or mental or emotional diseases or disorders of any type.
- Intentionally self-inflicted Injury; suicide or attempted suicide (Applicable to Accidental Death and Dismemberment benefits only).
- War or any act of war, whether declared or not.
- Injury sustained while riding as a pilot, student pilot, operator, or crew member, in or on, boarding or alighting from, any type of aircraft.
- Injury occasioned or occurring while committing or attempting to commit a felony, or to which the contributing cause was the Insured Person being engaged in an illegal occupation.

In addition, this Insurance does not cover Medical Expense Benefits for:

- Pre-Existing conditions.

- Charges for treatment which is not Medically Necessary.
- Charges for treatment which exceed Reasonable and Customary charges.
- Charges incurred for surgery or treatments which are experimental/investigational, or for research purposes.
- Services, supplies or treatment, including any period of Hospital confinement, which were not recommended, approved and certified as Medically Necessary and reasonable by a Doctor.
- War or any act of war, whether declared or not.
- Injury sustained while participating in professional athletics.
- Routine physicals, immunizations, or other examinations where there are no objective indications or impairment in normal health, and laboratory, diagnostic or x-ray examinations, except in the course of an Injury or Sickness established by a prior call or attendance of a Doctor.
- Treatment of the temporomandibular joint.
- Any treatment, service or supply not specifically covered by the Policy.
- Services or supplies performed or provided by a Relative of the Insured Person, or anyone who lives with the Insured Person.
- Cosmetic or plastic surgery, except as the result of a covered Injury.
- Elective Surgery or Elective Treatment which can be postponed until the Insured Person returns to his/her Home Country or Permanent Residence, where the objective of the trip is to seek medical advice, treatment or surgery.
- Treatment and the provision of false teeth or dentures, normal hearing tests and the provision of hearing aids.
- Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by an Injury incurred while insured hereunder.
- Treatment while confined primarily to receive custodial care, educational or rehabilitative care, or nursing services.
- Congenital abnormalities and conditions arising out of or resulting therefrom.
- Expenses as a result of or in connection with the commission of a felony offense.
- Injury sustained while taking part in mountaineering where ropes or guides are normally used; hang gliding; parachuting; bungee jumping; racing by horse, motor vehicle or motorcycle; parasailing.
- Treatment paid for or furnished under any mandatory government program or facility set up for treatment without cost to any individual.
- Injury or Sickness covered by Workers' Compensation, Employers' Liability laws, or similar occupational benefits.
- Injuries for which benefits are payable under any no-fault automobile insurance policy.
- Routine dental 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.
- Treatment for human organ tissue transplants and related treatment.
- Weak, strained or flat feet, corns, calluses, or toenails.
- Diagnosis and treatment of acne.
- Injury sustained while the Insured Person is riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting from, any type of aircraft.
- Dental care, except as the result of Injury to natural teeth caused by a Covered Accident, unless otherwise covered under this Policy.
- Expenses incurred within the Insured Person's Home Country or country of Permanent Residence, unless otherwise covered under this Policy.
- Pregnancy, childbirth or miscarriage.

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

Company shall be ACE American Insurance Company.

Covered Accident means an event, independent of Sickness or self-inflicted means, which is the direct cause of bodily Injury to an Insured Person.

Covered Expenses means expenses which are for Medically Necessary services, supplies, care, or treatment due to Sickness or Injury, prescribed, performed or ordered by a Doctor, and Reasonable and Customary charges incurred while insured under this Policy, and that do not exceed the maximum limits shown in the *Schedule of Benefits*, under each stated benefit.

Deductible means the amount of eligible Covered Expenses which are the responsibility of each Insured Person and must be paid by each Insured Person before benefits under the Policy are payable by Us. The Deductible amount is stated in the *Schedule of Benefits*, under each stated benefit.

Doctor as used in this Policy means a doctor of medicine or a doctor of osteopathy licensed to render medical services or perform surgery in accordance with the laws of the jurisdiction where such professional services are performed.

Effective Date means the date the Insured Person's coverage under the Policy begins. An Eligible Person will be insured on the latest of: 1) the Policy Effective Date; 2) the date he or she is eligible; or 3) the date requested by the Participating Organization provided the required premium is paid.

