World Class Coverage Plan

designed for

University of Wisconsin System

Travel Abroad

CISI
CULTURAL INSURANCE SERVICES INTERNATIONAL



2026-2027
Policy # GLM N19012232

Administered by
Cultural Insurance Services International

Underwritten by
ACE American Insurance Company

mycisi.com | 800.303.8120

MEDICAL EMERGENCY SECURITY

Welcome to CISI!

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

This document includes:

Important Contact Information
CISI, Team Assist, and Telehealth Service.

Get to Know Your CISI Coverage
Access your insurance materials, online resources and tools 24/7/365.

How to Seek Treatment
Minor Illness/Injury, Telehealth Service, Locate a Provider, Major Illness/Injury, Mental Health/Remote Behaviorial Health.

Team Assist – AXA Assistance
24/7/365 Medical, Travel and Technical Support.

Claim Submissions
How to submit a claim & what needs to be submitted.

Plan Brochure
Schedule of Benefits, including coverage details & exclusions.

Important Contact Information

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

For Claim or Benefit Questions:

Phone: (800) 303-8120 | (203) 399-5130
Email: inquiries@mycisi.com

To 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 - DR. PLEASE! (24/7/365):

Telehealth Service for Minor Illness or Injury. Click here for more information.

Get to Know Your CISI Coverage

Welcome Email Package

You will receive an email once you are enrolled ***from*** **CISI Enrollments** (enrollments@culturalinsurance.com), with the **subject line beginning with: CISI Materials**. **Your welcome email will contain:** this document (brochure), insurance ID card, consulate letter (for those who require a visa), CISI portal and app links, as well as a claim form.

Create a Login

Once you **are enrolled** in the CISI Coverage, you can create a login by one of two ways:

- **myCISI Participant Portal:** Click on the link within your welcome email, or go to https://www.culturalinsurance.com/ and click on **Login to myCISI**. Then go to **Continue** under the "Forgot password or Create account?".
- **CISI Traveler App:** Use the link in your welcome email, or search ***CISI Traveler***, or ***Cultural Insurance Services International*** in Google Play or the App Store. After downloading, click **Register**.

Participant Portal and CISI Traveler App Information, Tools and Resources:

Your Insurance Documents	Email, view, and/or download your insurance documents.
Provider Search	Search medical providers worldwide.
Claim Information and Submissions	Submit claim(s) online through the Participant Portal online & Check Status (not the CISI Traveler App).
Personal Security Assistance	Access security-specific information.
CISI & Team Assist Contact Information	All contact information in one place – CISI as well as Team Assist for emergent & non-emergent needs.
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.
Travel Destination Information	Get embassy contact details, country-specific information, travel alerts and warnings.

Seeking Treatment

Telehealth Service – Dr. Please! *For Minor Illnesses and Injuries*

Your plan includes a telehealth service. For **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:

EUROPE

Austria	Medical Diagnosis, Medical Advice, Prescription	**Italy**	Medical Diagnosis, Medical Advice, Prescription
Belgium	Medical Diagnosis, Medical Advice	**Netherlands**	Medical Diagnosis, Medical Advice, Prescription
Cyprus	Medical Diagnosis, Medical Advice	**Norway**	Medical Diagnosis, Medical Advice, Prescription
Czech Republic	Medical Diagnosis, Medical Advice, Prescription	**Poland**	Medical Diagnosis, Medical Advice, Prescription
Denmark	Medical Diagnosis, Medical Advice, Prescription	**Portugal**	Medical Diagnosis, Medical Advice, Prescription
Finland	Medical Diagnosis, Medical Advice, Prescription	**Spain**	Medical Diagnosis, Medical Advice, Prescription
France	Medical Diagnosis, Medical Advice, Prescription	**Sweden**	Medical Diagnosis, Medical Advice, Prescription
Germany	Medical Diagnosis, Medical Advice, Prescription	**Switzerland**	Medical Diagnosis, Medical Advice, Prescription
Greece	Medical Diagnosis, Medical Advice, Prescription	**UK (England, Scotland, Wales & Northern Ireland)**	Medical Diagnosis, Medical Advice, Prescription
Ireland	Medical Diagnosis, Medical Advice, Prescription		

