World Class Coverage
designed for
University of Cincinnati
Study Abroad

CISI
CULTURAL INSURANCE SERVICES INTERNATIONAL

Administered by
Cultural Insurance Services International

Underwritten by
ACE American Insurance Company

2026-2027
Policy # GLM N19009622

MEDICAL EMERGENCY SECURITY

Welcome to CISI!

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

GET TO KNOW CISI

YOUR CISI COVERAGE

01 PORTAL & CISI TRAVELER APP
Access your insurance materials, online resources and tools 24/7/365.

02 SEEKING TREATMENT
- Minor or Major Illness/Injury
- Telehealth Service
- Locate a provider near you

03 TEAM ASSIST - AXA
24/7/365 Medical, travel and technical support.

04 CLAIMS
How to submit a claim & what needs to be submitted.

05 PLAN BENEFITS
Schedule of Benefits, including coverage details & exclusions.

IMPORTANT CONTACT INFORMATION & LINKS

CISI CLAIMS DEPARTMENT
(9AM-5PM EST, Monday-Friday)

CLAIM OR BENEFIT QUESTIONS:

PHONE: (800) 303-8120 | (203) 399-5130

EMAIL: inquiries@mycisi.com

SUBMIT A CLAIM:

ONLINE: Click here

EMAIL: submityourclaim@mycisi.com

TEAM ASSIST– AXA ASSISTANCE
(24/7/365)

PHONE: (855) 327-1411 | (312) 935-1703

EMAIL: medassist-usa@axa-assistance.us

TELEHEALTH SERVICE:
(24/7/365)

DR. PLEASE!

Telehealth Service for Minor Illness or Injury.

Click here for more information.

Insurance described is marketed by Cultural Insurance Services International (CISI); insurance is underwritten and provided by ACE American Insurance Company and its U.S. based Chubb underwriting company affiliates. Chubb is the marketing name used to refer to subsidiaries of Chubb Limited providing insurance and related services. For a list of these subsidiaries, please visit our website at www.chubb.com.

YOUR INSURANCE PLAN AND MATERIALS

WELCOME EMAIL PACKAGE

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

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

PARTICIPANT PORTAL & CISI TRAVELER APP

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

- **YOUR INSURANCE DOCUMENTS**
  Email/view/download your insurance documents.
- **PROVIDER SEARCH**
  Search medical providers worldwide.
- **CLAIM INFORMATION AND SUBMISSIONS**
  Submit a claim and claim information.
- **CISI & TEAM ASSIST CONTACT INFORMATION**
  All contact information in one place – CISI Claims and Team Assist.
- **PERSONAL SECURITY ASSISTANCE**
  Access security-specific information.
- **ITINERARY**
  Add and edit travel plans on-the-go to ensure you can be located in the event of an emergency.
- **CHECK-IN**
  Let your program and CISI know you are safe when unforeseen events occur.
- **MEDICAL EMERGENCY INFORMATION**
  Get Team Assist's contact information.
- **TRAVEL DESTINATION INFORMATION**
  Get embassy contact details, country-specific information, travel alerts and warnings.

CREATE A LOGIN

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

myCISI Participant Portal

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

CISI Traveler App

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

Available on the App Store   ANDROID APP ON Google play

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

IN CASE OF A MINOR INJURY OR ILLNESS

TELEHEALTH SERVICE - DR. PLEASE!

Your plan includes a telehealth service. For participants who require **non-urgent medical services**, **Doctor Please!** is a **24/7/365** virtual medical care via app or phone with trained, licensed and experienced doctors, with multi-language capabilities. The doctors diagnose and treat minor illnesses, injuries, infections, colds and allergies. Follow the steps below to access **Doctor Please!**:

Step 1: ACCESS

- Download the **Doctor Please!** app via Google Play or App Store.
- Register and enter access code **US0223**.

Step 2: BOOK

- Schedule a virtual consult or use the call back feature.
- Upload photos to support diagnosis of the condition.

Step 3: TELECONSULT

- Access to a MD via video (press "start a video") or by phone (doctor calls you).
- Treatment advice for non-urgent and acute conditions is provided.

