

World Class Coverage Plan *designed for* **AIFS Customized, Faculty-Led Programs**

January 01, 2020 – December 31, 2020

Policy # GLM N04983117

Administered by Cultural Insurance Services International • 1 High Ridge Park • Stamford, CT 06905-1322

This plan is underwritten by ACE American Insurance Company, a member of the Chubb Group of Companies

Question(s) or need assistance?

CISI Claims Department (9-5 EST, M-F): Phone: (800) 303-8120 ext. 5130 | (203) 399-5130 | E-mail: claimhelp@mycisi.com

Team Assist (24/7/365) – AXA Assistance: Phone: (855) 327-1411 | (312) 935-1703 | E-mail: medassist-usa@axa-assistance.us

Schedule of Benefits	
Coverage and Services	Maximum Limits
Accidental Death and Dismemberment Per Insured Person	\$10,000
Medical expenses (per Covered Accident or Sickness):	
Deductible	\$50
Benefit Maximum	\$100,000 at 100%
Extension of Benefits	30 days
Chiropractic Care & Therapeutic Services	
Outpatient Limit	\$500 max (\$50/visit, max 10 visits)
Mental and Nervous (per policy term)	
Outpatient	\$500
Inpatient	\$10,000
Pre-existing Conditions	\$500
Emergency Medical Reunion	(incl. hotel/meals, max \$100/day) \$1,000
Program Fee Refund	See Program Fee Refund Section for details
Trip Delay	\$1,000 (\$250/day)
Trip Interruption	\$1,000
Team Assist Plan (TAP): 24/7 medical, travel, technical assistance	
Emergency Medical Evacuation	\$250,000
Repatriation/Return of Mortal Remains	\$250,000
Security Evacuation (Comprehensive)*	\$100,000
* Aggregate of \$2.5M	
<u>Program Upgrades (in addition to Basic Coverage) 5th Page</u>	
Additional Medical Expense	\$150,000
Personal Property Loss	\$2,500
Personal Property Deductible	\$100
Per Item Limit	\$100
Electronic Devices Limit	\$500

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 AIFS Customized, Faculty-Led Programs 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 AIFS Customized, Faculty-Led 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.

Period of Coverage

This plan applies to all AIFS Customized, Faculty-Led program participants in the program of foreign study sponsored by the American Institute for Foreign Study®. The effective date of Medical and Personal Effects coverage is the date you depart your domicile immediately prior to becoming a participant in the AIFS Program for which you have registered. Your coverage terminates when the first of the following occurs:

- expiration of the term of coverage
- termination of participation in the program of foreign study
- direct return to your place of domicile after your trip as a participant

Coverage allows for up to 30 days of independent travel at the end of your program.

Accidental Death and 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 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 subject to Exclusions. All bodily Injuries sustained in any one Covered Accident shall be considered one Disablement, all bodily disorders existing simultaneously which are due to the same or related causes shall be considered one Disablement. If a Disablement is due to causes which are the same or related to the cause of a prior Disablement (including complications arising there from), the Disablement shall be considered a continuation of the prior Disablement and not a separate Disablement.

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 as stated in the *Schedule of Benefits*. In no event shall Our maximum liability exceed the maximum stated in the *Schedule of Benefits* as to Covered Expenses during any one period of individual coverage.

Covered Accident and Sickness Medical Expenses

Only such 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 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. Coverage is limited to a maximum of \$100 per visit not to exceed a total of \$1,500 per injury or illness.
- Nervous or Mental Disorders are payable a) up to \$500 for outpatient treatment; or b) up to \$10,000 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.
- Charges due to a Pre-Existing Condition are limited to \$500.

Extension of Benefits

Medical benefits are automatically extended 30 days after expiration of Insurance for conditions first diagnosed or treated during or related to your overseas study program with AIFS. Benefits will cease at 12:00 a.m. on the 31st day following Termination of Insurance.

Emergency Medical Reunion

When an Insured Person is hospitalized for more than 6 consecutive days, We will reimburse for round trip economy-class transportation 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.

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.

The benefits reimbursable will include:

- The cost of a round trip economy airfare and their hotel and meals up to the maximum stated in the *Schedule of Benefits*, Emergency Medical Reunion.

