

World Class Coverage Plan *designed for*

Amizade

2019-2020

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

This plan is underwritten by Crum & Forster Segregated Portfolio Co.

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) – OnCall: Phone: (877) 714-8179 | (603) 952-2660 | E-mail: mail@oncallinternational.com

Schedule of Benefits	
Coverage and Services	Maximum Limits
Accidental Death and Dismemberment Per Insured Person	\$15,000
Medical expenses (per Covered Accident or Sickness):	
Benefit Maximum	\$500,000 @ 100%
Annual Deductible	\$0
Emergency Medical Reunion	(incl. hotel/meals, max \$300/day, 10 day max) \$12,500
Trip Cancellation	\$2,500
Trip Delay	\$500 (\$100/day)
Trip Interruption	\$2,500
Chaperone Replacement	\$5,000
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
Security Evacuation (Comprehensive)*	\$100,000
* Aggregate of \$1M	

Benefits are provided for eligible Insured Persons. Terms and conditions are briefly outlined in this summary of coverage. Complete provisions pertaining to this insurance are contained in the policy. In the event of any conflict between this summary of coverage and the policy, the policy will govern. The policy is a short-term limited duration policy renewable only at the option of the insurer. This is 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 Plan issued to your school. For a detailed plan description, exclusions, and limitations please view the plan on file with your school. This insurance is not subject to, and will not be administered as a PPACA (Patient Protection and Affordable Care Act) insurance plan. PPACA requires certain US residents and citizens obtain PPACA compliant insurance coverage. This plan is not designed to cover US residents and citizens. This policy is not subject to guaranteed issuance or renewal. PPO Networks are not provided by Crum & Forster Segregated Portfolio Co.

Eligibility

Eligible Participant: Eligible Participant means any person who: (1) has become a participant of a group involved in international educational activities, and (2) is temporarily located outside their home country or country of regular domicile as a non-resident alien, and (3) has not applied for permanent residency status, and (4) for whom the required premium has been paid.

Period of Coverage

When an Insured's Coverage Begins: Coverage will become effective for an Eligible Participant on the later of the following dates, but in no event shall coverage commence prior to the effective date of the Master Policy:

1. the effective date of the Policy;
2. the date requested by the Participating Organization.

When an Insured's Coverage Ends: Coverage will terminate for an Insured on the earliest of the following dates:

1. the date the Master Policy terminates;
2. the expiration date of the term of coverage, requested by the Participating Organization, applicable to the Insured;
3. the date the Insured ceases to meet the Eligibility Requirements described above.

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 Amizade study abroad participants, and who are temporarily pursuing educational activities inside of the United States and traveling outside of their Home Country are eligible for coverage. Benefits shall be payable to either the Insured Person or the Service Provider for Covered Expenses incurred in the United States. The first such expense must be incurred by an Insured Person within 90 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

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 90 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:

- Only such expenses, incurred as the result of a covered Accident or Sickness, which are specifically enumerated in the following list of charge Charges made by a Hospital for semi-private room and board, floor nursing while confined in a ward or semi-private room of a Hospital and other Hospital 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, oxygen, blood, transfusions, iron lungs, and medical treatment.
- Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Physician.
- 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.
- Nervous or Mental Disorders are payable a) up to \$2,500 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 is payable at 80% of Usual and Customary charges, and shall be limited to a total of \$35 per visit, excluding x-ray and evaluation charges per Injury or Sickness. The overall maximum coverage per Injury or Sickness is \$350 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.
- Pregnancy, childbirth or miscarriage.
- Charges due to a Pre-Existing Condition are limited to \$5,000.
- Therapeutic termination of pregnancy is covered up to a maximum of \$500.

- Newborn Nursery Care is covered up to the maximum of \$500.

Emergency Medical Reunion

When an Insured Person is hospitalized for more than 24 hours, 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.