AMERICAS

USA	Medical Diagnosis, Medical Advice, Prescription	**Ecuador**	Medical Diagnosis, Medical Advice
Canada	Medical Diagnosis, Medical Advice, Prescription	**Guatemala**	Medical Diagnosis, Medical Advice
Mexico	Medical Diagnosis, Medical Advice, Prescription (Rx limited reach)	**Honduras**	Medical Diagnosis, Medical Advice
Argentina	Medical Diagnosis, Medical Advice	**Nicaragua**	Medical Diagnosis, Medical Advice
Brazil	Medical Diagnosis, Medical Advice	**Panama**	Medical Diagnosis, Medical Advice
Chile	Medical Diagnosis, Medical Advice	**Paraguay**	Medical Diagnosis, Medical Advice
Colombia	Medical Diagnosis, Medical Advice	**Peru**	Medical Diagnosis, Medical Advice, Prescription
Costa Rica	Medical Diagnosis, Medical Advice	**Puerto Rico**	Medical Diagnosis, Medical Advice
Dominican Republic	Medical Diagnosis, Medical Advice	**Uruguay**	Medical Diagnosis, Medical Advice
El Salvador	Medical Diagnosis, Medical Advice		

AFRICA

Ghana	Medical Diagnosis, Medical Advice	**South Africa**	Medical Diagnosis, Medical Advice
Kenya	Medical Diagnosis, Medical Advice		

ASIA

Australia	Medical Diagnosis, Medical Advice	**Russia**	Medical Diagnosis, Medical Advice
China	Medical Diagnosis, Medical Advice	**Singapore**	Medical Diagnosis, Medical Advice
Hong Kong	Medical Diagnosis, Medical Advice	**South Korea**	Medical Diagnosis, Medical Advice
Indonesia	Medical Diagnosis, Medical Advice, Prescription (verifying Rx capability)	**Taiwan**	Medical Diagnosis, Medical Advice
Kingdom of Saudi Arabia	Medical Diagnosis, Medical Advice	**Thailand**	Medical Diagnosis, Medical Advice
New Zealand	Medical Diagnosis, Medical Advice	**Turkey**	Medical Diagnosis, Medical Advice

See a Doctor In-Person

Important: There are no in-network nor out-of-network restrictions; and you are not limited to the providers CISI and Team Assist have within their provider search lists. You can go to any provider that you choose.

Step 1: Locate A Provider

To locate a provider near you, you can use our provider search tools:

- CISI Traveler App – Provider Search; or
- CISI Participant Portal – Provider Search; or
- Call Team Assist if you need assistance.

Step 2: Schedule An Appointment

- Contact the provider to schedule an appointment. If you need assistance in doing so, contact Team Assist, AXA.
- *If the Provider is requesting a guarantee of payment before your visit, contact CISI and we can assist in placing the "GOP" for coverable expenses.*

Step 3: At Your Appointment

- **Be prepared to pay out of pocket for minor illnesses or injuries** *and keep all receipts and documentation for eligible claims.*
- Present your insurance ID card when requested. If a provider is willing to bill CISI directly, covered medical expenses can be paid directly by CISI.
- Providers may contact AXA Assistance 24/7 using the number on your insurance ID card to verify eligibility and benefits.

Frequently Asked Questions (FAQs)

Will this insurance cover the purpose of my visit?
View your plan details. Contact CISI if you have any additional questions.

Does my plan have a Deductible?
No, your plan does not have a deductible.

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.

I paid out-of-pocket. How do I submit a claim?
See the claim information page.

Major Illness or Injury: 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.

