

Question(s) or need assistance?

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

Team Assist (24/7/365) – AXA Assistance: Phone: (855) 327-1411 | (312) 935-1703 | E-mail: medassist-usa@axa-assistance.us

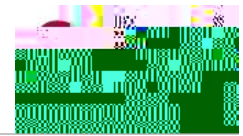
What does the CISI plan cover?

The CISI Plan is designed specifically for cultural exchange participants. In addition to providing accident and sickness insurance, the plan will cover medical evacuation and repatriation as well as security evacuations should they become necessary. And unlike many domestic insurance plans, the CISI plan will pay 100% of covered expenses without requiring a deductible.

In addition to the above, the Team Assist Plan was 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 in the event of any emergency during the term of coverage. This plan complements the insurance benefits provided by the University of South Alabama programs abroad medical plan.

Schedule of Benefits	
Coverage and Services	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%
Emergency Medical Reunion	(incl. hotel/meals, max \$150/day) \$5,000
Quarantine Benefit	\$2,500
Team Assist Plan (TAP): 24/7 medical, travel, technical assistance	
Emergency Medical Evacuation	\$100,000
Repatriation/Return of Mortal Remains	\$100,000

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 South Alabama under form number AH15090. In the event of any conflict between this Description of Coverage and the Master Policy, the Policy will govern.



Eligibility and Provisions

Benefits are payable under the Policy for Covered Expenses incurred by an Insured Person for the items stated in the Schedule of Benefits . All students and accompanying faculty and staff who are enrolled as University of South Alabama programs abroad 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 t 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

- x 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
- x 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.

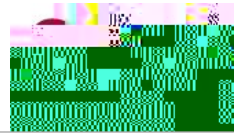
Accidental Dismemberment Benefit . If Injury to the Insured Person results, within 365 days of the date of the Covered Accident that caused the Injury, in any one of the Losses specified below, We will pay the percentage of the Benefit Amount shown below f or that Loss:

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%
Hearin g 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 perm anent Loss of Hearing in a n ear that is irrecoverable and cannot be corrected by any means. "Loss of a Thumb and Index Finger of the Same Hand" means complet e Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). "Severance" means the complete separation and dismemberment of the part from the body. If more than one Loss is sustained by an Insured Person as a result of the same Covered Accident, only one amount, the largest, will be paid. Maximum aggregate benefit per occurrence is \$1,000,000.

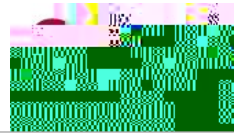
Accident and Sickness Medical Expenses

We will pay Covered Expenses due to Accident or Sickness only, as per the limits stated in the Schedule of Benefits . Coverage is limited to Covered Expenses incurred 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 Disisablemi (d)2.1 (u)3 (e)-5.1 (f)1.2 (a) (8) the same (a) 7.25 to the cause of a prior Disablement (i ((-1.5 (in)3 (c)-0.6 (lu)3.1 (d)17 (in)3 (g)-7 (k) 2.1 (u)3 (e)-5.1 (f)1.2 (a) (8) the same (a) 7.25 Treatment an 11.2 (c)-3.6 (k) Expenses duri any one period of iiiial c overe.



Covered Accident and Sickness Medical Expenses





The TAP offers these services (These services are not insured benefits)

Medical Assistance

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

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

Prescription Drug Replacement/ Shipment: Assistance will be provided in replacing lost, misplaced, or forgotten medication by locating a supplier of the same medication or by arranging for shipment of the medication as soon as possible.

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

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

Travel Assistance

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

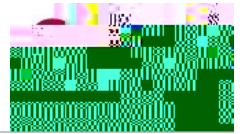
Traveler Check Replacement Assistance: The AP will assist in obtaining replacements for lost or stolen traveler checks from any company, i.e., Visa, Mastercard, American Express, etc., worldwide.

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Travel Assistance

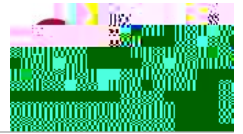
Credit Card /Passport /Important Document Replacement: The AP will assist in the replacement of any lost or stolen important document such as a credit card, passport, visa, medical record, etc. and have the documents delivered or picked up at the nearest family, and b-2 (u)3.1 (sin)3 (e)11.3 (ss a)4.7 (sso)8 (c)-0.6 (ia)4.8 (t)10.7 (e)-5.2 (s)15.2 (u)3.1 (n)3 (t)-4.2 (il le)9.8 (g)-3.2 (a)4.7 (l c)-0.6 (o)8 (u)3 (n)3.1 (se

Worldwide Inoculation Information: Infor



Claim Information

If you seek medical treatment for an Injury or Illness while abroad and pay out-of-pocket, you are eligible to submit a claim for reimbursement. A Claim Form can be found on the last two pages, on the myCISI Participant Portal, and attached to the welcome e-mail. Please follow the directions at the top of the Claim Form, and make sure to include any medical documentation you received during your visit and receipts for the out-of-pocket expenses. For your reference, below is some helpful information on h3 (j)d3.1 (a)-9.(p)-1 (a)196w 39.9 (55 0 Tc 0 7



Contact Information

For questions regarding benefits or the claim submission process, please contact CISI by phone, e-mail or mail:

To reach a CISI Claims Representative (9-5 EST M-F):

Phone: (800) 303-8120 ext. 5130 (calling toll -free from within the US)
(203) 399-5130 (calling from outside of the US, collect calls accepted)

E-mail: claimhelp@mycisi.com

Mail: Cultural Insurance Services International (CISI)
One High Ridge Park
Stamford, CT 06905

In cases of medical or security related emergency please contact our 24/7 emergency assistance provider:

Team Assist Provider: AXA Assistance

Phone: (855) 327-1411 (calling toll -free from within the US)
(312) 935-1703 (calling from outside of the US, collect calls accepted)

E-mail: medassist-usa@axa-assistance.us

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 and claimant cooperation provision .

by NAME AND CONTACT INFORMATION OF THE INSURED

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