Trip Cancellation Benefit

We will reimburse the Insured Person for the amount of non-refundable Covered Expenses the Insured Person paid for his or her Trip, up to the Benefit Maximum shown in the *Schedule of Benefits*, if the Insured Person is prevented from taking his or her Trip as the result of Injury, Sickness, or death to the Insured Person or a Family Member prior to the scheduled Trip departure date. The Injury or Sickness must be so disabling as to reasonably cause a Trip to be canceled. If the Insured Person must cancel the Trip due to Injury or Sickness of a Family Member, it must be because his or her condition is life-threatening, or because the Family Member requires the Insured Person's care. Cancellation due to the death of a Family Member is covered only if the death occurs within 30 days of the Insured Person's scheduled Trip departure date. Covered Expenses:

- any cancellation charges imposed by a travel agency, tour operator, or other recognized travel supplier for the Covered Trip;
- any prepaid, unused, non-refundable airfare and sea or land accommodations;
- any other reasonable, additional Trip expenses for travel, lodging, or scheduled events that are prepaid, unused, and non-refundable.

Trip Delay Benefit

We will reimburse Covered Expenses up to \$100 per person per day subject up to 5 days subject to a \$500 Maximum Benefit if an Insured's trip is delayed for more than 12 hours.

Covered Expenses include charges incurred for reasonable, additional accommodations and traveling expenses until travel becomes possible. Incurred expenses must be accompanied by receipts. This benefit is payable only for one delay of the Insured'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 economy air and/or ground transportation ticket of the Insured Person's trip, if his or her trip is interrupted as the result of:

- the death of a Family Member; or
- the unforeseen Injury or Sickness of the Insured Person or a Family Member. The Injury or Sickness must be so disabling as to reasonably cause a trip to be interrupted.

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

Chaperone Replacement Benefit

In the event that the official chaperone of the Policyholder is prevented from continuing his to her Trip due to Injury, Sickness or death to him or her or an Immediate Family Member that occurs after the Trip begins and before the Trip scheduled termination date, We will pay for the reimbursement of:

- the replacement chaperone, up to the published rate of a round trip economy class ticket from his or her place of permanent residence to the next scheduled destination where the replacement can join the Trip; and
- returning chaperone, up to the published rate of a round trip economy class ticket from his or her assigned location back home.

The Benefit Maximum per incident for both chaperones is shown in the *Schedule of Benefits*. We will only pay one Chaperone Replacement Benefit per Trip.

Exclusions and Limitations

We will not pay benefits for any loss or Injury that is caused by or results from:

- intentionally self-inflicted injury; suicide or attempted suicide. (applicable to Accidental Death and Dismemberment Benefit only)
- war or any act of war, whether declared or not.
- a Covered Accident that occurs while a Covered Person is on active duty service in the military, naval or air force of any country or international organization. Upon receipt of proof of service, we will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.
- piloting or serving as a crewmember in any aircraft (unless otherwise provided in the Policy).
- commission of, or attempt to commit, a felony.
- sickness, disease, bodily or mental infirmity, bacterial or viral infection, or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food (Applicable to accident benefits only).
- riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline.
- commission of or active participation in a riot or insurrection.

In addition, We will not pay Medical Expense Benefits for any loss, treatment, or services resulting from:

- routine physicals and care of any kind.
- routine dental care and treatment.
- routine nursery care.
- cosmetic surgery, except for reconstructive surgery needed as the result of an Injury.
- eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof; eyeglasses, contact lenses, and hearing aids.
- services, supplies, or treatment including any period of Hospital confinement which is not recommended, approved, and certified as Medically Necessary and reasonable by a Doctor, or expenses which are non-medical in nature.
- treatment or service provided by a private duty nurse.
- treatment by any Immediate Family Member or member of the Insured's household. "Immediate Family Member" means a Covered Person's spouse, child, brother, sister, parent, grandparent, or in-laws.
- expenses incurred during travel for purposes of seeking medical care or treatment, or for any other travel that is not in the course of the Participating Organization's activity (unless Personal Deviations are specifically covered).
- medical expenses for which the Covered Person would not be responsible to pay for in the absence of the Policy. Expenses incurred for services provided by any government Hospital or agency, or government sponsored-plan for which, and to the extent that, the Covered Person is eligible for reimbursement.
- any treatment provided under any mandatory government program or facility set up for treatment without cost to any individual.