Mental Health and Remote Behaviorial Health

Mental health is extremely important. CISI works with many mental health providers abroad. You can locate a provider via the provider search within the CISI Traveler App and CISI Participant Portal. You can also contact Team Assist for referrals as well. For those in remote areas, there are mental health providers who can meet via skype/zoom. You can contact CISI for more information. **See your plan details for benefit limits.** Additional services - Remote Bahavioral Health: click here

Team Assist (TAP) – AXA Assistance

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.

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.

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

Click here or follow the instructions below.

How to Submit a Claim Online

Submit your CISI insurance claim online in minutes with a simple step-by-step process.

Step 1: Log into Your Account

Log into our Participant Portal — no paper claim form needed.

Don't have an account? Create one here using the information that matches your CISI insurance card.

Step 2: Start Your Claim

Go to the **Claim Info & Submission** tab from the portal menu.

Then click **Submit a Claim** and answer a few guided questions about your claim and payment details.

Step 3: Upload Your Documents & Submit

Attach any supporting materials (such as receipts, invoices, or medical reports) and submit your claim.

You can return anytime to check your claim status or upload additional documents.

Alternative Ways to Submit a Claim

Submit a claim by mail, email, or fax if needed. Download and complete a generic claim form, and send it alongside any pertinent documents, invoices and/or receipts. *Always double-check your claim form and reimbursement details to help prevent processing delays. If you are submitting a claim that is nonmedical, review your plan brochure before completing the claim form.*

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

Email: submityourclaim@mycisi.com

Fax: 203-399-5596

Claim Reimbursement and Claim Status

Important Information:

- U.S. mailing address is required for reimbursement by check. If you do not have a U.S. address, please include a note requesting wire payment—if approved, we'll follow up to collect the necessary banking details.
- Claims should be submitted for processing as soon as possible (and no later than one year after treatment was received).
- Claims are processed generally within 15 business days from receipt date if all information is provided to process the claim.
- **Check the status of your claim** by logging into your Participant Portal and going to the **Claim Info & Submission Tab**. Or you can contact CISI at (800) 303-8120 from 9AM to 5PM EST.

Frequently Asked Questions (FAQs)

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.

Where can I access a claim form?

If you are choosing to submit a claim by email, mail or by fax, a claim form is attached to your welcome email, posted on our website mycisi.com & within your myCISI Participant Portal. If you choose to submit a claim online, you will not need a claim form.

University of Wisconsin System

2026-2027

Policy # GLM N19012232

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	$25,000
ACCIDENT AND SICKNESS INSURANCE	
Medical expenses (per Covered Accident or Sickness):	
Deductible	zero
Benefit Maximum	$500,000 at 100%
Extension of Benefits	90 days
Home Country Coverage Limit	30 days
TRAVEL ASSISTANCE INSURANCE	
Emergency Medical Reunion	$10,000
Quarantine	$4,200
Trip Cancellation	$5,000
Trip Delay	$4,200 ($300/day)
Trip Interruption	$2,500
Chaperone Replacement Benefit	$2,500
PERSONAL PROPERTY INSURANCE	
Baggage Delay	$500
Lost Checked Baggage	$200 max (deduct. $50, $100/item)
EVACUATION AND REPATRIATION INSURANCE	
Emergency Medical Evacuation	100% of Covered Expenses (Antarctica $250,000 max)
Return of Baggage & Personal Property	$3,000 per trip
Repatriation of Mortal Remains	100% of Covered Expenses (Antarctica $250,000 max)
Return of Baggage & Personal Property	$3,000
Security Evacuation (Comprehensive)	$100,000
Transportation of Baggage & Personal Property	$3,000 per Occurrence
NON-INSURANCE SERVICES	
Team Assist Plan (TAP): 24/7 medical, travel, technical assistance	

PERSONAL LIABILITY COVERAGE			
Maximum Benefit Per Claim	$200,000	Additional Living Expenses	$10,000
Deductible per Personal Property Claim	$100	Payment of Deduct. under Homeowner's Insurance	$1,000
Medical Payments Coverage	$25,000	Aggregate Limit per Insured/Policy Aggregate	$200,000

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 Wisconsin 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

enefits are payable under the Policy for Covered Expenses incurred by an Insured Person for the items stated in the *Schedule of Benefits*. All study, intern, research, exchange, and education abroad program participants, including faculty and staff, who are enrolled as University of Wisconsin 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 Injury, 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 $2,000,000.