Step 4: REVIEW

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

DR. PLEASE! OFFERS SERVICES IN THE FOLLOWING COUNTRIES:

AMERICAS

USA & CANADA	- Medical Diagnosis & Advice - Prescription
MEXICO	- Medical Diagnosis & Advice - Prescription (Rx limited reach)
ARGENTINA	Medical Diagnosis & Advice
BRAZIL	- Medical Diagnosis & Advice
CHILE	- Medical Diagnosis & Advice
COLOMBIA	- Medical Diagnosis & Advice
COSTA RICA	- Medical Diagnosis & Advice
DOMINICAN REPUBLIC	- Medical Diagnosis & Advice
ECUADOR	- Medical Diagnosis & Advice
EL SALVADOR	- Medical Diagnosis & Advice
GUATEMALA	- Medical Diagnosis & Advice
HONDURAS	- Medical Diagnosis & Advice
NICARAGUA	- Medical Diagnosis & Advice
PANAMA	- Medical Diagnosis & Advice
PARAGUAY	- Medical Diagnosis & Advice
PERU	- Medical Diagnosis & Advice - Prescription
PUERTO RICO	- Medical Diagnosis & Advice
URUGUAY	- Medical Diagnosis & Advice

EUROPE

AUSTRIA	- Medical Diagnosis & Advice
BELGIUM	- Medical Diagnosis & Advice
CZECH REPUBLIC	- Medical Diagnosis & Advice
CYPRUS	- Medical Diagnosis & Advice
DENMARK	- Medical Diagnosis & Advice - Prescription
FINLAND	- Medical Diagnosis & Advice - Prescription
FRANCE	- Medical Diagnosis & Advice - Prescription
GERMANY	- Medical Diagnosis & Advice - Prescription
GREECE	- Medical Diagnosis & Advice - Prescription
IRELAND	- Medical Diagnosis & Advice - Prescription
ITALY	- Medical Diagnosis & Advice - Prescription
NETHERLANDS	- Medical Diagnosis & Advice - Prescription
NORWAY	- Medical Diagnosis & Advice - Prescription
POLAND	- Medical Diagnosis & Advice - Prescription
PORTUGAL	- Medical Diagnosis & Advice - Prescription
SPAIN	- Medical Diagnosis & Advice - Prescription
SWEDEN	- Medical Diagnosis & Advice - Prescription
SWITZERLAND	- Medical Diagnosis & Advice - Prescription
UK *(England, Scotland, Wales & Northern Ireland)*	- Medical Diagnosis & Advice - Prescription

ASIA

AUSTRALIA	- Medical Diagnosis & Advice
CHINA	- Medical Diagnosis & Advice
HONG KONG	- Medical Diagnosis & Advice
INDONESIA	- Medical Diagnosis & Advice
KINGDOM OF SAUDI ARABIA	- Medical Diagnosis & Advice
NEW ZEALAND	- Medical Diagnosis & Advice
RUSSIA	- Medical Diagnosis & Advice
SINGAPORE	- Medical Diagnosis & Advice
SOUTH KOREA	- Medical Diagnosis & Advice
TAIWAN	- Medical Diagnosis & Advice
THAILAND	- Medical Diagnosis & Advice
TURKEY	- Medical Diagnosis & Advice

AFRICA

GHANA	- Medical Diagnosis & Advice
KENYA	- Medical Diagnosis & Advice
SOUTH AFRICA	- Medical Diagnosis & Advice

Country List as of July 22, 2026.

IN CASE OF A MINOR INJURY OR ILLNESS

SEEK TREATMENT IN PERSON

STEP 1:

LOCATE A PROVIDER

Locate a provider near you by using the Provider Search within the CISI Traveler App and Participant Portal or by calling AXA Assistance.

STEP 2:

SCHEDULE AN APPOINTMENT

Schedule an appointment by contacting the Provider. You can call AXA Assistance if you need help.

STEP 3:

AT YOUR APPOINTMENT

Be prepared to pay out-of-pocket for *minor* illnesses or injuries.

Present your insurance card when requested.

If the overseas doctor is willing to bill us directly, we are willing and able to pay them directly for covered medical expenses.

Foreign providers can contact your assistance team (**AXA Assistance**) toll-free to verify eligibility and/or benefits 24/7/365. This number is provided on your insurance ID card.