Elective Surgery or **Elective Treatment** means surgery or medical treatment which is not necessitated by a pathological or traumatic change in the function or structure in any part of the body first occurring after the Insured Person's effective date of coverage. Elective Surgery includes, but is not limited to, circumcision, tubal ligation, vasectomy, breast reduction, sexual reassignment surgery, and sub-mucous resection and/or other surgical correction for deviated nasal septum, other than for necessary treatment of covered purulent sinusitis. Elective Surgery does not apply to cosmetic surgery required to correct Injuries suffered in a Covered Accident. Elective Treatment includes, but is not limited to, treatment for acne, nonmalignant warts and moles, weight reduction, infertility, and learning disabilities.

Eligible Benefits means benefits payable by Us to reimburse expenses that are for Medically Necessary services, supplies, care, or treatment due to Sickness or Injury, prescribed, performed or ordered by a Doctor, and Reasonable and Customary charges incurred while insured under this Policy; and which do not exceed the maximum limits shown in the *Schedule of Benefits* under each stated benefit.

Emergency means a medical condition manifesting itself by acute signs or symptoms which could reasonably result in placing the Insured Person's life or limb in danger if medical attention is not provided within 24 hours.

Emergency Medical Evacuation means: a) the Insured Person's medical condition warrants immediate transportation from the place where the Insured Person is located (due to inadequate medical facilities) to the nearest adequate medical facility where medical treatment can be obtained; or b) after being treated at a local medical facility, the Insured Person's medical condition warrants transportation with a qualified medical attendant to his/her Home Country or Permanent Residence to obtain further medical treatment or to recover; or c) both a) and b) above.

Family Member or **Immediate Family Member** means an Insured Person's spouse, domestic partner, child, brother, sister, parent, grandparent, or immediate in-law.

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. Coverage under this Policy is extended to U.S. citizens traveling to U.S. Territories.

Hospital as used in this Policy means, except as may otherwise be provided, a Hospital (other than an institution for the aged, chronically ill or convalescent, resting or nursing homes) operated pursuant to law for the care and treatment of sick or Injured persons with organized facilities for diagnosis and surgery and having 24-hour nursing service and medical supervision.

Injury wherever used in this Policy means bodily Injury caused solely and directly by violent, accidental, external, and visible means occurring while this Policy is in force and resulting directly and independently of all other causes in a loss covered by this Policy.

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.

Medically Necessary or **Medical Necessity** means services and supplies received while insured that are determined by Us to be: 1) appropriate and necessary for the symptoms, diagnosis, or direct care and treatment of the Insured Person's medical conditions; 2) within the standards the organized medical community deems good medical practice for the Insured Person's condition; 3) not primarily for the convenience of the Insured Person, the Insured Person's Doctor or another service provider or person; 4) not experimental/investigational or unproven, as recognized by the organized medical community, or which are used for any type of research program or protocol; and 5) not excessive in scope, duration, or intensity to provide safe, adequate, and appropriate treatment.

Mental and Nervous Disorder means a Sickness that is a mental, emotional or behavioral disorder.

Permanent Residence or **Country of Residence** means the country where an Insured Person 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 within 365 days prior to 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.

Relative means spouse, Domestic Partner, parent, sibling, child, grandparent, grandchild, step-parent, step-child, step-sibling, in-laws (parent, son, daughter, brother and sister), aunt, uncle, niece, nephew, legal guardian, ward, or cousin of the Insured Person.

Sickness wherever used in this Policy means illness or disease of any kind contracted and commencing after the Effective Date of this Policy and covered by this Policy.

Termination of Insurance means the Insured Person's coverage will end on the earliest of the following date: 1) the Policy terminates; 2) the Insured Person is no longer eligible; 3) of the last day of the Term of Coverage, requested by the Participating Organization, applicable to the Insured Person; or 4) the period ends for which premium is paid.

Termination of the Policy will not affect Trip coverage, if premium for the Trip is paid prior to the actual start of the Trip.

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.

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.

Personal Liability Insurance Coverage

We will pay the benefit shown in the *Schedule of Benefits*, on behalf of the Insured all sums which the Insured shall become legally obligated to pay as Damages for personal liability claims first made against the Insured and reported to Us, during the Policy Term that the Personal Liability Insurance Coverage is in force, arising out of any Incident covered under this Rider, provided always that such Incident occurs: a) on or after the Policy Effective Date on which this Rider becomes effective; or b) on or after the effective date of the earliest claims-made policy covering the Insured.

