

World Class Coverage Plan *designed for Academic Experiences Abroad*



2018 -2019

Policy # GLM N14286494

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

Policy terms and conditions are briefly outlined on this handout. Please refer to the full brochure on the myCISI participant portal for a more detailed explanation of policy benefits and exclusions.

Complete provisions pertaining to this insurance are contained in the Master Policy on file with Academic Experiences Abroad, AEA under form number AH-15090. In the event of any conflict between this Description of Coverage and the Master Policy, the Policy will govern.

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

Schedule of Benefits - Table 1	
Medical Expenses	
Deductible	zero
Basic Medical (Per Accident/Sickness)	\$100,000 @100%
Accidental Death & Dismemberment	\$10,000 (\$1M Aggregate)
Trip Cancellation	\$3,000
Trip Delay	\$500 (more than 12 hours, up to 5 days, \$100/day)
*Emergency Medical Evacuation	\$100,000
*Repatriation of Remains	\$50,000
*Security Evacuation (Comprehensive)	\$100,000 (\$1M Aggregate)
Team Assist Plan (TAP # GLM N14286494)	Included

Schedule of Benefits - Table 2 - Medical Expenses	
Doctor Office Visits, Hospital and Doctor Outpatient Services	100% of Reasonable Expenses
Inpatient Hospital Services	100% of Reasonable Expenses
Prescription Drugs	100% of Reasonable Expenses
Maternity	Covered
Mental and Nervous	\$1,500 outpatient, \$5,000 inpatient (includes drug/alcohol abuse treatment)
Physiotherapy	If recommended by a Physician and administered by a licensed physiotherapist
Specified Therapies and Spinal Manipulation, including acupuncture and physiotherapy Outpatient Treatment	Max of \$50/visit, max 10 visits, \$500 overall maximum
Accidental Dental	Up to \$1,500
Palliative Dental (Relief of Pain)	Up to \$500
Pre-existing Conditions	Up to the policy maximum
Alcohol and drug-related injuries	Covered

*All services must be arranged through the Assistance Provider in order for benefits to be payable.

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, 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:

- 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.

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.