If they prefer you pay for any medical services, medicines, or equipment out-of-pocket at the time of your visit, hold onto all documents, bill and receipts to submit a claim for covered expenses.

Frequently Asked Questions (FAQs)

Are there In-Network and Out-of-Network restrictions?

No, you can seek treatment at any medical facility abroad. There are no In-Network nor Out-of-Network restrictions.

Will this insurance cover the purpose of my visit?

View your plan's details if you are unsure if the insurance will cover the purpose of your appointment. Contact CISI if you have any additional questions.

Does my plan have a Deductible?

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

How do I submit a claim?

See the claim information page of his guide.

Who pays for the prescriptions at a pharmacy?

Prescriptions are an out-of-pocket expense. Hold onto the receipt and documentation to submit a claim for covered expenses.

IN CASE OF INPATIENT CARE/SERIOUS ACCIDENT

For all emergencies, seek help without delay at the nearest facility and then, after admittance, open a case with AXA Assistance (our 24/7 assistance provider). Opening a case for inpatient care will allow us to monitor your case, provide regular updates to your program and family and address any concerns you may have. In addition, depending on your condition, if deemed medically necessary, the medical evacuation benefit will apply.

TEAM ASSIST (TAP) – AXA ASSISTANCE

CONTACT INFORMATION

PHONE: (855) 327-1411 | +1 (312) 935-1703

EMAIL: medassist-usa@axa-assistance.us

The Team Assist Plan is designed by CISI in conjunction with the Assistance Company to provide travelers with a worldwide, 24-hour emergency telephone assistance service. Multilingual help and advice may be furnished for the Insured Person in the event of any emergency during the term of coverage. The Team Assist Plan complements the insurance benefits provided by the Accident and Sickness Policy. If you require Team Assist assistance, your ID number is your policy number.

Emergency Medical Transportation Services

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

- Emergency Medical Evacuation
- Repatriation/Return of Mortal Remains

All services must be arranged through the Assistance Provider.

The TAP offers these services:

(These services are not insured benefits)

MEDICAL ASSISTANCE

Medical Referral: Referrals will be provided for doctors, hospitals, clinics or any other medical service provider requested by the Insured. Service is available 24 hours a day, worldwide.

Medical Monitoring: In the event the Insured is admitted to a foreign hospital, the AP will coordinate communication between the Insured's own doctor and the attending medical doctor or doctors. The AP will monitor the Insured's progress and update the family or the insurance company accordingly.

Coverage Verification/Payment Assistance for Medical Expenses: The AP will provide verification of the Insured's medical insurance coverage when necessary to gain admittance to foreign hospitals, and if requested, and approved by the Insured's insurance company, or with adequate credit guarantees as determined by the Insured, provide a guarantee of payment to the treating facility.

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

Dr. Please: The AP will provide global teleconsultation services to participants who requires non-urgent medical services while traveling or temporarily residing outside their home country on a covered trip.

Behavioral Health Services: Services are available for English-speaking eligible participants who require such services while traveling away from home or temporarily residing outside their home country. When notified of a behavior health or crisis support situation, telephone access to behavioral health professionals for intake, screening, assessment, stabilization counseling and referral services will be available. Follow-up services will be arranged when recommended as a result of the service and available by AXA. These services are not intended to be therapeutic treatment services. Properly licensed and credentialed counseling staff will be available 24/7.

TRAVEL ASSISTANCE

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

Lost/Delayed Luggage Tracing: The AP will assist the Insured whose baggage is lost, stolen or delayed while traveling on a common carrier. The AP will advise the Insured of the proper reporting procedures and will help travelers maintain contact with the appropriate companies or authorities to help resolve the problem.

Traveler Check Replacement Assistance: The AP will assist in obtaining replacements for lost or stolen traveler checks from any company, i.e., Visa, Master Card, Cooks, American Express, etc., worldwide.

Lost/Delayed Luggage Tracing: The AP will assist the Insured whose baggage is lost, stolen or delayed while traveling on a common carrier. The AP will advise the Insured of the proper reporting procedures and will help travelers maintain contact with the appropriate companies or authorities to help resolve the problem.

