World Class Coverage Plan

designed for

Policyholder:SRAS

CISI
CULTURAL INSURANCE SERVICES INTERNATIONAL

Effective: 08/01/2022-07/31/2023

Policy Package # STB009989209

Administered by Cultural Insurance Services International

Underwritten by Arch Insurance Company

mycisi.com | 800.303.8120

MEDICAL EMERGENCY SECURITY

World Class Coverage Plan *designed for*

Policyholder: SRAS

Effective 08/01/2022-07/31/2023

Plan Package: STB009989209

All school sponsored educational programs within a 12-month period. Coverage for any Insured Person shall not begin prior to the effective date listed above or exceed 10 months.

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

Insurance coverage included in this package is underwritten by Arch Insurance Company, a Missouri Corporation (NAIC # 11150), Coverage is subject to actual policy language.

Assistance Provider: AXA Assistance

Question(s) or need assistance?

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

Team Assist (24/7/365) – AXA Assistance: Phone: (443) 470-3043 **|** (855) 951-2326 **| E-mail:** medassist-usa@axa-assistance.us

The following outlines coverage included under Plan Package STB009989209. This package includes 2 policies: Policy STB009989209 and Policy STB009989209-A and the Team Assist Plan (TAP). Coverage described under Section I is provided under Policy STB009989209. Coverage described under Section II is provided under policy STB009989209-A.

SCHEDULE OF BENEFITS & SERVICES

INSURANCE COVERAGE UNDER SECTION I	
INSURANCE BENEFITS	**MAXIMUM LIMITS**
Accidental Death and Dismemberment Per Insured Person	$10,000
Medical expenses (per Covered Accident or Sickness):	
Deductible	zero
Benefit Maximum	$250,000 at 100%
Trip Cancellation	up to $1,000
INSURANCE COVERAGE UNDER SECTION II	
INSURANCE BENEFITS	**MAXIMUM LIMITS**
Emergency Medical Reunion	up to $2,000 (incl. hotel/meals, max $100/day)
Emergency Medical Evacuation/Repatriation	$150,000
Return of Mortal Remains	$100,000
Baggage and Personal Effects	($50 deductible, $100 per article) $200 max
NON-INSURANCE SERVICES	
Team Assist Plan (TAP): 24/7 medical, travel, technical assistance	
Security Evacuation (Comprehensive)	$100,000

This is a brief description of coverage provided and is subject to the terms, conditions, limitations and exclusions of the policy. Please see the policy for complete details. Coverage may vary or may not be available in all states. *In the event of any conflict between this summary of coverage and the policy, the policy will govern. The policy is a short-term policy, with limited benefits, renewable only at the option of the insurer.* This insurance is not an alternative or replacement to comprehensive medical or major medical coverage. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.

INSURANCE COVERAGE UNDER SECTION I AND SECTION II

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 & Services*. Benefits shall be payable to either the Insured Person or the Service Provider for Covered Expenses incurred outside the Insured Person's 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 52 weeks 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.

INSURANCE COVERAGE UNDER SECTION I

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 the Insured is entitled, is payable for all losses resulting from the same accident. Maximum aggregate benefit per occurrence is $1,000,000.

Accident and Sickness Medical Expense Benefit

The Company will pay Covered Expenses due to Accident or Sickness only, as per the limits stated in the *Schedule of Benefits & Services*. Coverage is limited to Covered Expenses incurred subject to Exclusions. All bodily Injuries sustained in any one Covered Accident shall be considered one Disablement, all bodily disorders existing simultaneously which are due to the same or related causes shall be considered one Disablement. If a Disablement is due to causes which are the same or related to the cause of a prior Disablement (including complications arising there from), the Disablement shall be considered a continuation of the prior Disablement and not a separate Disablement.

Treatment of an Injury or Sickness must occur within 30 days of the Accident or onset of the Sickness.

When a covered Injury or Sickness is incurred by the Insured Person the Company will pay Reasonable and Customary medical expenses excess of the Deductible and Coinsurance as stated in the *Schedule of Benefits & Services*. In no event shall the Company's maximum liability exceed the maximum stated in the *Schedule of Benefits & Services* as to Covered Expenses during any one period of individual coverage.