We will have the right and duty to defend any suit against the Insured seeking Damages to which this coverage applies even if any of the allegations of the suit are groundless, false or fraudulent. We may make such investigation and settlement of any Claim, or suit as it deems expedient. In no event, shall We be obligated to pay Damages or Claim Expenses or to defend, or continue to defend, any suit after the applicable limit of the Company's liability has been exhausted by payment of Damages.

Other Insurance:

If other valid and collectible insurance is available to the Insured for a covered loss, Our obligations are limited as follows:

a) **Primary Insurance**: This insurance is primary over the Participating Organization's liability insurance. If this insurance is primary, Our obligations are not affected unless any insurance other than the Participating Organization's insurance is also primary.

Then we will share with all that other insurance by the Method of Sharing described in below.

b) **Method of Sharing**: If the other insurance permits the contribution by equal shares, we will follow this method also. Under this approach, each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

Medical Payments Coverage

We will pay benefits up to the Limit per Coverage Period shown in the *Schedule of Benefits,* on behalf of the Insured for Medical Expenses that are incurred or medically ascertained within 52 weeks after the date of the Incident and which result from an Incident causing Bodily Injury to: a) a person who is on the Insured Location with the permission of the Host Family; or b) a person not on the Insured Location.

Medical Expenses are defined as those expenses recommended and approved by a Doctor for hospital room and board, use of an operating room, emergency room, ambulatory medical center, fees of physicians and nurses, laboratory tests, prescription medicines or drugs, anesthetics, transfusions, diagnostic testing, and therapeutics. We will pay the benefit pursuant to this provision only after the Insured has submitted to Us, due proof of the Medical Expenses incurred. This coverage does not apply to the Insured.

Additional Living Expenses Coverage

If an Incident results in the Insured Location becoming unfit to live in, We will pay for any necessary increase in living expenses incurred by the Host Family so that the household can maintain its normal standard of living. Payment will be for the shortest time required to repair or replace the damage to the Insured Location or, if the Host Family permanently relocates, the shortest time required for the Host Family to settle elsewhere. We will pay the Host Family benefits, up to the Limit per Coverage Period shown in the *Schedule of Benefits,* on behalf of the Insured per Policy Term for Additional Living Expenses.

We will pay the benefit pursuant to this provision only after the Insured has submitted to Us due proof of the Additional Living Expenses incurred.

Payment of Deductible Under Homeowner's Insurance Coverage

If an Incident results in a claim being paid under a valid and collectible homeowner's insurance policy of the Host Family covering the Insured Location, We will pay the Host Family for the loss incurred, up to the amount of the deductible under the Host Family's homeowner's insurance policy, up to the amount shown in the S*chedule of Benefits*, per Insured per Policy Term.

We will pay the benefit pursuant to this provision only after the Insured has submitted to Us due proof of the deductible amount which was incurred.

Exclusions and Limitations

No Benefit will be payable as the result of:

- Bodily Injury or Property Damage arising out of the ownership, maintenance, operation, use, loading or unloading of any Automobile, watercraft, Mobile Equipment or aircraft owned or operated by or rented or loaned to any Insured;
- Based on or arising out of liability assumed by the Insured under any contract or agreement, except liability arising out of the performance of written duties required by the Participating Organization as part of the Covered Trip/Program;
- Arising out of discrimination on the basis of age, sex, race, religion, marital status, national origin or sexual preference by any Insured, including Personal Injury resulting there from;
- Arising from the transmission of or infection by, or the testing or the failure to test for the presence of Acquired Immune Deficiency Syndrome (AIDS), any AIDS related virus or any other disease transmitted through sexual contact or another person's body fluids;
- Dishonest, fraudulent, criminal or malicious act or omission or deliberate misrepresentation committed by, at the direction of, or with the knowledge of any Insured;
- Arising from acts by any Insured expected or intended to cause Bodily Injury or Property Damage sustained (This exclusion does not apply to Bodily Injury resulting from the use of reasonable force to protect person or property.);
- Arising from any obligation for which the Insured or any carrier as their insurer may be held liable under any worker's compensation, unemployment compensation or disability benefits law, or under any similar law;
- Property Damage to property: a) owned or being transported by the Insured, or b) rented to, occupied by or in the care of the Insured;