TECHNICAL ASSISTANCE

Credit Card/Passport/Important Document Replacement: The AP will assist in the replacement of any lost or stolen important document such as a credit card, passport, visa, medical record, etc. and have the documents delivered or picked up at the nearest embassy or consulate.

Worldwide Inoculation Information: Information will be provided if requested by an Insured for all required inoculations relative to the area of the world being visited as well as any other pertinent medical information.

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

Assistance in Posting Bond/Bail: The AP will arrange for the bail bondsman to contact the Insured or to visit at the jail if incarcerated.

CLAIMS SUBMISSIONS & QUESTIONS

SUBMIT A CLAIM ONLINE

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

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

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

SUBMIT A CLAIM BY EMAIL, MAIL OR FAX

STEP 1

COMPLETE CLAIM FORM

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

STEP 2

INCLUDE ITEMIZED BILLS & DOCUMENTATION

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

STEP 3

SUBMIT CLAIM

You can submit claims by:

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

Email: submityourclaim@mycisi.com

Fax: (203) 399-5596

Frequently Asked Questions (FAQs)

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

Turnaround for claim payments is generally 15 business days from receipt date. To check the status of your claim, contact CISI at (800) 303-8120 from 9AM to 5PM EST.

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

The bill may be for your deductible. Review the charges and see if CISI made a payment on your behalf. The balance may be your responsibility.

If you do not have a deductible in your plan, or have already paid this amount, submit the bill to CISI Online. Include proof of payment to be reimbursed for any coverable expenses and any additional documentation pertaining to the claim. You also have the option to submit the claim via email, mail, or fax.

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

The claims team may send you an email asking you to complete a claim form or provide additional documentation in order to process your claim. Follow their instructions and upload the information via the Claims Info & Submission Tab once you log into your Participant Portal. You can also email the requested information to.

How long do I have to submit a claim?

You can submit a claim within a year of the Date of Service.

Where can I access a claim form?

A claim form is attached to your welcome email, posted on our website mycisi.com & within your myCISI Participant Portal.

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

University of Cincinnati

2026-2027

Policy # GLM N19009622

Administered by Cultural Insurance Services International • 1 High Ridge Park • Stamford, CT 06905-1322
This plan is underwritten by ACE American Insurance Company

SCHEDULE OF BENEFITS

COVERAGE AND SERVICES	MAXIMUM LIMITS
TRAVEL ACCIDENT INDEMNITY INSURANCE	
Accidental Death and Dismemberment Per Insured Person	$10,000
ACCIDENT AND SICKNESS INSURANCE	
Medical expenses (per Covered Accident or Sickness):	
Benefit Maximum Per Sickness	$100,000 at 100%
Deductible	zero
Extension of Benefits	30 days
TRAVEL ASSISTANCE INSURANCE	
Emergency Medical Reunion	$3,000 (incl. hotel/meals, max $300/day)
Trip Delay	$1,500 ($150/day)
PERSONAL PROPERTY INSURANCE	
Lost Checked Baggage	(deduct. $50, $100/item) $250 max
EVACUATION AND REPATRIATION INSURANCE	
Emergency Medical Evacuation	$250,000
Repatriation of Mortal Remains	$100,000
Security Evacuation (Comprehensive)	$100,000
Return of Baggage & Personal Property	$3,000 per Occurrence
NON-INSURANCE SERVICES	
Team Assist Plan (TAP): 24/7 medical, travel, technical assistance	

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

Eligibility and Provisions

Benefits are payable under the Policy for Covered Expenses incurred by an Insured Person for the items stated in the *Schedule of Benefits*. All students and accompanying faculty and staff who are enrolled as University of Cincinnati participants, and who are temporarily pursuing educational activities outside of the United States and their Home Country are eligible for coverage. Benefits shall be payable to either the Insured Person or the Service Provider for Covered Expenses incurred Worldwide, except in the United States or their Home Country. The first such expense must be incurred by an Insured Person within 30 days after the date of the Covered Accident or commencement of the Sickness; and

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

The charges enumerated herein shall in no event include any amount of such charges which are in excess of Reasonable and Customary charges. If the charge incurred is in excess of such average charge such excess amount shall not be recognized as a Covered Expense. All charges shall be deemed to be incurred on the date such services or supplies, which give rise to the expense or charge, are rendered or obtained.