The Deductible and Coinsurance amount consists of Covered Expenses which would otherwise be payable under the Policy. These expenses must be borne by the Insured Person.

Covered Expenses

For the purpose of the Accident and Sickness Medical Expense Benefit, only such expenses, incurred as the result of a Disablement, 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 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 Physician.
- 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, Physicians' 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, and medical Treatment.
- Charges for physiotherapy, if recommended by a Physician for the Treatment of a specific Disablement and administered by a licensed physiotherapist. Physiotherapy 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 illness. The overall maximum coverage per injury or illness is $500.00 which includes x-ray and evaluation charges.
- Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Physician.
- 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, within the metropolitan area in which the Insured Person is located at that time the service is used. If the Insured Person is in a rural area, then qualified licensed ground ambulance transportation to the nearest metropolitan area shall be considered a Covered Expense.
- Nervous or Mental Disorders: are payable, a) up to $1,000 for outpatient treatment; or b) up to $5,000 on an inpatient basis. The Company shall not be liable for more than one such inpatient or outpatient occurrence per lifetime under the Policy with respect to any one Insured.
- With respect to Accidental Dental, an eligible Dental condition shall mean emergency dental repair or replacement to sound, natural teeth damaged as a result of a covered Accident.
- 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).

- Medical expenses incurred for Treatment of sports related accidents. NCAA, Interscholastic, and Amateur sports are excluded.

Trip Cancellation (Program Refund)

Trip Cancellation coverage provides benefits up to the maximum stated in the *Schedule of Benefits & Services*, Trip Cancellation, Trip Cancellation Limit, for Loss(es) the Insured Person incurs for trips if cancelled prior to departure. Coverage is provided for losses (after the Effective Date) the Insured Person incurs due to the cancellation of the Insured Person's trip if caused by:

a) Sickness, Accidental Injury or death of the Insured Person (or Relative), which results in medically imposed restrictions as certified by a Physician at the time of loss preventing the Insured's continued participation in the Trip. A Physician must advise cancellation of the Trip on or before the Scheduled Departure Date: 1) The Insured Person's (or Relative's) Sickness or Injury. The severity or acuteness of the condition must be so disabling as to reasonably cause the Trip to be cancelled and a Physician has recommended that due to the severity of the condition it is Medically Necessary that the Insured Person (or Relative) cancels the trip. The Insured Person must be under the direct care and attendance of a Physician. 2) Death of the Insured Person, or Relative.

For all of the above situations, the incident that causes cancellation must occur within 30 days of the scheduled travel dates.

b) The Insured Person being hijacked, quarantined at the Insured Person's home;

c) The Insured Person who is on active military duty in the United States Armed Forces: has their personal leave revoked within 10 days prior to the departure date (as long as such revocation is in writing by a superior officer and is not due to war-related situations, invocation of the War Powers Act, base or unit mobilization, unit reassignment for any reason, or disciplinary action); or are personally reassigned within 10 days prior to the departure date, whether temporary or permanent.

The Company will reimburse for the following:

- The amount of forfeited, and prepaid, and non-refundable unused payments or deposits that the Insured Person paid for the Covered Trip.

In no event shall the amount reimbursed exceed the lesser of the amount the Insured Person prepaid for the Covered Trip or the maximum benefit shown on the *Schedule of Benefits & Services*.

Exclusions for Section I

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

- Disease of any kind; Sickness of any kind.
- Bacterial infections except pyogenic infection which shall occur through an accidental cut or wound.
- Service in the military, naval or air service of any country.
- While riding or driving in any kind of competition.
- 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.
- Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war; mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power.
- Injury sustained while the Insured Person is riding as a passenger in any aircraft (a) not having a current and valid Airworthy Certificate and (b) not piloted by a person who holds a valid and current certificate of competency for piloting such aircraft.
- Injury occasioned or occurring while the Insured Person is committing or attempting to commit a felony or to which a contributing cause was the Insured Person being engaged in an illegal occupation.

For all other benefits under Section I, the Insurance does not cover:

- Pre-existing Conditions, except as defined in the policy (this exclusion does not apply to Emergency Medical Evacuation and Return of Mortal Remains).