- custodial care.
- services or expenses incurred in the Covered Person's Home Country.
- elective treatment, exams or surgery; elective termination of pregnancy.
- expenses for services, treatment or surgery deemed to be experimental and which are not recognized and generally accepted medical practices in the United States.
- expenses payable by any automobile insurance policy without regard to fault.
- organ or tissue transplants and related services.
- Preexisting Conditions, unless otherwise provided in the Policy.
- Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation, whether United States federal or foreign law.
- Injury sustained while participating in intercollegiate, interscholastic, professional or semi-professional sports.
- expenses incurred for services related to the diagnostic treatment of infertility or other problems related to the inability to conceive a child, including but not limited to, fertility testing and in-vitro fertilization.
- birth defects and congenital anomalies, or complications which arise from such conditions.
- Injury resulting from off-road motorcycling; scuba diving; jet, snow or water skiing; mountain climbing (where ropes or guides are used); sky diving; amateur automobile racing; automobile racing or automobile speed contests; bungee jumping; spelunking; white water rafting; surfing; or parasailing.

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.

Team Assist Plan (TAP) – OnCall International

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

- Emergency Medical Evacuation
- Return of Mortal Remains
- Security Evacuation

All services must be arranged through the Assistance Provider.

Emergency Medical Evacuation

We will pay Emergency Medical Evacuation Benefits as shown in the *Schedule of Benefits* for Covered Expenses incurred for the medical evacuation of an Insured Person. Benefits are payable up to the Benefit Maximum shown in the *Schedule of Benefits* if the Insured Person:

1. Suffers a Medical Emergency during the course of the Trip;
2. Requires Emergency Medical Evacuation; and
3. Is traveling outside of his or her Home Country or country of Permanent Residence.

Covered Expenses:

Medical Transport: Expenses for transportation under medical supervision to a different hospital, treatment facility or to the Insured Person's Home Country or Permanent Residence for Medically Necessary treatment in the event of the Insured Person's Medical Emergency and upon the request of the Doctor designated by Our assistance provider in consultation with the local attending Doctor.

Dispatch of a Doctor or Specialist: The Doctor's or specialist's travel expenses and the medical services provided on location, if, based on the information available, an Insured Person's condition cannot be adequately assessed to evaluate the need for transport or evacuation and a doctor or specialist is dispatched by Our assistance provider to the Insured Person's location to make the assessment.

Return of Dependent Child(ren): Expenses to return each Dependent child who is under age 18 to his or her principal residence if a) the Insured Person is age 18 or older; and b) the Insured Person is the only person traveling with the minor Dependent child(ren); and c) the Insured Person suffers a Medical Emergency and must be confined in a Hospital.

Escort Services: Expenses for an Immediate Family Member, or companion who is traveling with the Insured Person, to join the Insured Person during the Insured Person's emergency medical evacuation to a different hospital, treatment facility or the Insured Person's Home Country or Permanent Residence.

Transportation After Stabilization: If We have evacuated the Insured Person to a medical facility due to an emergency Medical Evacuation, We will pay the Insured Person's transportation costs to: a) his or her Home Country or Permanent Residence, or b) his or her host country, or c) to join the group if they have moved onward to a different location.

Benefits for these Covered Expenses will not be payable unless:

1. The Doctor ordering the Emergency Medical Evacuation certifies the severity of the Insured Person's Medical Emergency requires an Emergency Medical Evacuation;
2. All transportation arrangements made for the Emergency Medical Evacuation are by the most direct and economical conveyance and route possible;
3. The charges incurred are Medically Necessary and do not exceed the charges for similar transportation, treatment, services or supplies in the locality where the expense is incurred; and
4. Do not include charges that would not have been made if there were no insurance.

Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.

Repatriation/Return of Mortal Remains or Cremation

We will pay Repatriation of Remains Benefits as shown in the *Schedule of Benefits* for preparation and return of an Insured Person's body to his or her home if he or she dies while traveling outside of his or her Home Country or Permanent Residence. Covered expenses include:

1. Expenses for embalming or cremation;
2. The least costly coffin or receptacle adequate for transporting the remains;
3. Transporting the remains, including necessary costs for government authorizations;
4. 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.

All transportation arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the Usual and Customary Charges for similar transportation in the locality where the expense is incurred. Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.