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, We will pay 100% of the Benefit Amount.

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

For Loss of:	**Percentage of Maximum Amount:**
Life	100%
Two or more Members	100%
Speech and Hearing in Both Ears	100%
One Member	50%
Speech or Hearing in Both Ears	50%
Hearing in One Ear	25%
Thumb and Index Finger of the Same Hand	25%

"Member" means Loss of Hand or Foot and Loss of Sight. "Loss of Hand or Foot" means complete Severance through or above the wrist or ankle joint. "Loss of Sight" means the total, permanent Loss of Sight of one eye. "Loss of Speech" means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means. "Loss of Hearing" means total and permanent Loss of Hearing in an ear that is irrecoverable and cannot be corrected by any means. "Loss of a Thumb and Index Finger of the Same Hand" means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). "Severance" means the complete separation and dismemberment of the part from the body. If more than one Loss is sustained by an Insured Person as a result of the same Covered Accident, only one amount, the largest, will be paid. Maximum aggregate benefit per occurrence is $1,000,000.

Accident and Sickness Medical Expenses

We will pay Covered Expenses due to Accident or Sickness only, as per the limits stated in the *Schedule of Benefits*. Coverage is limited to Covered Expenses incurred as listed below and subject to Exclusions. Initial treatment of an Injury or Sickness must occur within 30 days of the Accident or onset of the Sickness.

When a Covered Injury or Sickness is incurred by the Insured Person We will pay Reasonable and Customary medical expenses incurred shown in the *Schedule of Benefits*. In no event shall Our maximum liability exceed the Benefit Maximum stated in the *Schedule of Benefits* as to Covered Expenses during any one period of individual coverage.

Covered Accident & Sickness Medical Expenses

Only such Medically Necessary expenses, incurred as the result of a covered Accident or Sickness, which are specifically enumerated in the following list of charges, and which are not excluded in the Exclusions section, shall be considered as Covered Expenses:

- Charges made by a Hospital for room and board, floor nursing and other services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital's average charge for semiprivate room and board accommodation.
- Charges made for Intensive Care or Coronary Care charges and nursing services.
- Charges made for diagnosis, treatment and surgery by a Doctor.
- Charges made for an operating room.

- Charges made for outpatient treatment, same as any other treatment covered on an inpatient basis. This includes ambulatory surgical centers, Doctors' outpatient visits/examinations, clinic care, and surgical opinion consultations.
- Charges made for the cost and administration of anesthetics.
- Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood, transfusions, iron lungs, and medical treatment.
- Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Doctor or surgeon.
- Charges made for artificial limbs, eyes, larynx, and orthotic appliances, but not for replacement of such items.
- Local transportation to or from the nearest Hospital or to and from the nearest Hospital with facilities for required treatment. Such transportation shall be by licensed ground ambulance only.
- Charges for physiotherapy, if recommended by a Doctor for the treatment of a specific Injury or Sickness and administered by a licensed physiotherapist.
- Nervous or Mental Disorders are 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.
- Accidental dental charges for emergency dental repair or replacement to natural teeth damaged as a result of a covered Injury including expenses incurred for services or medications prescribed, performed or ordered by dentist.
- With respect to Palliative Dental, an eligible Dental condition shall mean emergency pain relief treatment to natural teeth up to $500 ($250 maximum per tooth).
- Pregnancy, childbirth or miscarriage.
- Charges due to a Pre-Existing Condition are covered up to $10,000 on a primary basis. Any remaining costs are payable secondary to any other insurance plan, up to the maximum of $100,000.
- Therapeutic termination of pregnancy is covered up to a maximum of $500.
- Newborn Nursery Care is covered up to the maximum of $500.
- Diagnosis and treatment of Biologically Based Mental Illness. "Biologically Based Mental Illness" means schizophrenia, schizoaffective disorder, major depressive disorder, bipolar disorder, paranoia and other psychotic disorders, obsessive-compulsive disorder, and panic disorder, as those terms are defined in the most recent edition of the diagnostic and statistical manual of mental disorders published by the American psychiatric association.
- Routine patient care administered to an Insured Person participating in any stage of an eligible cancer clinical trial.
- Charges for the replacement of broken eyeglasses or lost contacts.