  Injury or Illness claim which is not presented to the Company for payment within 12 months of receiving treatment.
- 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 Physician.
- Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war; mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power.

- Injury sustained while participating in professional athletics.
- Injury sustained while participating in Amateur or Interscholastic Athletics.
- Routine physicals, immunizations, or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or x-ray examinations, except in the course of a Disablement established by a prior call or attendance of a Physician, unless otherwise covered under the policy.
- Treatment of the Temporomandibular joint.
- Vocational, speech, recreational or music therapy.
- Services or supplies performed or provided by a Relative of the Insured Person, or anyone who lives with the Insured Person.
- Travel arrangements that were neither coordinated by nor approved by the Assistance Company in advance, unless otherwise specified.
- Cosmetic or plastic Surgery, except as the result of a covered Accident; for the purposes of the Policy, treatment of a deviated nasal septum shall be considered a cosmetic condition.
- Elective Surgery or Elective Treatment which can be postponed until the Insured Person returns to his/her Home Country, where the objective of the trip is to seek medical advice, treatment or Surgery.
- Treatment and the provision of false teeth or dentures, normal ear tests and the provision of hearing aids.
- Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eyeglasses or for the fitting thereof, unless caused by Accidental bodily Injury incurred while insured hereunder.
- Congenital abnormalities and conditions arising out of or resulting there from.
- Expenses as a result 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 other individual or group policy (including no-fault automobile) or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for treatment without cost to any individual.
- Dental care, except as the result of Injury to natural teeth caused by Accident, unless otherwise covered under the Policy.
- Routine Dental Treatment.
- Drug, treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion.
- Treatment for human organ tissue transplants or bone marrow transplants and their related treatment.
- Expenses incurred while the Insured Person is in their Home Country, unless otherwise covered under the Policy.
- Weak, strained or flat feet, corns, calluses, or toenails.
- Diagnosis and treatment of acne.
- Sex change operations, or for treatment of sexual dysfunction or sexual inadequacy.
- Weight reduction programs or the surgical treatment of obesity.
- Covered Expenses incurred for which the trip to the host country was undertaken to seek medical treatment for a condition.

INSURANCE COVERAGE UNDER SECTION II

Emergency Medical Reunion

When an Insured Person is hospitalized for more than **6 days**, the Company will arrange and pay for round-trip economy-class transportation for one individual selected by the Insured Person, from the Insured Person's Home Country to the location where the Insured Person is hospitalized and return to the current Home Country. Coverage is also provided **immediately (to up to 10 days)** following a felonious assault (i.e., theft or rape) for victims needing the support of a family member or friend. The benefits payable 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 & Services*, Emergency Medical Reunion.

All transportation in connection with an Emergency Medical Reunion must be pre-approved and arranged by the Assistance Company.

Emergency Medical Evacuation Benefit

The Company will pay, subject to the limitations set out herein, for Covered Emergency Evacuation Expenses reasonably incurred if the Insured suffers an Injury or Emergency Sickness that warrants his or her Emergency Evacuation while covered under the Policy. Benefits payable are subject to the Maximum Amount per Insured shown on the *Schedule of Benefits & Services* for all Emergency Evacuations due to all Injuries from the same Accident or all Emergency Sicknesses from the same or related causes.

A legally licensed Physician, in coordination with the Assistance Company, must order the Emergency Evacuation and must certify that the severity of the Insured's Injury or Emergency Sickness warrants his or her Emergency Evacuation to the closest adequate medical facility. It must be determined that such Emergency Evacuation is required due to the inadequacy of local facilities.

The certification and approval for Emergency Evacuation must be coordinated through the most direct and economical conveyance and route possible, such as air or land ambulance, or commercial airline carrier.

Covered Emergency Evacuation Expenses are those for Medically Necessary Transportation, including Reasonable and Customary medical services and supplies incurred in connection with the Emergency Evacuation or Repatriation of the Insured. Expenses for Transportation must be: (a) recommended by the attending Physician; and (b) required by the standard regulations of the conveyance transporting the Insured, and (c) reviewed and pre-approved by the Assistance Company.