Security Evacuation

In the event of a covered evacuation event and upon the request of the covered person, the Assistance Provider, in consultation with their designated security consultant will arrange and pay for the transportation of a covered person to the nearest place of safety. Insurance benefits, if applicable, will not be payable unless the Assistance Provider authorizes all expenses in advance and these services are provided by our designated security consultant. Neither the Assistance Provider nor the security consultant is responsible for the availability of transportation services. Where an evacuation is impractical due to hostile or dangerous conditions the designated security consultant will make every effort to maintain contact until evacuation is possible.

Payment for these services is limited to the maximum benefit, if any, shown in the *Schedule of Benefits*.

We will pay Security Evacuation Expense Benefits to the Insured Person, if:

1. An Occurrence takes place during the covered activity described in the Policy and his or her term of coverage; and

2. While he or she is traveling outside of his or her Home Country or Country of Residence.

Benefits will be subject to the Benefit Maximum shown in the Insured Person's Description of Coverage.

Benefits will be paid for:

1. The Insured Person's Transportation and Related Costs to the Nearest Place of Safety, necessary to ensure his or her safety and well-being as determined by the Designated Security Consultant. Security Evacuation Benefits are payable only once for any one Occurrence.
2. The Insured Person's Transportation and Related Costs within 14 days of the Security Evacuation to either of the following locations as chosen by the Insured Person:
 - a. back to the country in which the Insured Person is traveling during the Covered Activity while covered by the Policy; or
 - b. the Insured Person's Home Country or Country of Residence; or
 - c. where the educational institution that sponsored the Insured Person's Trip is located.
3. Consulting services by a Designated Security Consultant for seeking information on a Missing Person or kidnapping cases, if the Insured Person is considered kidnapped or a Missing Person by local or international authorities.

Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider. Our assistance provider is not responsible for the availability of Transport services. Where a Security Evacuation becomes impractical due to hostile or dangerous conditions, a Designated Security Consultant will endeavor to maintain contact with the Insured Person until a Security Evacuation occurs.

Right of Recovery - If, after a Security Evacuation is completed, it becomes evident that the Insured Person was an active participant in the events that led to the Occurrence, We have the right to recover all Transportation and Related Costs from the Insured Person.

Changes in Terms and Conditions - The terms and conditions of this Rider may be changed at any time to reflect conditions that, in Our opinion, constitute a change in the Participating Organization's Security Evacuation exposure. We will give at least 31 days advance written notice (or authorized electronic or telephonic means) to the Participating Organization of any change in the terms and condition of this Rider.

Definitions:

The following definitions apply to the Security Evacuation Rider.

"Appropriate Authority(ies)" means the government authority(ies) in the Insured Person's Home Country or Country of Residence or the government authority(ies) of the Host Country.

"Designated Security Consultant" means an employee of a security firm under contract with Us or Our assistance provider who is experienced in security and measures necessary to ensure the safety of the Insured Person (s) in his or her care.

"Evacuation Advisory" means a formal recommendation issued by the Appropriate Authorities that the Insured Person or citizens of his or her Home Country or Country of Residence or citizens of the Host Country leave the Host Country.

"Host Country" means any country, other than an OFAC excluded country, in which the Insured Person is traveling while covered under the Policy.

"Missing Person" means an Insured Person who disappeared for an unknown reason and whose disappearance was reported to the Appropriate Authority(ies).

"Natural Disaster" means storm (wind, rain, snow, sleet, hail, lightning, dust or sand) earthquake, flood, volcanic eruption, wildfire or other similar event that: 1) is due to natural causes; and 2) results in such severe and widespread damage that the area of damage is officially declared a disaster area by the government in which the Insured Person's Trip occurs and the area is deemed to be uninhabitable or dangerous.

"Nearest Place of Safety" means a location determined by the Designated Security Consultant where: 1) the Insured Person can be presumed safe from the Occurrence that precipitated the Insured Person's Security Evacuation; and 2) the Insured Person has access to Transportation; and 3) the Insured Person has the availability of temporary lodging, if needed.