Extension of Benefits

Medical benefits are automatically extended 30 days after expiration of Insurance for conditions first diagnosed or treated during or related to your overseas study program with University of Cincinnati. Benefits will cease at 12:00 a.m. on the 31st day following Termination of Insurance. Benefits are only payable to the extent that Covered Expenses are not payable under any other domestic health care plan.

Emergency Medical Reunion

When an Insured Person is hospitalized for more than 6 consecutive days, We will reimburse for expenses incurred for travel, meals and lodging for one individual selected by the Insured Person, from the Insured Person's current Home Country to the location where the Insured Person is hospitalized, subject to the Benefit Maximum and Daily Benefit shown in the *Schedule of Benefits*.

We will also pay this benefit if the Insured Person was the victim of a Felonious Assault. "Felonious Assault" means a violent or criminal act reported to the local authorities which was directed at the Insured Person during the course of, or an attempt of, a physical assault resulting in serious Injury, kidnapping or rape.

Trip Delay Benefit

We will reimburse Covered Expenses up to $150 per person per day subject up to 10 days subject to a $1,500 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;
- 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 theft.

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.

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.

Emergency Medical Evacuation Benefit

We will pay benefits for Covered Expenses incurred up to the maximum limit stated in the *Schedule of Benefits*, if a Medical Emergency commencing during the Period of Coverage results in the Emergency Medical Evacuation of the Insured Person. The Insured Person's Doctor must certify that the severity of the Insured Person's Medical Emergency requires an Emergency Medical Evacuation. Benefits will not be payable unless the Assistance Company authorizes in advance, and services are rendered by the Assistance Company. All transportation arrangements must be by the most direct and economical route.

Covered Expenses include Medical Transportation, Dispatch of a Doctor or Specialist, Return of Dependent Child(ren), Escort Services, and Transportation After Stabilization.

Repatriation of Mortal Remains Benefit

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

Benefits will not be payable unless the Assistance Company authorizes in advance, and services are rendered by the Assistance Company. All transportation arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the Usual and Customary Charges for similar transportation in the locality where the expense is incurred.

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

Security Evacuation (Comprehensive)

Coverage (up to the amount shown in the Brochure's *Schedule of Benefits*, Security Evacuation) is provided for security evacuations for specific Occurrences. To view the covered Occurrences and to download a detailed PDF of this brochure, please go to the following web page: https://www.culturalinsurance.com/wp-content/uploads/sites/9/pdf/Security_Evac_Enhanced-Comprehensive-Plan_ACE-Chubb.pdf. Benefits are subject to the Maximum Limit shown in the *Schedule of Benefits*.

Exclusions and Limitations

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

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

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

- Charges for treatment which is not Medically Necessary.
- Charges for treatment which exceed Reasonable and Customary charges.
- Charges incurred for surgery or treatments which are experimental/investigational, or for research purposes.
- Services, supplies or treatment, including any period of Hospital confinement, which were not recommended, approved and certified as Medically Necessary and reasonable by a Doctor.
- War or any act of war, whether declared or not.
- Injury sustained while participating in professional athletics.
- Routine physicals, immunizations, or other examinations where there are no objective indications or impairment in normal health, and laboratory, diagnostic or x-ray examinations, except in the course of an Injury or Sickness established by a prior call or attendance of a Doctor.
- Treatment of the temporomandibular joint.
- Any treatment, service or supply not specifically covered by the Policy.
- Services or supplies performed or provided by a Relative of the Insured Person, or anyone who lives with the Insured Person.
- Cosmetic or plastic surgery, except as the result of a covered Injury.
- Elective Surgery or Elective Treatment which can be postponed until the Insured Person returns to his/her Home Country or Permanent Residence, where the objective of the trip is to seek medical advice, treatment or surgery.
- Treatment and the provision of false teeth or dentures, normal hearing tests and the provision of hearing aids.
- Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by an Injury incurred while insured hereunder.
- Treatment while confined primarily to receive custodial care, educational or rehabilitative care, or nursing services.
- Congenital abnormalities and conditions arising out of or resulting therefrom.
- Expenses as a result of or in connection with the commission of a felony offense.
- Injury sustained while taking part in mountaineering where ropes or guides are normally used; hang gliding; parachuting; bungee jumping; racing by horse, motor vehicle or motorcycle; parasailing.
- Treatment paid for or furnished under any mandatory government program or facility set up for treatment without cost to any individual.
- Injuries for which benefits are payable under any no-fault automobile insurance policy.
- Routine dental treatment.
- Drugs, treatments or procedures that either promote or prevent conception, or prevent childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion.