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 payable a) up to $10,000 for outpatient treatment; or b) up to $40,000 on an inpatient basis. We shall not be liable for more than one such inpatient or outpatient occurrence under the Policy with respect to any one Insured Person.
- Chiropractic Care 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 $1,000.
- Pregnancy, childbirth or miscarriage, if conception happens while the policy is in force.
- Charges for the replacement of broken eyeglasses or lost contacts up to a maximum benefit of $75.
- Charges due to all Pre-Existing Conditions are limited to $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.

Extension of Benefits

Medical benefits are automatically extended 90 days after expiration of Insurance for conditions first diagnosed or treated during or related to your overseas program with University of Wisconsin. Benefits will cease at 12:00 a.m. on the 91st 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.

Home Country Benefit

We will pay the benefit shown in the Schedule of Benefits when during a scheduled trip outside of the Home Country, the Insured Person returns to his or her Home Country or Permanent Residence for incidental visits provided the primary reason for the Insured Person's return to the Home Country or Permanent Residence is not to obtain medical treatment for an Injury or Sickness that occurred while traveling.
Benefits are payable under the Policy only to the extent that Covered Expenses are not payable under any other domestic health care plan.
Home Country Benefit payments are subject to any applicable Benefit Maximum shown in the Schedule of Benefits. This coverage will end on the earlier of the date the Insured Person's coverage would otherwise end or the end of the Policy Term.

Emergency Medical Reunion

We will pay up to the Benefit Maximum as shown in the *Schedule of Benefits* for expenses incurred to have up to 3 people of the Insured Person's choice to accompany the Insured Person to his or her Home Country or to the Hospital where the Insured Person is confined if the Insured Person is: 1) confined in a Hospital for at least 24 consecutive hours due to a covered Injury or Sickness; or 2) the victim of a Felonious Assault. The Family Member's travel must take place within 7 days of the date the Insured Person is confined in the Hospital, or the date of the occurrence of the 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.

In the event that a Insured Person dies as a result of a covered Injury or Sickness, We will pay the expenses incurred for emergency travel arrangements, up to the Benefit Maximum shown in the *Schedule of Benefits*, for a Family Member to accompany the mortal remains of the deceased Insured Person.

Covered expenses include round-trip economy airline ticket and other travel related expenses.

All transportation and lodging arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the usual level of charges for similar transportation or lodging in the locality where the expense is incurred.

Quarantine Benefit

We will pay expenses incurred for up to the Maximum Limit shown in the *Schedule of Benefits*, if the Insured Person is subject to a Quarantine for H1N1 Influenza/any contagious disease that prevents traveling. Symptoms of the disease causing the Quarantine must first be manifested after the start of the Trip and the Quarantine must cause an interruption or delay in the Insured Person's Trip for which suitable accommodations are not otherwise available. Benefits will end on the earlier of: (a) 14 after the Quarantine is issued; or (b) the date the Quarantine expires. Covered Expenses:

1. the reasonable expenses incurred for lodging and meals;
2. the cost of a one-way economy airfare ticket to either the Insured Person's Home Country or to re-join the group; and
3. non-refundable travel arrangements.

"Quarantine" means the period of time during which the Insured Person is forced into medical isolation by a recognized government authority, their authorized deputies, or medical examiners due to the Insured Person either having, or being suspected of having, a contagious disease, infection or contamination while the Insured Person is traveling outside of the Insured's Home Country.

Coverage is also provided for up to 1 Chaperone or 1 Family Member, who is traveling with the Insured Person when the Insured Person is subject to Quarantine.

