



World Class Coverage Plan

designed for

The City University of New York Study Abroad Programs

2016-2017

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

This plan is underwritten by ACE American Insurance Company

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 The City University of New York under form number AH-15090. In the event of any conflict between this Description of Coverage and the Master Policy, the Policy will govern.

Schedule of Benefits Coverage and Services	Policy # GLM N04965310	Maximum Limits
Section I		
• Accidental Death and Dismemberment Per Insured Person		\$15,000
*\$1 million aggregate limit		
• Medical expenses (per Covered Accident or Sickness):		
Deductible		zero
Basic Medical		\$250,000 at 100%
• Baggage Delay (Time Period: 24 hrs)		\$500 per trip
• Emergency Medical Reunion (1 per policy term)		\$5,000
• Home Country		30 day max up to \$5,000
• Extension of Benefits (if Inj/Ill began overseas)		30 day max up to \$5,000
• Lost Checked Baggage (2 bag max., \$500 item/set max.)		\$500 per trip
• Personal Property (\$50 ded., \$250 item/set max.)		\$500 per trip
• Return Ticket		\$2,000
• Trip Delay (Time Period: 12 hrs, \$200/day, 5 day max.)		\$1,000
• Trip Interruption		\$2,000
Section II		
• Team Assist Plan (TAP): 24/7 medical, travel, technical assistance		
• Emergency Medical Evacuation		100% of Covered Expenses
• Repatriation/Return of Mortal Remains		100% of Covered Expenses
• Team Assist Plan (TAP # GLM N04965310)		
Section III		
• Security Evacuation (Comprehensive)		\$100,000
*\$1 million aggregate limit		

Section I - Benefit Provisions

Benefits are payable under the Policy for Covered Expenses incurred by an Insured Person for the items stated in the *Schedule of Benefits*. Benefits shall be payable to either the Insured Person or the Service Provider for Covered Expenses incurred Worldwide. The first such expense must be incurred by an Insured Person within 30 days after the date of the Covered Accident or commencement of the Sickness; and

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

The charges enumerated herein shall in no event include any amount of such charges which are in excess of Reasonable and Customary charges. If the charge incurred is in excess of such average charge such excess amount shall not be recognized as a Covered Expense. All charges shall be deemed to be

incurred on the date such services or supplies, which give rise to the expense or charge, are rendered or obtained.

Accidental Death and Dismemberment Benefit

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, the Company will pay 100% of the Maximum 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, the Company will pay the percentage of the Maximum Amount shown below for that Loss:

For Loss of:	Percentage of Maximum Amount
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and the Sight of One Eye	100%
One Foot and the Sight of One Eye	100%
Speech and Hearing in Both Ears	100%
One Hand or One Foot	50%
The Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Hearing in One Ear	25%
Thumb and Index Finger of Same Hand	25%

“Loss of a Hand or Foot” means complete severance through or above the wrist or ankle joint. “Loss of Sight of an Eye” means total and irrecoverable loss of the entire sight in that eye. “Loss of Hearing in an Ear” means total and irrecoverable loss of the entire ability to hear in that ear. “Loss of Speech” means total and irrecoverable loss of the entire ability to speak. “Loss of Thumb and Index Finger” means complete severance through or above the metacarpophalangeal joint of both digits. 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. Only one benefit, the largest to which you are entitled, is payable for all losses resulting from the same accident. Maximum aggregate benefit per occurrence is \$1,000,000.

Accident and Sickness Medical Expenses

The Company 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.

When a covered Injury or Sickness is incurred by the Insured Person the Company will pay Reasonable and Customary medical expenses as stated in the *Schedule of Benefits*. In no event shall the Company’s 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.
- Charges for physiotherapy, if recommended by a Doctor for the treatment of a specific Disablement and administered by a licensed physiotherapist.
- 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.
- Nervous or Mental Disorders treated as any other condition.
- 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.
- With respect to Accidental Dental, an eligible Dental condition shall mean emergency dental repair or replacement to natural teeth damaged as a result of a covered Accident.
- Palliative dental charges for Emergency pain relief treatment to natural teeth including expenses incurred for services or medications prescribed, performed or ordered by a dentist.
- Pre-Existing Conditions will be covered, **except if** the Insured Person is traveling against the advice of a Doctor, on a waiting list for a specific treatment, or when traveling for the purpose of medical treatment.

Baggage Delay Benefit

If the Insured Person's checked-in luggage is not delivered to him or her within the Time Period shown in the *Schedule of Benefits* at the scheduled destination point of his or her flight, we will reimburse the Insured Person for charges incurred at the scheduled destination for purchases of essential clothing and toiletries up to the Benefit Maximum shown in the *Schedule of Benefits*. These purchases must be made within 24 hours of the Insured Person's arrival or prior to the return of the luggage, whichever is sooner.

The Insured Person must provide documentation of the delay or misdirection of baggage by the Common Carrier and receipts for the emergency purchases.