Program Fee Refund Benefit (Per Covered Accident or Sickness)

If after any scheduled payment has been made, but before departure, you are prevented from embarking on your trip because of any of the following reasons: 1) Death of a Family Member; 2) the Insured Person or Family Member suffers an Injury or Sickness that is not a Pre-existing Condition. The Insured Person's or Family Member's Injury or Sickness must be so disabling, as certified by a Doctor, to reasonably cause a person to cancel the Trip; 3) the Insured Person is quarantined (medical isolation by a recognized government authority at the place of departure) or there is an Epidemic prohibiting travel to the Insured's scheduled destination; or 4) the Insured enters full-time active duty in any Armed Forces; and We receive proof of such active duty service.

We will refund—in conjunction with AIFS—the program fees less the application fee, confirmation deposit, any non-refundable tour deposits and any flight and housing cancellation fees. A certificate of inability to participate in the program from a qualified doctor is necessary to make the refund claim.

We will refund—in conjunction with AIFS—the program fees less the application fee, confirmation deposit, any non-refundable tour deposits and any flight and housing cancellation fees. A certificate of inability to participate in the program from a qualified doctor is necessary to make the refund claim.

If you are unable to depart on your program due to an unforeseen covered Sickness or Injury, AIFS will refund fees paid as described in your program materials. AIFS must receive a certificate of Sickness from a Doctor certifying inability to participate. For withdrawals due to non-covered conditions, please refer to the standard refund policy on the AIFS Agreement and Release Form.

"Epidemic" means the widespread outbreak of an infectious disease, affecting many individuals in a population at a frequency higher than expected in a community or region during a given time period as determined by a recognized government authority that investigates and diagnoses and tries to control or prevent diseases.

Trip Delay Benefit

We will reimburse Covered Expenses up to \$250 per person per day subject up to 5 days subject to a \$1,000 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's Trip. Travel Delay must be caused by one of the following reasons:

- Injury, Sickness or death of the Insured Person;
- carrier delay;
- lost or stolen passport, travel documents or money;
- Quarantine;
- 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's and/or traveling companion's travel documents, tickets or money due to theft.

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

The Insured'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 ticket of an Insured Person's trip, up to the Benefit Maximum shown in the *Schedule of Benefits*, if his or her trip is interrupted as the result of any one of the following events: 1) the death of a Family Member; or 2) the unforeseen Injury or Sickness of the Insured Person or the Insured Person's Family Member.

If you travel on an AIFS group flight, this plan will cover the cost up to a maximum \$1,000 of your return air transportation on a regularly scheduled commercial flight (tourist-class) to the original AIFS point of departure if you are unable to complete the program for any of the reasons outlined under Program Fee Refund. A certificate of Sickness from a Doctor, other than a relative or member of your household, is necessary in making claims.

Program Upgrades

Medical Upgrade:

The policy covers medical treatment abroad to a maximum of \$250,000 per covered Accident or Sickness with a daily hospital charge maximum not to exceed the average semiprivate rate with a \$50 deductible for each accident or Sickness.

Personal Property Benefit:

We will reimburse the Insured Person the reasonable cost, up to \$2,500 after satisfaction of the Deductible of \$100, for replacement of any personal property that is lost or totally destroyed while the Insured Person is on his or her Trip. Replacement costs are calculated on the basis of the depreciated standard for the specific personal item claimed and its average usable period. The Insured Person must demonstrate that he or she has taken reasonable precautions for the safety and security of any covered property, and We will require certification by a police or security authority in an incident report.

For any claim the Insured Person makes under this Benefit, We are entitled to make reasonable repairs or salvage efforts to restore his or her personal property or to keep the damaged property if We choose to do so. We will require valid receipts of replacement goods prior to payment of any benefits.

"Personal Property" means personal goods belonging to the Insured or for which the Insured is responsible and are taken on the study abroad program or acquired by the Insured during the Trip. It does not include vehicles (including aircraft and other conveyances) or their accessories or equipment.

Exclusions and Limitations

For benefits listed under Accidental Death and Dismemberment, this insurance does not cover:

- 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.