Return of Mortal Remains

The Company will pay the reasonable Covered Expenses incurred to return the Insured Person's body to their primary residence if he/she dies while covered under the Policy. This will not exceed the maximum stated in the *Schedule of Benefits & Services*, Return of Mortal Remains.

Covered Expenses include, but are not limited to, expenses for embalming, cremation, casket for transport and transportation.

All Covered Expenses in connection with a return of mortal remains must be pre-approved and arranged by an Assistance Company representative appointed by the Company.

Baggage & Personal Effects

The Company will reimburse the Insured Person, up to the amount stated in the *Schedule of Benefits & Services*, Baggage and Personal Effects, for theft or damage to baggage and personal effects, checked with a Common Carrier, provided the Insured Person has taken all reasonable measures to protect, save and/or recover his/her property at all times. The baggage and personal effects must be owned by and accompany the Insured Person at all times. There will be a per article limit as shown on the *Schedule of Benefits & Services*. The Company will pay the lesser of the following:

a) The actual cash value (cost less proper deduction for depreciation at the time of loss, theft or damage);

b) The cost to repair or replace the article with material of a like kind and quality; or

c) Per article as stated on the *Schedule of Benefits & Services*.

Exclusions for Section II

For benefits under Section II, the Insurance does not cover:

- Charges for treatment which is not Medically Necessary.
- Travel arrangements that were neither coordinated by nor approved by the Assistance Company in advance, unless otherwise specified.
- Expenses as a result or in connection with the commission of a felony offense.
- Covered Expenses incurred for which the trip to the host country was undertaken to seek medical treatment for a condition.

For benefits listed in Schedule of Benefits & Services, Baggage Loss, this Insurance does not cover:

- Aircraft, automobiles, automobile equipment, motors, motorcycles, bicycles (except bicycles when checked as baggage with a common carrier,) boats or other conveyances or their accessories;
- Animals;
- Artificial teeth or limbs, hearing aids;
- Sunglasses, contact lenses or eyeglasses;
- Documents of any kind, including but not limited to documents, bills, currency, deeds, evidences of debt, letters of credit, stamps, credit cards, money, notes, securities, transportation or other tickets;
- household furnishings.

GENERAL PROVISIONS FOR BOTH SECTION I AND SECTION II

Subrogation

To the extent the Company pays for a loss suffered by an Insured, the Company will take over the rights and remedies the Insured had relating to the loss. This is known as subrogation. The Insured 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's rights, the Insured must sign an appropriate subrogation form supplied by the Company.

Definitions

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

Benefit Period means the allowable time period the Insured Person has from the date of Injury or onset of Illness to receive Treatment for a covered Injury or Illness. If the Insured Person's plan terminates during the Benefit Period, the Insured Person will still be eligible to receive Treatment so long as the Treatment is within the Benefit Period and outside the Insured Person's Home Country.

Common Carrier means any land, sea, and/or air conveyance operating under a valid license for the transportation of passenger for hire.

Company shall be Arch Insurance Company.

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

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

Disablement means an Illness or an Accidental bodily Injury necessitating medical treatment by a Physician as defined in the policy.

Effective Date means the date the Insured Person's coverage under the Policy begins. The Effective Date of the Policy is the later of the following: 1) The Date the Company receives a completed Application and premium for the Policy Period; or 2) The Effective Date requested on the Application; or 3) The Date the Company approves the Application.

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

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.

Experimental/Investigational means all services or supplies associated with: 1) Treatment or diagnostic evaluation which is not generally and widely accepted in practice of medicine in the United States of America or which does not have evidence of effectiveness documented in peer reviewed articles in medical journals published in the United States. For the Treatment or diagnostic evaluation to be considered effective such articles should indicate that it is more effective than others available: or if less effective than other available Treatments or diagnostic evaluations, is safer or less costly; 2) A drug which does not have FDA marketing approval; 3) A medical device which does not have FDA marketing approval; or has FDA approval under 21 CFR 807.81, but does not have evidence of effectiveness for the proposed use documented in peer reviewed articles in medical journals published in the United States. For the device to be considered effective, such articles should indicate that it is more effective than other available devices for the proposed use; or if less effective than other available devices, or is safer or less costly. The company will make the final determination as to whether a service or supply is Experimental/Investigational.