Emergency Medical Reunion

In the event an Insured Person has been confined in a Hospital for more than six consecutive days due to a covered Injury or Sickness, We will reimburse the expenses incurred for travel and lodging for one individual selected by the Insured Person, from the Insured Person's Home Country to the location where the Insured Person is hospitalized. Covered Expenses include hotel and meal expense (up to a maximum of \$300 per day), an economy round-trip airline ticket, and other travel related expenses and may not exceed the Aggregate Benefit Maximum and the Daily Benefit Maximum shown in the *Schedule of Benefits*.

Home Country Benefit

We will pay the benefit shown in the *Schedule of Benefits* when during a scheduled trip outside of the Home Country, the Insured Person returns to his or her Home Country or Permanent Residence for incidental visits provided the primary reason for the Insured Person's return to the Home Country or

Permanent Residence is not to obtain medical treatment for an Injury or Sickness that occurred while traveling.

Benefits are payable under the Policy only to the extent that Covered Expenses are not payable under any other domestic health care plan.

Home Country Benefit payments are subject to any applicable Benefit Maximum shown in the *Schedule of Benefits*. This coverage will end on the earlier of the date the Insured Person's would otherwise end or the end of the Policy Term.

Extension of Benefits

Medical Expense Benefits are automatically extended for the period shown in the *Schedule of Benefits* after the Insured Person's coverage ends for conditions first diagnosed or treated during the overseas study abroad program. Benefits will end at 12:00 am on the 31st day following termination of this Insurance.

Lost Checked Baggage Benefit

We will reimburse the Insured Person's replacement costs of clothes and personal hygiene items, up to the Benefit Maximum shown in the *Schedule of Benefits*, if the Insured Person's luggage is checked onto a common carrier, and is then lost, stolen, or damaged beyond his or her use. 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 file a formal claim with the transportation provider and provide Us with copies of all claim forms and proof that the transportation provider has paid the Insured Person its normal reimbursement for the lost, stolen, or damaged luggage.

Personal Property Benefit

We will reimburse the Insured Person the reasonable cost, up to the Benefit Maximum shown in the *Schedule of Benefits* after satisfaction of the Deductible, 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 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 Trip or acquired by the Insured during the Trip. It does not include vehicles (including aircraft and other conveyances) or their accessories or equipment or laptops.

Return Ticket 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's Family Member, provided at least 30 days remain in the Insured Person's Term of Coverage at the time he or she notifies Us of the event.

The Insured Person must return to the educational program within 30 days of arrival in the Home Country or Permanent Residence. Prior notification must be provided to Our Assistance Provider and flight arrangements must be made through Our administrator.

Trip Delay Benefit

We will reimburse Covered Expenses up to the Daily Benefit per person per day subject to the Maximum Benefit Period and the Benefit Maximum shown in the *Schedule of Benefits*, if an Insured's trip is delayed for more than the Time Period shown in the *Schedule of Benefits*. 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 or Sickness of death of the Insured Person; carrier delay; lost or stolen passport, travel documents or money; Quarantine; Natural Disaster; the Insured Person 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; the loss of the Insured Person's and/or traveling companion's documents or tickets 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

The Company 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: 1) The death of a family member; or 2) The unforeseen injury or sickness of the covered person or a family member. The injury or sickness must be so disabling as to reasonably cause a trip to be interrupted; or 3) Substantial destruction of the Insured Person’s principal residence by fire or weather related activity; or 4) a Medically Necessary covered Emergency Medical Evacuation to return the Insured Person to his or her Home Country or to the area from which he or she was initially evacuated for continued treatment, recuperation and recovery of an Injury or Sickness.

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

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
- Suicide or any attempt thereof while sane or self destruction or any attempt thereof, while insane
- 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

For all other benefits, this Insurance does not cover:

- 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 a Disablement established by a prior call or attendance of a Doctor
- Treatment of the Temporomandibular joint
- Vocational, speech, recreational or music therapy
- Services or supplies performed or provided by a Relative of the Insured Person, or anyone who lives with the Insured Person
- The refusal of a Doctor or Hospital to make all medical reports and records available to the Company will cause an otherwise valid claim to be denied
- Cosmetic or plastic Surgery, except as the result of a Covered Accident; for the purposes of the Policy, treatment of a deviated nasal septum shall be considered a cosmetic condition
- Elective Surgery or Elective Treatment which can be postponed until the Insured Person returns to his/her Home Country, where the objective of the trip is to seek medical advice, treatment or Surgery
- Treatment and the provision of false teeth or dentures, normal ear 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 Accidental bodily 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

- The cost of the Insured Person’s unused airline ticket for the transportation back to the Insured Person’s Home Country, where an Emergency Medical Evacuation or Repatriation and/or Return of Mortal Remains benefit is provided
- 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
- Dental care, except as the result of Injury to natural teeth caused by a Covered Accident, unless otherwise covered under this Policy
- Drug, treatment or procedure that either promotes or prevents conception, or prevents 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 their related treatment
- Expenses incurred while the Insured Person is in their Home Country, unless otherwise covered under the Policy
- Weak, strained or flat feet, corns, calluses, or toenails
- Diagnosis and treatment of acne
- Injury sustained while riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting from, any type of aircraft.