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

- 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.
- Expenses payable by any automobile insurance policy without regard to fault. (This exclusion does not apply in any state where prohibited).
- 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.

In addition to the Policy Exclusions, We will not pay Personal Property Benefits for:

- Loss or damage due to: a) moth, vermin, insects, or other animals; wear and tear; atmospheric or climatic conditions; or gradual deterioration or defective materials or craftsmanship; b) mechanical or electrical failure; c) any process of cleaning, restoring, repairing, or alteration.
- More than a reasonable proportion of the total value of the set where the loss or damaged article is part of a set or pair.
- Cash, currency, devaluation of currency or shortages due to errors or omissions during monetary transactions.
- Any loss not reported to either the police or transport carrier within 24 hours of discovery.
- Any loss due to confiscation or detention by customs or any other authority.

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 to the extent permitted by law. 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.

Dependent means (a) the Insured's spouse; or (b) the Insured's Children under the age of 26 years. Coverage for newborn children will consist of coverage for Sickness or Accident, including necessary care or treatment of congenital defects, birth abnormalities, or premature birth. Such coverage will start from the moment of birth, if the Insured is already insured for dependent coverage when the child is born. If the Insured does not have dependent coverage when the child is born, We cover the newborn child for dependent benefits from and after the moment of birth, or any minor child placed with an Insured for adoption for dependent benefits from and after the moment the child is placed in the physical custody of the Insured for adoption. To continue the newborn child's dependent benefits past the first 31 days, the Insured must notify Us in writing within 31 days of the child's birth.

The term "children" includes an Insured's biological children; step-children; adopted children from the date of placement in the Insured's home and who depend on the Insured for their full support.

A child's coverage will not end because the child has reached the age limit shown above, if he or she: (a) is not able to earn his or her own living as a result of physical handicap or mental retardation; and (b) became so handicapped before reaching the age limit; and (c) is chiefly dependent on the Insured for support and maintenance.

Within 31 days after the child reaches the age limit, the Insured must send us proof of the child's dependency or handicap. We may ask for more proof of the child's dependency and handicap, but We will not ask for proof more frequently than annually after the two year period following the child's attainment of the limiting age.

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.

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 means accidental bodily harm sustained by an Insured Person that results directly and independently from all other causes from a Covered Accident. 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), if eligible for coverage under the policy and the required premium is paid.

Medically Necessary or **Medical Necessity** means health care services that a Doctor, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing, or treating a sickness or an injury, or its symptoms, and that are: (a) in accordance with generally accepted standards of medical practice; (b) clinically appropriate, in terms of type, frequency, extent, site, and duration and considered effective for the patient's sickness or injury, and (c) not primarily for the convenience of the patient, physician, or other health care provider and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's sickness or injury. “Generally accepted standards of medical practice” means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community or otherwise consistent with the standards set forth in policy issues involving clinical judgment.

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.

Team Assist Plan (TAP)

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. In the U.S., call (855)327-1411, worldwide call (01-312) 935-1703 (collect calls accepted) or e-mail medassist-usa@axa-assistance.us.

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.

Emergency Medical Evacuation Benefit

The Company shall pay benefits for Covered Expenses incurred up to the maximum stated in the *Schedule of Benefits*, if any Injury or Covered Sickness commencing during the Period of Coverage results in the Medically Necessary Emergency Medical Evacuation of the Insured Person. The decision for an Emergency Medical Evacuation must be ordered by the Assistance Company in consultation with the Insured Person's local attending Doctor.

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.

Covered Expenses are expenses, up to the maximum stated in the *Schedule of Benefits*, Emergency Medical Evacuation, for transportation, medical services and medical supplies necessarily incurred in connection with Emergency Medical Evacuation of the Insured Person. All transportation arrangements must be by the most direct and economical route.

Repatriation/Return of Mortal Remains or Cremation Benefit

The Company will pay the reasonable Covered Expenses incurred up to the maximum as stated in the *Schedule of Benefits*, Repatriation/Return of Mortal Remains, to return the Insured Person's remains to his/her then current Home Country or Permanent Residence, if he or she dies. Covered Expenses include, but are not limited to, expenses for embalming, cremation, a minimally necessary container appropriate for transportation, shipping costs and the 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.