"Chaperone" means a person who is sponsored by or associated with the Participating Organization to accompany Insured Person during the Trip.

Trip Cancellation Benefit

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

Member requires the Insured Person's care. Cancellation due to the death of a Family Member is covered only if the death occurs within 30 days of the Insured Person's scheduled Trip departure date.

Covered Expenses:

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

The Trip Cancellation Benefit includes cancellation of a trip due to Terrorism. "Terrorism" means:

1. An act of violence directed against American interests and determined by United States officials to be a terrorist act. The terrorist act must occur within any country of destination and after the Insured Person's enrollment form and premium are received for the Trip Cancellation coverage and within 45 days of the date the Insured Person is originally ticketed to travel; or
2. An act of violence directed at or occurring in an aircraft traveling or scheduled to travel where the Insured Person is ticketed to travel, that is determined by United States officials to be a terrorist act. The terrorist act must occur after the enrollment form and premium are received for the Insured Person's Trip Cancellation coverage and within 45 days of the date the Insured Person is ticketed to travel; or
3. The issuance of a Level 4 Travel Advisory (T) by the United States Department of State to avoid a country of destination to which the Insured Person is ticketed to travel. As used by the State Department, "T" means Terrorism: terrorist attacks have occurred and/or specified threats against civilians, groups, or other targets may exist. The Level 4 Travel Advisory (T) must be issued after the enrollment form and premium are received for the Insured Person's Trip Cancellation coverage and within 45 days of the date the Insured Person is ticketed to travel.

Trip Delay Benefit

We will reimburse Covered Expenses up to $300 per person per day subject up to 14 days subject to a $4,200 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.

Trip Interruption Benefit

Wewill reimburse the cost of a round-trip economy air and/or ground transportation ticket of the Insured Person's trip, if his or her trip is interrupted as the result of:

- the death of a Family Member; or

- the unforeseen Injury or Sickness of the Insured Person or a Family Member. The Injury or Sickness must be so disabling as to reasonably cause a trip to be interrupted.
- substantial destruction of the Insured Person's principal residence by fire or weather related activity; or
- a Medically Necessary covered Emergency Medical Evacuation to return the Insured Person to his or her Home Country or to the area from which he or she was initially evacuated for continued treatment, recuperation and recovery of an Injury or Sickness.

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

Chaperone Replacement Benefit

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

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

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

Baggage Delay Benefit

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

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

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, Transportation After Stabilization, and Return of Baggage and Personal Property of the Insured Person.

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, Escort Services (expenses for an Immediate Family Member or companion to join the Insured Person's body during the repatriation to the Insured Person's place of residence), and Return of Baggage and Personal Property of the Insured Person.

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: Enhanced Comprehensive Security Evacuation Benefit. 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.
- Expenses as a result of or in connection with the commission of a felony offense.

- Injury sustained while taking part in mountaineering where ropes or guides are normally used; hang gliding; parachuting; bungee jumping; racing by horse, motor vehicle or motorcycle; parasailing.
- Treatment paid for or furnished under any mandatory government program or facility set up for treatment without cost to any individual.
- Injury or Sickness covered by Workers' Compensation, Employers' Liability laws, or similar occupational benefits.
- Injuries for which benefits are payable under any no-fault automobile insurance policy.
- Routine dental treatment.
- Drugs, treatments or procedures that either promote or prevent conception, or prevent childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion.
- Treatment for human organ tissue transplants and related treatment.
- Weak, strained or flat feet, corns, calluses, or toenails.
- Diagnosis and treatment of acne.
- Injury sustained while the Insured Person is riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting from, any type of aircraft.
- Dental care, except as the result of Injury to natural teeth caused by a Covered Accident, unless otherwise covered under this Policy.