In addition to the Policy Exclusions, We will not pay Lost Checked Baggage Personal Property Benefit(s) for:

- loss or damage due to: 1) moth, vermin, insects, or other animals; wear and tear; atmospheric or climatic conditions; or gradual deterioration or defective materials or craftsmanship; 2) mechanical or electrical failure; 3) 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.
- 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.
- electronic equipment or devices including, but not limited to: cellular telephones; citizen band radios; tape players; radar detectors; radios and other sound reproducing or receiving equipment; PDAs; BlackBerrys; laptop computers; and handheld computers.

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

Coinsurance means the percentage amount of eligible Covered Expenses, after the Deductible, which are the responsibilities of the Insured Person and must be paid by the Insured Person. The Coinsurance amount is stated in the *Schedule of Benefits*, under each stated benefit.

Company shall be ACE American Insurance Company.

Covered Accident or Accidental 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; Reasonable and Customary charges; incurred while insured under the Policy; and which 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 the Company. The Deductible amount is stated in the *Schedule of Benefits*, under each stated benefit.

Dependent means an Insured Person's lawful spouse or an Insured Person's unmarried child, from the moment of birth to age 19, 25 if a full-time student, who is chiefly dependent on the Insured Person for support. A child, for eligibility purposes, includes an Insured Person's natural child; adopted child, beginning with any waiting period pending finalization of the child's adoption; or a stepchild who resides with the Insured Person or depends on the Insured Person for financial support. A Dependent may also include any person related to the Insured Person by blood or marriage and for whom the Insured Person is allowed a deduction under the Internal Revenue Code. Insurance will continue for any Dependent child who reaches the age limit and continues to meet the following conditions: 1) the child is handicapped; 2) is not capable of self-support; and 3) depends mainly on the Insured Person for support and maintenance. The Insured Person must send Us satisfactory proof that the child meets these conditions, when requested. We will not ask for proof more than once a year. Dependent *also means* an Insured Person's Domestic Partner.

Disablement as used with respect to medical expenses means a Sickness or an accidental bodily Injury necessitating medical treatment by a Doctor defined in the Policy.

Doctor as used in the 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, however, such definition will exclude chiropractors and physiotherapists.

Effective Date means the date the Insured Person's coverage under the Policy begins. The Effective Date of the Policy is the later of the following:

1) The Date the Company receives a completed Application and premium for the Policy Period; or 2) The Effective Date requested on the Application; or 3) The Date the Company approves the Application.

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 submucous 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 received in a Covered Accident. Elective Treatment includes, but is not limited to, treatment for acne, nonmalignant warts and moles, weight reduction, infertility, learning disabilities.

Eligible Benefits means benefits payable by the Company to reimburse expenses which are for Medically Necessary services, supplies, care, or treatment; due to Sickness or Injury; prescribed, performed or ordered by a Doctor; Reasonable and Customary charges; incurred while insured under the 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 means a spouse, Domestic Partner, parent, sibling or child of the Insured Person.

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

Hospital as used in the 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 the Policy means bodily Injury caused solely and directly by violent, Accidental, external, and visible means occurring while the Policy is in force and resulting directly and independently of all other causes in Disablement covered by the 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 and for whom the company has accepted premium. This may be the Primary Insured Person, Dependent(s), Chaperones or Guests.

Medically Necessary or Medical Necessity means services and supplies received while insured that are determined by the Company 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 and adequate, and appropriate treatment.

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

Permanent 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 Covered Person within 180 days prior to the Covered 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 the Company determines is Reasonable and Customary for Covered Expenses the Insured Person incurs, up to but not to exceed charges actually billed. The Company's 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 the Company determines 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 the Policy means illness or disease of any kind contracted and commencing after the Effective Date of the Policy and Disablement covered by the Policy.

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

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.

Cultural Insurance Services International (CISI)

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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. All Covered Expenses in connection with a Return of Mortal Remains must be pre-approved and arranged by an Assistance Company representative appointed by the Company.

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. 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.

Security Evacuation (Comprehensive)

Coverage (up to the amount shown in the 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

Cultural Insurance Services International (CISI)

1 High Ridge Park | Stamford, CT 06905

Phone: 203-399-5130 | Fax: 203-399-5596

claimhelp@mycisi.com • www.culturalinsurance.com



CULTURAL INSURANCE SERVICES INTERNATIONAL

Cultural Insurance Services International – Claim Form

▶ **Program Name:** The City University of New York Study Abroad Programs

▶ **Policy Number:** GLM N04965310

▶ **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 disclaimer 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, 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:

*(Please note: In order to claim monies back related to one of the below benefits, the benefit(s) **MUST** be included in your policy. If you try to make a claim for a benefit which you do not have, the claim will be denied)

RETURN TICKET TRIP INTERRUPTION LOST CHECKED BAGGAGE BAGGAGE DELAY 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

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Instructions for Claim Submission on Unrelated to a Medical Incident

Return Ticket/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)

Lost Checked Baggage/Baggage Delay/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

WARNING: 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.