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

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: http://www.culturalinsurance.com/cisi_forms.asp.

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.

Prescription Drug Replacement/Shipment: Assistance will be provided in replacing lost, misplaced, or forgotten medication by locating a supplier of the same medication or by arranging for shipment of the medication as soon as possible.

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

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.

Travel Assistance

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

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.

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.

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.

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.

Claim Information

If you seek medical treatment for an Injury or Illness while abroad and pay out-of-pocket, you are eligible to submit a claim for reimbursement. A Claim Form can be found on the last two pages, on the myCISI Participant Portal, and attached to the welcome e-mail. Please follow the directions at the top of the Claim Form, and make sure to include any medical documentation you received during your visit and receipts for the out-of-pocket expenses. For your reference, below is some helpful information on how to handle both minor Injuries or Illnesses and more serious situations.



In the Case of a Minor Injury or Illness

- ▶ We are happy to pay a foreign provider directly. Many foreign providers, however, prefer payment from the patient when services are rendered. Insureds using this insurance should be prepared to pay for doctor visits for minor illnesses such as a sore throat or a sinus infection, for example. However, even for a minor illness, if the overseas doctor is willing to bill us directly, we are willing and able to pay them directly for covered medical expenses (this is always up to the provider).
- ▶ CISI's billing address and claim help # is on each ID card and on the claim form which is part of the brochure. If medical expenses are incurred while abroad, the claim form and scanned copies of the itemized paid bill(s) can be emailed to claimhelp@mycisi.com.
- ▶ Claims should be submitted for processing as soon as possible (and no later than one year after treatment was received, if possible). Claims are typically processed within 15 business days provided CISI has all of the information needed for reimbursement.
- ▶ *A case does not need to be opened in advance in order for us to pay a claim for covered expenses for minor injuries/illnesses.* Team Assist (our 24/7 assistance provider) can help provide referrals to doctors/hospitals if needed but insureds may visit any provider they would like and eligible expenses will be covered at 100% (in other words, CISI does not have network restrictions).



In the Case of a Serious Injury or Illness

- ▶ In the event of a serious illness or injury requiring expensive treatment or hospitalization, our goal is to have the hospital or facility bill us directly so that neither the program/sponsor/school nor the insured needs to provide payment.
 - In these situations, the insured (or someone calling on his/her behalf) needs to open a medical file with AXA Assistance (our 24/7 assistance provider) asking for help with this. In addition to being able to pay by check, CISI also has the ability to wire transfer to foreign hospitals when necessary/requested.
- ▶ AXA Assistance is also able to guarantee/make payments and has a network of local partners who can make payments on behalf of our insured's when necessary (CISI then reimburses AXA Assistance).
- ▶ AXA Assistance (our medical/travel/technical partner) and WorldAware (our security partner) are both 24/7 operations. To keep things simple, the number to call for a medical/travel/technical issue is the same as for a security related issue. The toll-free 800 and non-800 (when calling from overseas) numbers for AXA Assistance are provided below as well as on the ID card and in the brochure under the claim form. On the claim form we list CISI's claim help line (203-399-5130) and e-mail address (claimhelp@mycisi.com) which are answered from 9-5 EST M-F. AXA Assistance has 24/7 access to our enrollment database and also has access to each group's coverage information.
- ▶ If a benefit or claim related call or e-mail comes to AXA Assistance during our business hours it is usually transferred to us. After hours and on weekends, AXA Assistance handles the communications and involves our Claims Operations Manager as needed 24/7.



An Important Note about Medical and Security Evacuations

Sometimes an insured's medical condition requires a medical evacuation to obtain further medical treatment in the nearest adequate location or back in the U.S. Sometimes insureds are required to evacuate due to security concerns. It is important for insureds to know that in order for medical or security-related evacuation costs to be covered all approvals and arrangements must be made by AXA Assistance in conjunction with the attending physician (for a medical evacuation) and with WorldAware (for a security evacuation). Anyone may contact AXA Assistance (see information on the following page) to open a medical or security file if assistance is needed or if evacuation may be a possibility.