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

To the extent the Company pays for a loss suffered by an Insured Person, the Company will take over the rights and remedies the Insured Person had relating to the loss. This is known as subrogation. The Insured Person must help the Company to preserve its rights against those responsible for the loss. This may involve signing any papers and taking any other steps the Company may reasonably require. If the Company takes over an Insured Person's rights, the Insured Person must sign an appropriate subrogation form supplied by the Company.

Definitions

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 means an Insured Person's lawful spouse or an Insured's unmarried child, from the moment of birth to age 19, 25 if a full-time student, who is chiefly dependent on the Insured for support. A child, for eligibility purposes, includes an Insured's natural

child; adopted child, beginning with any waiting period pending finalization of the child's adoption; or a stepchild who resides with the Insured or depends on the Insured for financial support. 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 handicapped, 2) is not capable of self-support and 3) depends mainly on the Insured for support and maintenance. The Insured must send Us satisfactory proof that the child meets these conditions, when requested. We will not ask for proof more than once a year.

"Dependent" also means an Insured Person's Domestic Partner. "Domestic Partner" means a person of the same or opposite sex of the Insured Person who: 1) shares the Insured Person's primary residence; 2) is financially interdependent with the Insured Person in each of the following ways; a) by holding one or more credit or bank accounts, including a checking account, as joint owners; b) by owning or leasing their permanent residence as joint tenants; c) by naming, or being named by the other as a beneficiary of life insurance or under a will; d) by each agreeing in writing to assume financial responsibility for the welfare of the other. 3) has signed a Domestic Partner declaration with Insured Person, if recognized by the laws of the state in which he or she resides with the Insured Person; 4) has not signed a Domestic Partner declaration with any other person within the last 12 months; 5) is 18 years of age or older; 6) is not currently married to another person; 7) is not in a position as a blood relative that would prohibit marriage.

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, domestic partner, child, brother, sister, parent, grandparent, or 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.

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.

Pre-Existing Condition means an illness, disease, or other condition of the Insured Person within 180 days prior to the Insured Person's coverage became effective under the Policy: 1) first manifested itself, worsened, became acute, or exhibited symptoms that would have caused a person to seek diagnosis, care, or treatment; or 2) required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or 3) was treated by a Doctor or treatment had been recommended by a Doctor.

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

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

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

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, Puerto Rico, and all U.S. Minor Outlying Islands.

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.

Personal Liability Insurance Coverage (This benefit is included for primary insureds, not applicable to dependents)

We will pay the benefit shown in the *Schedule of Benefits*, on behalf of the Insured all sums which the Insured shall become legally obligated to pay as Damages for personal liability claims first made against the Insured and reported to Us, during the Policy Term that the Personal Liability Insurance Coverage is in force, arising out of any Incident covered under this Rider, provided always that such Incident occurs: a) on or after the Policy Effective Date on which this Rider becomes effective; or b) on or after the effective date of the earliest claims-made policy covering the Insured.

We will have the right and duty to defend any suit against the Insured seeking Damages to which this coverage applies even if any of the allegations of the suit are groundless, false or fraudulent. We may make such investigation and settlement of any Claim, or suit as it deems expedient. In no event, shall We be obligated to pay Damages or Claim Expenses or to defend, or continue to defend, any suit after the applicable Maximum Benefit per Claim or Aggregate Limit per Insured has been exhausted by payment of Damages.

Other Insurance:

If other valid and collectible insurance is available to the Insured for a covered loss, Our obligations are limited as follows:

a) **Primary Insurance**: This insurance is primary over the Participating Organization's liability insurance. If this insurance is primary, Our obligations are not affected unless any insurance other than the Participating Organization's insurance is also primary.

   Then we will share with all that other insurance by the Method of Sharing described in below.

b) **Method of Sharing**: If the other insurance permits the contribution by equal shares, we will follow this method also. Under this approach, each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

Medical Payments Coverage

We will pay benefits up to the Limit per Coverage Period shown in the *Schedule of Benefits,* on behalf of the Insured for Medical Expenses that are incurred or medically ascertained within 52 weeks after the date of the Incident and which result from an Incident causing Bodily Injury to: a) a person who is on the Insured Location with the permission of the Host Family; or b) a person not on the Insured Location.