- Brought against any Insured alleging, in whole or part sexual assault, abuse, molestation or habitual neglect, or licentious, immoral, amoral other behavior that was threatened, committed, or alleged to have been committed, by any Insured or by any person for whom the Insured is legally responsible; however, notwithstanding the foregoing, the Insured shall be protected under the terms of this policy as to any claim and/or allegation which may be covered by the policy upon which suit may be brought against him, for any such alleged behavior by an Insured unless a judgment or a final adjudication adverse to the Insured shall establish that such behavior occurred as an essential element of the cause of action so adjudicated;
- Bodily Injury or Property Damage due to war, whether or not declared, civil insurrection, rebellion or revolution or to any act or condition incidental to any of the foregoing;
- Personal Injury to the Insured;
- Brought against any Insured arising out of the Insured's business pursuits, investments, or other for profit activities;
- Injuries caused directly or indirectly by nuclear reaction, radiation, contamination whether radioactive or not, regardless of how it was caused; or
- Injuries caused directly or indirectly by pollution or asbestos, regardless of how it was caused.

Definitions

Automobile means a land motor vehicle, trailer or semi-trailer designed for travel on public roads, including any machinery or apparatus attached thereto.
Bodily Injury means bodily injury, sickness or disease sustained by any person, including death.
Claim(s) means: a demand for money or the service of a suit naming an Insured and alleging an Incident. Claim(s) does not include proceedings seeking injunctive or other non-pecuniary relief. Punitive damages will not be covered.
Claim(s) Expenses means a) Fees charged by an attorney or attorneys designated by Us and all other fees, costs, and expenses resulting from the investigation, adjustment, defense settlement and appeal of a Claim, suit or proceeding arising in connection therewith, if incurred by Us, or incurred by the Insured with Our written consent, but does not include salary charges or expenses of regular Our employees or officials, or fees and expenses of independent adjusters; b) All costs against the Insured in such suits and all interest on the entire amount of any judgment therein which accrues after entry of the judgment and before We has paid or tendered or deposited, whether in court or otherwise, that part of the judgment which does not exceed the Our limit liability thereon; c) Premiums on appeal bonds and premiums on bonds to release attachments in such suits, but not for bond amounts in excess of the applicable limit of liability of this policy. We will have no obligation to pay for or furnish any bond; d) Up to $250 for loss of earnings to each Insured for each day or part of a day of their attendance at Our request at a trial, hearing or arbitration proceeding involving a civil suit against such Insured for covered Damages, but the amount so payable for any one or series of trials, hearings or arbitration proceedings arising out of the same Incidents will in no event exceed $5,000.
Damages means compensatory judgments, settlement or awards, but does not include punitive or exemplary damages, fines or penalties, the return of fees or other consideration paid to the Insured, or that portion of any award or judgment caused by the trebling or multiplication of actual damages under federal or state law.
Host Family means the person(s) responsible for providing the Insured's room, board, general welfare, and care while on a Covered Trip/Program.
Incident means any act or omission committed by the Insured during the Policy Term which results in Bodily Injury, Property Damage or Personal Injury, provided the act or omission committed by the Insured was during the Policy Term.
Insured Location means 1) the Host Family residence premises and the part of any other premises, structures and grounds used by the Insured; or 2) any part of a premises where an Insured is temporarily staying.
Mobile Equipment means a land vehicle (including any machine or apparatus attached thereto, whether or not self-propelled), 1) not subject to motor vehicle registration, or 2) maintained for use exclusively on premises owned by or rented to any Insured, including the ways immediately adjoining, or 3) designed for use principally off public roads, or 4) designed or maintained for the sole purpose of affording mobility to equipment of the following types forming an integral part of or permanently attached to such vehicle: power cranes, shovels, loaders, diggers and drills; concrete mixers (other than the mix-in-transit type); graders, scrappers,

rollers and other construction or repair equipment; air compressors, pumps and generators, including spraying, wielding and building cleaning equipment; and geophysical exploration and well servicing equipment, or 5) anything with a motor that rolls, flies or dives, such as snowmobiles, mopeds, motorbikes, dirt bikes or 6) anything that flies such as parasails, parachutes and hang gliders.

Personal Injury mean: a) false arrest, detention or imprisonment, wrongful entry or eviction, other invasion of private occupancy, or malicious prosecution; b) the publication or utterance of a libel, slander or other defamatory or disparaging material; or c) a publication or an utterance in violation of an individual's right of privacy.

Property Damage means a) physical injury to or destruction of tangible property, including the loss of use thereof at any time resulting there from; or b) loss of use, or loss of the value of tangible property which has not been physically injured or destroyed.

This Amendatory Rider ends at the same time as the Policy.