Contact Information

For questions regarding benefits or the claim submission process, please contact CISI by phone, e-mail or mail:

To reach a CISI Claims Representative (9-5 EST M-F):

Phone: (800) 303-8120 ext. 5130 (calling toll-free from within the US)
(203) 399-5130 (calling from outside of the US, collect calls accepted)

E-mail: claimhelp@mycisi.com

Mail: Cultural Insurance Services International (CISI)
One High Ridge Park
Stamford, CT 06905

In cases of medical or security related emergency please contact our 24/7 emergency assistance provider:

Team Assist Provider: AXA Assistance

Phone: (855) 327-1411 (calling toll-free from within the US)
(312) 935-1703 (calling from outside of the US, collect calls accepted)

E-mail: medassist-usa@axa-assistance.us



Cultural Insurance Services International – Claim Form

- ▶ **Program Name:** AIFS Customized, Faculty-Led Programs
- ▶ **Policy Number:** GLM N04983117
- ▶ **Participant ID Number** (from the front of your insurance card):

Mailing Address: 1 High Ridge Park, Stamford, CT 06905 | **E-mail:** claimhelp@mycisi.com | **Fax:** (203) 399-5596
 For claim submission questions, call (203) 399-5130, or e-mail claimhelp@mycisi.com

Instructions:

1. Fully complete and sign the medical claim form for each occurrence, indicating whether the Doctor/Hospital has been paid.
2. Attach **itemized bills** for all amounts being claimed. *We recommend you provide us with a copy and keep the originals for yourself.
3. Approved reimbursements will be paid to the provider of the service unless otherwise indicated.
4. Submit claim form and attachments via mail, e-mail, or by fax (provided above).

See next page for state specific disclaimers, claimant cooperation provision and additional claim submission instructions.

▶ NAME AND CONTACT INFORMATION OF THE INSURED

Name of the Insured: _____ Date of Birth: ____/____/____
 (month/day/year)

*Please indicate which is your home address: U.S. Address Address Abroad

U.S. Address: _____
 street address apt/unit # city state zip code

Address Abroad: _____

E-mail Address: _____ Phone Number: _____

▶ IF IN AN ACCIDENT

Date of Accident: ____/____/____ Place of Accident: _____ Date of Doctor/Hospital Visit: ____/____/____

Description/Details of Injury (*attach additional notes if necessary*): _____

▶ IF SICKNESS/ILLNESS

Description of Sickness/Illness (*attach additional notes if necessary*): _____

*Onset Date of Symptoms: ____/____/____ *Date of Doctor/Hospital Visit: ____/____/____

Have you had this Sickness/Illness before? YES NO If yes, when was the last occurrence and/or doctor/hospital visit? _____

▶ REIMBURSEMENT

Have these doctor/hospital bills been paid by you? YES NO

If no, do you authorize payment to the provider of service for medical services claimed? YES NO

If yes, **you must include the payment receipt(s)**. Any eligible reimbursements will be made in U.S currency (USD) via check. If you would like your eligible reimbursement in another currency via wire transfer, please contact CISI at 203-399-5130 or claimhelp@mycisi.com for instructions.

Please note if you are submitting a claim for prescription medication, you must submit the prescription receipt. This will include your name, the name of the prescribing physician, name of the medication, dosage, date and amount billed. Cash register receipts will not be considered for reimbursement.

▶ FOR CLAIMS UNRELATED TO A MEDICAL INCIDENT, PLEASE CHECK THE APPROPRIATE BOX BELOW:

In order to claim monies back related to one of the below benefits, you **MUST** submit the requested documentation found on the following page (Page 2).

PROGRAM FEE REFUND TRIP INTERRUPTION PERSONAL PROPERTY TRIP DELAY

Please provide us with the relevant details of your incident below or the details and value of your loss. You may attach an additional page if necessary:

STOP! Please see next page for claim submission instructions specific to each of these benefits.

▶ CONSENT TO RELEASE MEDICAL INFORMATION

I hereby authorize any insurance company, Hospital or Physician or other person who has attended or examined me, including those in my home country to furnish to Cultural Insurance Services International or any of their duly appointed representatives, any and all information with respect to any sickness/illness or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical reports. A photo static copy of this authorization shall be considered as effective and valid as the original.

I certify that the information furnished by me in support of this claim is true and correct.