Medical Expenses are defined as those expenses recommended and approved by a Doctor for hospital room and board, use of an operating room, emergency room, ambulatory medical center, fees of physicians and nurses, laboratory tests, prescription medicines or drugs, anesthetics, transfusions, diagnostic testing, and therapeutics. We will pay the benefit pursuant to this provision only after the Insured has submitted to Us, due proof of the Medical Expenses incurred. This coverage does not apply to the Insured.

Additional Living Expenses Coverage

If an Incident results in the Insured Location becoming unfit to live in, We will pay for any necessary increase in living expenses incurred by the Host Family so that the household can maintain its normal standard of living. Payment will be for the shortest time required to repair or replace the damage to the Insured Location or, if the Host Family permanently relocates, the shortest time required for the Host Family to settle elsewhere. We will pay the Host Family benefits, up to the Limit per Coverage Period shown in the *Schedule of Benefits,* on behalf of the Insured per Policy Term for Additional Living Expenses.

We will pay the benefit pursuant to this provision only after the Insured has submitted to Us due proof of the Additional Living Expenses incurred.

Payment of Deductible Under Homeowner's Insurance Coverage

If an Incident results in a claim being paid under a valid and collectible homeowner's insurance policy of the Host Family covering the Insured Location, We will pay the Host Family for the loss incurred, up to the amount of the deductible under the Host Family's homeowner's insurance policy, up to the amount shown in the S*chedule of Benefits*, per Insured per Policy Term.
We will pay the benefit pursuant to this provision only after the Insured has submitted to Us due proof of the deductible amount which was incurred.

Exclusions and Limitations

No Benefit will be payable as the result of:

- Bodily Injury or Property Damage arising out of the ownership, maintenance, operation, use, loading or unloading of any Automobile, watercraft, Mobile Equipment or aircraft owned or operated by or rented or loaned to any Insured;
- Based on or arising out of liability assumed by the Insured under any contract or agreement, except liability arising out of the performance of written duties required by the Participating Organization as part of the Covered Trip/Program;
- Arising out of discrimination on the basis of age, sex, race, religion, marital status, national origin or sexual preference by any Insured, including Personal Injury resulting there from;
- Arising from the transmission of or infection by, or the testing or the failure to test for the presence of Acquired Immune Deficiency Syndrome (AIDS), any AIDS related virus or any other disease transmitted through sexual contact or another person's body fluids;
- Dishonest, fraudulent, criminal or malicious act or omission or deliberate misrepresentation committed by, at the direction of, or with the knowledge of any Insured;
- Arising from acts by any Insured expected or intended to cause Bodily Injury or Property Damage sustained (This exclusion does not apply to Bodily Injury resulting from the use of reasonable force to protect person or property.);

- Arising from any obligation for which the Insured or any carrier as their insurer may be held liable under any worker's compensation, unemployment compensation or disability benefits law, or under any similar law;
- Property Damage to property: a) owned or being transported by the Insured, or b) rented to, occupied by or in the care of the Insured;
- Brought against any Insured alleging, in whole or part sexual assault, abuse, molestation or habitual neglect, or licentious, immoral, amoral other behavior that was threatened, committed, or alleged to have been committed, by any Insured or by any person for whom the Insured is legally responsible; however, notwithstanding the foregoing, the Insured shall be protected under the terms of this policy as to any claim and/or allegation which may be covered by the policy upon which suit may be brought against him, for any such alleged behavior by an Insured unless a judgment or a final adjudication adverse to the Insured shall establish that such behavior occurred as an essential element of the cause of action so adjudicated;
- Bodily Injury or Property Damage due to war, whether or not declared, civil insurrection, rebellion or revolution or to any act or condition incidental to any of the foregoing;
- Personal Injury to the Insured;
- Brought against any Insured arising out of the Insured's business pursuits, investments, or other for profit activities;
- Injuries caused directly or indirectly by nuclear reaction, radiation, contamination whether radioactive or not, regardless of how it was caused; or
- Injuries caused directly or indirectly by pollution or asbestos, regardless of how it was caused.