Family Member means a spouse, parent, sibling or Child of the Insured Person.

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

Hospital as used in the Policy means a place that 1) is legally operated for the purpose of providing medical care and Treatment to sick or injured persons for which a charge is made that the Insured is legally obligated to pay in the absence of insurance; 2) provides such care and Treatment in medical, diagnostic, or surgical facilities on its premises, or those prearranged for its use; 3) provides 24-hour nursing service under the supervision of a Registered Nurse at all times; and 4) operates under the supervision of a staff of one or more Doctors. Hospital also means a place that is accredited as a hospital by the Joint Commission on Accreditation of Hospitals, American Osteopathic Association, or the Joint Commission on Accreditation of Health Care Organizations (JCAHO). Hospital does not mean: a convalescent, nursing, or rest home or facility, or a home for the aged; a place mainly providing custodial, educational, or rehabilitative care; or a facility mainly used for the Treatment of drug addicts or alcoholics.

Illness wherever used in the Policy means sickness or disease of any kind contracted and commencing after the Effective Date of the Policy.

Injury wherever used in the Policy means accidental bodily injury or injuries caused by an accident. The Injury must be the direct cause of the loss, independent of disease, bodily infirmity or other causes. Any loss due to Injury must begin after the Effective Date of the policy.

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

Medically Necessary or **Medical Necessity** means services and supplies received while insured that are determined by the Company to be: 1) appropriate and necessary for the symptoms, diagnosis, or direct care and treatment of the Insured Person's medical conditions; 2) within the standards the organized medical community deems good medical practice for the Insured Person's condition; 3) not provided solely for educational purposes or primarily for the convenience of the Insured Person, the Insured Person's Physician or another Service Provider or person; 4) not Experimental/ Investigational or unproven, as recognized by the organized medical community, or which are used for any type of research program or protocol; and 5) not excessive in scope, duration, or intensity to provide safe and adequate, and appropriate treatment. For Hospital stays, this means that acute care as an Inpatient is necessary due to the kinds of services the Insured Person is receiving or the severity of the Insured Person's condition, in that safe and adequate care cannot be received as an Outpatient or in a less intensified medical setting. The fact that any particular Physician may prescribe, order, recommend, or approve a service, supply, or level of care does not, of itself, make such Treatment Medically Necessary or make the charge of a Covered Expense under the Policy.

Mental and Nervous Disorder means any condition or disease listed in the most recent edition of the International Classification of Diseases as a mental disorder, which exhibits clinically significant behavioral or psychological disorder marked by a pronounced deviation from a normal healthy state and associated with a present painful symptom or impairment in one or more important areas of *functioning*. This disease must not be merely an expectable response to a particular chemical stimulus. Mental Illness does not mean learning disabilities, attitudinal disorders or disciplinary problems.

Physician as used in the Policy means a Doctor of medicine or a Doctor of osteopathy licensed to render medical services or perform Surgery in accordance with the laws of the jurisdiction where such professional services are performed, however, such definition will exclude chiropractors and physiotherapists.

Pre-existing Condition for the purposes of the Policy means 1) a condition that would have caused person to seek medical advice, diagnosis, care or treatment during the 365 days prior to the Effective Date of coverage under the Policy; 2) a condition for which medical advice, diagnosis, care or treatment was recommended or received during the 365 days prior to the Effective Date of coverage under the Policy.

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

For a Service Provider who has a reimbursement agreement, the Reasonable and Customary charge is equal to the amount that constitutes payment in full under any reimbursement agreement with the Company.

If a Service Provider accepts as full payment an amount less than the negotiated rate under a reimbursement agreement, the lesser amount will be the maximum Reasonable and Customary charge.

The Reasonable and Customary charge is reduced by any penalties for which a Service Provider is responsible as a result of its agreement with the Company.

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.