Name (please print): _____

Signature: _____ Date: _____

Cultural Insurance Services International – Claim Form

Page 2

Instructions for Claim Submission on Unrelated to a Medical Incident

Program Fee Refund you must submit:

- Proof of non-refundable expenses must be provided
- Proof of Payment
- Letter stating reason for not traveling (if due to a medical condition, a detailed letter must be from the treating physician)

Trip Interruption you must submit:

- Flight Itinerary including your name, travel dates and departure and arrival locations
- Letter stating reason for curtailing travel (if due to a medical condition, the letter must be from the treating physician)

Personal Property you must submit:

- Itemized listing of items lost or stolen with approximate values at the time of loss
- Police Report or report and response from transportation carrier

Trip Delay you must submit:

- Proof of delay
- Receipts for any eligible expense

Claimant Cooperation Provision: Failure of a claimant to cooperate with Us in the administration of a claim may result in the termination of a claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

For residents of Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution or confinement in prison, or any combination thereof.

For residents of Arkansas, Louisiana, New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For residents of District of Columbia: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

For residents of California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For residents of Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

For residents of Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

For residents of Kansas: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

For residents of Kentucky: Any person who knowingly and with intent to defraud any Insurance Company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is crime.

For residents of Rhode Island: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For residents of Maine, Tennessee, Virginia, Washington: It is a crime to knowingly provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits.

For residents of Maryland: Any Person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit, or knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For residents of New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

For residents of New York: Any person who knowingly and with intent to defraud any Insurance Company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For residents of Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

For residents of Oklahoma: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

For residents of Oregon: Any person who knowingly, and with intent to defraud any insurance company or other persons files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, may be subject to prosecution for insurance fraud.

For residents of Pennsylvania: Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For claimants not residing in Alabama, Arkansas California, Colorado, District of Columbia, Florida, Kansas, Kentucky, Louisiana, Maine, Maryland, New Jersey, New Mexico, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, Tennessee, Virginia nor Washington: Any person who, knowingly presents a false or fraudulent claim for payment of loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.



AIFS Customized, Faculty-Led Programs

Policy # GLM N04983117

Program _____ Year _____ Length _____

Last Name _____ First Name _____ *Number of Weeks*

Permanent Home Address _____

Phone _____ Social Security # _____

Personal Property coverage includes loss or damage of personal property to a maximum of \$2,500 while a participant on an AIFS Customized, Faculty-Led Program. There is a per-occurrence deductible of \$100 and a per-item limit of \$100 (except \$500 for electronic devices). Coverage is for the value at the time of the loss, not the original purchase price.

The following exclusions apply: Loss or damage due to : a)moth, vermin, insects, or other animals; wear and tear; atmospheric or climatic condition; or gradual deterioration or defective materials or craftsmanship; b)mechanical or electrical failure; c) any process of cleaning, restoring, repairing or alteration; more than a reasonable proportion of the total value of the set where the loss or damaged article is part of a set or pair; cash, devaluation of currency or shortages due to errors or omissions during monetary transactions; any loss not reported to either the police or transport carrier within 24 hours of discovery; any loss due to the confiscation or detention by customs or any other authority.

Proof of loss or damage in the form of a police report or report filed with an airline, railroad, bus operator, hotel or motel, etc., is required and must be attached to this claim form. If a transportation company or lodging provides loss or damage coverage, you must claim against them first and attach their response to this claim.

Please list items lost or damaged, with their date of purchase and estimated value at the time of the loss. Include brand and model numbers as appropriate. Attach receipts for items listed. Use the reverse of this form if additional space is required. Settlement may be by check, or replacement with a comparable article of similar value. Unless you indicate otherwise, settlement and/or correspondence will be sent to your permanent home address as shown above. If you wish settlement sent to a non-U.S. address, please give the address, and advise if you wish a local currency check.

Kind of loss: Theft Fire Accident Other: _____

Total amount of loss: \$ _____

How did the loss or damage occur? Include date, time, place and full details as to whom in authority you reported the loss.

I certify that the information furnished by me in support of this claim is true and correct.

Signature _____ Date _____

Mail this claim to:

Cultural Insurance Services International
1 High Ridge Park
Stamford, CT 06905