Definitions

Automobile means a land motor vehicle, trailer or semi-trailer designed for travel on public roads, including any machinery or apparatus attached thereto.

Bodily Injury means bodily injury, sickness or disease sustained by any person, including death.

Claim(s) means: a demand for money or the service of a suit naming an Insured and alleging an Incident. Claim(s) does not include proceedings seeking injunctive or other non-pecuniary relief. Punitive damages will not be covered.

Claim(s) Expenses means a) Fees charged by an attorney or attorneys designated by Us and all other fees, costs, and expenses resulting from the investigation, adjustment, defense settlement and appeal of a Claim, suit or proceeding arising in connection therewith, if incurred by Us, or incurred by the Insured with Our written consent, but does not include salary charges or expenses of regular Our employees or officials, or fees and expenses of independent adjusters; b) All costs against the Insured in such suits and all interest on the entire amount of any judgment therein which accrues after entry of the judgment and before We has paid or tendered or deposited, whether in court or otherwise, that part of the judgment which does not exceed the Our limit liability thereon; c) Premiums on appeal bonds and premiums on bonds to release attachments in such suits, but not for bond amounts in excess of the applicable limit of liability of this policy. We will have no obligation to pay for or furnish any bond; d) Up to $250 for loss of earnings to each Insured for each day or part of a day of their attendance at Our request at a trial, hearing or arbitration proceeding involving a civil suit against such Insured for covered Damages, but the amount so payable for any one or series of trials, hearings or arbitration proceedings arising out of the same Incidents will in no event exceed $5,000.

Damages means compensatory judgments, settlement or awards, but does not include punitive or exemplary damages, fines or penalties, the return of fees or other consideration paid to the Insured, or that portion of any award or judgment caused by the trebling or multiplication of actual damages under federal or state law.

Host Family means the person(s) responsible for providing the Insured's room, board, general welfare, and care while on a Covered Trip/Program.

Incident means any act or omission committed by the Insured during the Policy Term which results in Bodily Injury, Property Damage or Personal Injury, provided the act or omission committed by the Insured was during the Policy Term.

Insured Location means 1) the Host Family residence premises and the part of any other premises, structures and grounds used by the Insured; or 2) any part of a premises where an Insured is temporarily staying.

Mobile Equipment means a land vehicle (including any machine or apparatus attached thereto, whether or not self-propelled), 1) not subject to motor vehicle registration, or 2) maintained for use exclusively on premises owned by or rented to any Insured, including the ways immediately adjoining, or 3) designed for use principally off public roads, or 4) designed or maintained for the sole purpose of affording mobility to equipment of the following types forming an integral part of or permanently attached to such vehicle: power cranes, shovels, loaders, diggers and drills; concrete mixers (other than the mix-in-transit type); graders, scrappers, rollers and other construction or repair equipment; air compressors, pumps and generators, including spraying, wielding and building cleaning equipment; and geophysical exploration and well servicing equipment, or 5) anything with a motor that rolls, flies or dives, such as snowmobiles, mopeds, motorbikes, dirt bikes or 6) anything that flies such as parasails, parachutes and hang gliders.

Personal Injury mean: a) false arrest, detention or imprisonment, wrongful entry or eviction, other invasion of private occupancy, or malicious prosecution; b) the publication or utterance of a libel, slander or other defamatory or disparaging material; or c) a publication or an utterance in violation of an individual's right of privacy.

Property Damage means a) physical injury to or destruction of tangible property, including the loss of use thereof at any time resulting there from; or b) loss of use, or loss of the value of tangible property which has not been physically injured or destroyed.

This Amendatory Rider ends at the same time as the Policy.