Service Provider shall mean a Hospital, convalescent/skilled nursing facility, ambulatory surgical center, psychiatric Hospital, community mental health center, residential Treatment facility, psychiatric Treatment facility, alcohol or drug dependency Treatment center, birthing center, Physician, Dentist, chiropractor, licensed medical practitioner, Registered Nurse, medical laboratory, assistance service company, air/ground ambulance firm, or any other such facility that the Company approves.

Sickness means illness or disease contracted and causing loss commencing while the Policy is in force as to the Insured Person whose Sickness is the basis of claim. Any complication or any condition arising out of a Sickness for which the Covered Person is being treated or has received Treatment will be considered as part of the original Sickness.

Surgery shall mean an invasive diagnostic procedure; or the Treatment of Illness or Injury by manual or instrumental operations performed by a Physician while the patient is under general or local anesthesia.

Plan Package STB009989209 includes Policy STB009989209 and Policy STB009989209-A. Coverage under Section I is provided under Policy STB009989209. Coverage under Section II is provided under policy STB009989209-A.

This is a brief description of coverage provided and is subject to the terms, conditions, limitations and exclusions of the policy. Please see the policy for complete details. Coverage may vary or may not be available in all states. *In the event of any conflict between this summary of coverage and the policy, the policy will govern. The policy is a short-term policy, with limited benefits, renewable only at the option of the insurer.* This insurance is not an alternative or replacement to comprehensive medical or major medical coverage. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.

TEAM ASSIST PLAN (TAP): TRAVEL ASSISTANCE SERVICES

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 you in the event of any emergency during the term of coverage. The Team Assist Plan complements the insurance benefits provided by Policy. If you require Team Assist assistance, your ID number is your policy number. In the U.S., call (855) 951-2326, worldwide call (01-443) 470-3043 (collect calls accepted) or e-mail medassist-usa@axa-assistance.us.

Emergency Medical Transportation Services

The Team Assist Plan provides services for:

- Emergency Medical Evacuation
- Repatriation/Return of Mortal Remains

All services must be arranged through the Assistance Company.

MEDICAL ASSISTANCE

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

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

TRAVEL ASSISTANCE

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

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

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

Replacement of Lost or Stolen Airline Ticket: One telephone call to the provided 800 number will activate the AP's staff in obtaining a replacement ticket.

TECHNICAL ASSISTANCE

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

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

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

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

Security Evacuation (comprehensive) Transportation Services (Non-Insurance Feature)

Payment (up to the amount shown in the Brochure's *Schedule of Benefits & Services)* and services are provided for security evacuations for specific Occurrences. To view the covered Occurrences and to download a detailed PDF of this brochure, please go to the following web page: http://www.culturalinsurance.com/cisi_forms.asp.

CISI CULTURAL INSURANCE SERVICES INTERNATIONAL

CISI Claims Department (9-5 EST, M-F):
Phone: (800) 303-8120 | (203) 399-5130
E-mail: claimhelp@mycisi.com
Team Assist (24/7/365) – AXA:
Phone: (443) 470-3043 | (855) 951-2326
E-mail: medassist-usa@axa-assistance.us

Frequently Asked Questions (FAQs)

How will I receive my insurance information?

Once you are enrolled, you will receive an email from CISI Enrollments (enrollments@culturalinsurance.com), with the subject line '**CISI Materials**'. Attach to this email you will find the following:

- Brochure (outlining the coverage of the plan)
- ID Card
- Consulate Letter (to obtain your visa, if necessary)
- Claim Form (if you need to submit a claim)
- Link to create a login to our participant portal
- Link to our myCISI Traveler App

How do I use my CISI insurance overseas?

In the case of a **MINOR** injury or illness - Be prepared to pay for doctor visits for minor illnesses such as a sore throat or a sinus infection. Present your card to your medical provider at the time of service. 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. If they prefer to have you pay for any medical services, medicines, or equipment out-of-pocket at the time of your visit, hold onto all documents, bills and receipts, and submit them along with a claim form to CISI for reimbursement.

In the case of a **SERIOUS** injury or illness - **For all emergencies, seek help without delay at the nearest facility and then, after admittance, open up a case with AXA (our 24/7 assistance provider).** Our goal is to have the hospital or facility bill us directly. *If personal payment has already been processed, we can expedite reimbursement.* CISI has the ability to pay by check or wire transfer to foreign hospitals when necessary/requested. AXA is also able to guarantee/make payments when necessary (CISI then reimburses AXA).