"Occurrence" means any of the following situations involving an Insured Person: 1) expulsion from a Host Country or being declared persona non-grata on the written authority of the recognized government of a Host Country; 2) political or military events involving a Host Country, if the Appropriate Authorities issue an Advisory stating that citizens of the Insured Person's Home Country or Country of Residence or citizens of the Host Country should leave the Host Country; 3) Natural Disaster within seven days of an event; 4) deliberate physical harm of the Insured Person confirmed by documentation or physical evidence or a threat against the Insured Person's health and safety as confirmed by documentation and/or physical evidence; 5) the Insured Person had been deemed kidnapped or a Missing

Person by local or international authorities and, when found, his or her safety and/or well-being are in question within seven days of his or her being found.

“Related Costs” means food, lodging and, if necessary, physical protection for the Insured Person during the Transport to the Nearest Place of Safety.

“Security Evacuation” means the extrication of an Insured Person from the Host Country due to an Occurrence which could result grave physical harm or death to the Insured Person.

“Transport” or **“Transportation”** means the most efficient and available method of conveyance. Where practical, economy fare will be utilized. If possible, the Insured Person’s common carrier tickets will be used.

Exclusions and Limitations

We will not pay Security Evacuation Expense Benefits for expenses and fees:

1. payable under any other provision of the Policy to which this Rider is attached.
2. that are recoverable through the Insured Person’s employer.
3. arising from or attributable to an actual fraudulent, dishonest or criminal act committed or attempted by the Insured Person, acting alone or in collusion with other persons.
4. arising from or attributable to an alleged: a) violation of the laws of country in which the Insured Person is traveling while covered under the Policy; or b) violation of the laws of the Insured Person’s Home County or Country of Residence.
5. due to the Insured Person’s failure to maintain and possess duly authorized and issued required travel documents and visas.
6. for repatriation of remains expenses.
7. for common or endemic or epidemic diseases or global pandemic disease as defined by the World Health Organization.
8. for medical services.
9. for monies payable in the form of a ransom, if a Missing Person case evolves into a kidnapping.
10. arising from or attributable, in whole or in part, to: a) a debt, insolvency, commercial failure, the repossession of any property by any title holder or lien holder or any other financial cause; b) non-compliance by the Insured Person with regard to any obligation specified in a contract or license.
11. due to military or political issues if the Insured Person’s Security Evacuation request is made more than 30 days after the Appropriate Authority(ies) Advisory was issued.

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. Additional Exclusions that apply to this benefit are shown in the Exclusions section of the Description of Coverage.

The TAP offers these services

(Non-Insurance Benefits and Services are not provided by Crum & Forster Segregated Portfolio Co.)

Medical Assistance Services

Medical Referrals: 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 Person is admitted to a U.S. or foreign hospital, the AP will coordinate communication between the Insured Person's own Doctor and the attending medical doctor or doctors. The AP will monitor the Insured Person'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 Person's medical insurance coverage when necessary to gain admittance to foreign hospitals, and if requested, and approved by the Insured Person's insurance company, or with adequate credit guarantees as determined by the Insured, provide a guarantee of payment to the treating facility.

24 Hour Nurse Help Line: The AP shall provide, at the participants request, with clinical assessment, education and general health information. This service shall be performed by a registered nurse counselor to assist in identifying the appropriate level and source(s) of care for Participants (based on symptoms reported and/or health care questions asked y or on behalf of participants). Nurses shall not diagnose participants ailments.

Travel Assistance Services

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 Person whose baggage is lost, stolen or delayed while traveling on a common carrier. The AP will advise the Insured Person 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 Services

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

Assistance in Posting Bond/Bail: The AP will arrange for the bail bondsman to contact the Insured Person 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.

Definitions

(For a complete list of Definitions, see plan on file with your school)

“Company” shall be Crum & Forster Segregated Portfolio Co.

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

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

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

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

“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” 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.

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

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

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

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

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

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

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

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

“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.

“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.

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 following page, 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 OnCall (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.
- ▶ OnCall 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 OnCall).
- ▶ If a benefit or claim related call or e-mail comes to OnCall during our business hours it is usually transferred to us. After hours and on weekends, OnCall 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 OnCall (in conjunction with the attending physician for a medical evacuation). Anyone may contact OnCall (see information below) 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: OnCall

Phone: (877) 714-8179
(603) 952-2660

E-mail: mail@oncallinternational.com