- Treatment for human organ tissue transplants and related treatment.
- Weak, strained or flat feet, corns, calluses, or toenails.
- Diagnosis and treatment of acne.
- Injury sustained while the Insured Person is riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting from, any type of aircraft.
- Dental care, except as the result of Injury to natural teeth caused by a Covered Accident, unless otherwise covered under this Policy.

In addition to the Policy Exclusions, We will not pay Lost Checked Baggage Benefits for:

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

We may recover any benefits paid under the Policy to the extent an Insured Person is paid for the same Injury or Sickness by a third party, another insurer, or the Insured Person's uninsured motorists insurance. We may only be reimbursed to the amount of the Insured Person's recovery. Further, if the Insured Person does not cooperate with Us in pursuing subrogation, We have the right to offset future benefits payable to the Insured Person under the Policy against such recovery.

We may file a lien in an Insured Person's action against the third party and have a lien on any recovery that the Insured Person receives whether by settlement, judgment, or otherwise, and regardless of how such funds are designated. We shall have a right to recovery of the full amount of benefits paid under the Policy for the Injury or Sickness, and that amount shall be deducted first from any recovery made by the Insured Person. We will not be responsible for the Insured Person's attorney's fees or other costs.

Upon request the Insured Person must complete the required forms and return them to Us or Our authorized agent. The Insured Person must cooperate fully with Us or Our representative in asserting its right to recover. The Insured Person will be personally liable for reimbursement to Us to the extent of any recovery obtained by the Insured Person from any third party. If it is necessary for Us to institute legal action against the Insured Person for failure to repay Us, the Insured Person will be personally liable for all costs of collection, including reasonable attorneys' fees.

Definitions

Company shall be ACE American Insurance Company.

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

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

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

Dependent Dependent means an Insured's lawful spouse or an Insured's unmarried child, from the moment of birth to age 28.

A child, for eligibility purposes, includes an Insured's: 1. natural child, without regard to the fact that the child: a. was born out of wedlock; b. is claimed as a dependent on the Insured's federal income tax return; and c. does not reside with the insured or in Our service area; 2. adopted child, beginning at the time the child is placed with the Insured for adoption, and under the same terms and conditions as apply to the Insured's natural child, irrespective of whether the adoption has become final; and 3. stepchild.

A Dependent may also include any person related to the Insured by blood or marriage and for whom the Insured 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 incapable of self-sustaining employment by reason of mental retardation or physical handicap; and 2) depends primarily on the Insured for support and maintenance. The Insured must send Us satisfactory proof that the child meets these conditions within 31 days of the child's attainment of the limiting age. We will not ask for proof more than once a year after the two-year period following the child's attainment of the limiting age.

If the Insured has elected coverage for a Dependent child, any newly born child of the Insured will be covered from the moment of birth for 31 days. Coverage may be continued beyond this time period if the Insured notifies Us within 31 days of the child's birth and pays any required premium.

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

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

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

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

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

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

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

Home Country means the country where an Insured Person has his or her true, fixed and permanent home and principal establishment or the United States. Coverage under this Policy is extended to U.S. citizens traveling to U.S. Territories.

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

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

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

Medically Necessary or **Medical Necessity** means 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.

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

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

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

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

U.S. Territories means lands that are directly overseen by the United States Federal Government. A list of these territories would include the United States Virgin Islands, Guam, American Samoa, Northern Mariana Islands, and Puerto Rico.

We, Our, Us means the insurance company underwriting this insurance.

IMPORTANT NOTICE

This policy provides travel insurance benefits for individuals traveling outside of their home country. This policy does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy a person's individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA). For more information about the ACA, please refer to www.HealthCare.gov

This information provides a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the policy issued in the state in which the policy was delivered under form number AH-15090. Complete details may be found in the policy on file at your school's office. The policy is subject to the laws of the state in which it was issued. Please keep this information as a reference.