How do I locate a medical provider and/or hospital?

For help locating a provider overseas, you can do either of the following: 1) Contact the **assistance team** (**AXA**) by calling the collect number on you insurance ID card (also provided at the top of this page); *OR* 2) log into your **myCISI portal** *or* through the **myCISI Traveler App** and click on '**Provider Search**'. Select your Country and City, and a list of providers will populate. Please note that you can seek treatment at any medical facility abroad. There is no in-network nor out-network restrictions.

Are there in-network or out-of-network restrictions?

No, you can seek treatment at any medical facility abroad. There are no in-network nor out-network restrictions.

How do I submit a claim and what needs to be submitted?

If you seek medical treatment for an Injury or Illness while abroad and pay out-of-pocket, you are eligible to submit a claim. Claims should be submitted for processing as soon as possible (and no later than one year after treatment was received, if possible). **Step 1:** Fully complete and sign the medical claim form for each occurrence, indicating whether the Doctor/Hospital has been paid. **Step 2:** Attach itemized bills for all amounts being claimed and documentation. *We recommend you provide us with a copy and keep the originals for yourself. **Step 3:** You can submit claims by mail: 1 High Ridge Park, Stamford, CT 06905, e-mail: claimhelp@mycisi.com, or by fax: (203) 399-5596.
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 e-mail claimhelp@mycisi.com.*

How long will it take to be reimbursed for 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.

Where can I access additional claim forms?

The claim form is provided at the end of your brochure, attached to your welcome e-mail, and on the **myCISI Participant Portal**. Please follow the directions on the top of the form on how-to submit your claim and the necessary documentation you will need to submit with it in order to receive reimbursement.

I misplaced my medical ID card. What should I do?

If you have the **myCISI Traveler App**, your will find your card and information in the palm-of-your-hand. You can also reprint it from your welcome e-mail; or sign into your myCISI portal and access it there. Another option is to dial (800) 303-8120 or email claimhelp@mycisi.com or enrollments@mycisi.com we can easily email you a new ID card within a few minutes.

Questions related to COVID-19?

Visit our COVID-19 FAQ webpage: https://www.culturalinsurance.com/COVID-questions.asp

Questions about the benefits and coverages outlined in the brochure?

Email claimhelp@mycisi.com or call (203) 399-5130 or toll-free at (800) 303-8120.

Cultural Insurance Services International – Claim Form

- **Program Name:** SRAS
- **Policy Number:** 22 STB009989209
- **Participant ID Number** (from the front of your insurance card)**:**

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

Instructions:

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

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

***IMPORTANT:** *If your claim pertains to an Accident, the 'IF IN AN ACCIDENT' section MUST be completed. If your claim pertains to a Sickness/Illness, the 'IF SICKNESS/ILLNESS' section MUST be completed. Failure to complete one of these sections (whichever section pertains to your claim), will cause a delay as we will request for you to complete this form again to include this necessary information in order to process your claim.*

► NAME AND CONTACT INFORMATION OF THE INSURED

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

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

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

Address Abroad: _____

E-mail Address: _____ Phone Number: _____

► IF IN AN ACCIDENT***

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

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

_____

► IF SICKNESS/ILLNESS***

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

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

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

► REIMBURSEMENT***

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

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

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

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

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

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

☐ **TRIP CANCELLATION** ☐ **BAGGAGE AND PERSONAL EFFECTS** ☐ **EMERGENCY MEDICAL REUNION**

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

_____

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

► CONSENT TO RELEASE MEDICAL INFORMATION

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

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

Name (please print): _____

Signature: _____Date:_____

Cultural Insurance Services International – Claim Form Page 2

Instructions for Claim Submission on Unrelated to a Medical Incident

Trip Cancellation, you must submit:

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

Emergency Medical Reunion, you must submit:

- Proof of hospitalization, or if due to felonious assault, a report.
- Flight itinerary.
- Hotel Invoice.
- Meal Receipts.

Baggage and Personal Effects, you must submit:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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