

World Class Coverage Plan



designed for Policyholder:

University of Wisconsin

International Visitors & Scholars



Effective 07/01/2023-07/01/2024

Plan Package # STI010052802

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: University of Wisconsin Inbound

Effective 07/01/2023-07/01/2024

Plan Package: STI010052802

All school sponsored educational programs within a 12-month period. Coverage for any Insured shall not begin prior to the effective date listed above or exceed 364 days.

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

Locate a provider through Aetna's preferred provider discount network: <https://www.culturalinsurance.com/aetna-provider-search>

The following outlines coverage included under Plan Package STI010052802. This package includes 2 policies: Policy STI010052802 and Policy STI010052802-A and the Team Assist Plan (TAP). Coverage described under Section I is provided under Policy STI010052802. Coverage described under Section II is provided under policy STI010052802-A.

SCHEDULE OF BENEFITS & SERVICES

INSURANCE COVERAGE UNDER SECTION I	
INSURANCE BENEFITS	MAXIMUM LIMITS
Accidental Death and Dismemberment Per Insured	\$10,000
Exposure and Disappearance included	
Out of Country Emergency Medical Expense:	
Deductible	\$50
Benefit Maximum	\$150,000
Scope	Primary
Maximum Benefit Period	52 weeks
Lost Baggage	(\$50 deductible, \$100 per article) \$200 max
Trip Interruption	up to \$1,500
INSURANCE COVERAGE UNDER SECTION II	
INSURANCE BENEFITS	MAXIMUM LIMITS
Accidental Death & Dismemberment Per Insured	\$1,000
Exposure and Disappearance included	
Emergency Reunion Benefit	up to \$2,500 (incl. lodging, max \$150/day and meals, max \$100/day)
Emergency Medical Evacuation	\$100,000
Repatriation of Mortal Remains	\$50,000
NON-INSURANCE SERVICES	
Team Assist Plan (TAP): 24/7 medical, travel, technical assistance	

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 for the items stated in the Insurance Benefits section of the *Schedule of Benefits & Services*. Benefits shall be payable to either the Insured or the service provider for Covered Expenses incurred outside the Insured's Home Country.

All expenses must be incurred by the Insured within 52 weeks from the date of the Covered Accident or commencement of the Sickness. The charges enumerated herein shall in no event include any amount of such charges which are in excess of Usual and Customary charges.

Accidental Death and Dismemberment Benefit

If Injury to the Insured results in any of the Covered Losses shown below, within 365 days from the date of the Covered Accident that caused the Injury, the Company will pay the percentage of the Principal Sum shown below for that loss. The Principal Sum is shown in the *Schedule of Benefits & Services*. If multiple losses occur, only one benefit, the largest, will be paid for all losses due to the same Covered Accident.

For Loss of:	Percentage of Maximum Amount:
Life	100%
Two or More Members	100%
One Member	50%
Thumb and Index Finger of the Same Hand	25%

Member means Loss of Hand or Foot, Loss of Sight, Loss of Speech and Loss of Hearing. Loss of a hand or foot means complete severance through or above the wrist or ankle joint. Loss of sight means total and permanent loss of sight of one or both eyes that is irrecoverable, including by surgical and artificial means. Loss of speech means total and permanent loss of coherent audible communication that is irrecoverable by natural, surgical or artificial means. Loss of hearing means permanent total deafness in one or both ears such that it cannot be corrected by any aid or device. Loss of thumb and index finger of the same hand means complete severance of each through or above the metacarpophalangeal joint of both digits of the same hand. Severance means the complete separation and dismemberment of the part from the body.

Exposure and Disappearance is included. Exposure and Disappearance includes unavoidable exposure to the elements following a Covered Accident or disappearance of the Insured after the forced landing; stranding; sinking; or wrecking of a Conveyance in which the Insured was traveling in during the course of a Trip which would otherwise be covered under the Policy. Additionally, Disappearance means an Insured is presumed dead as a result of a Covered Accident and the body is not found within one year of the Covered Accident. Maximum aggregate benefit per occurrence is \$1,000,000.

INSURANCE COVERAGE UNDER SECTION I

Out of Country Emergency Medical Expense Benefit

The Company will pay Out of Country Emergency Medical Benefits, subject to any applicable Deductible, sub-limits, as shown in the *Schedule of Benefits & Services* for any Covered Medical Services insured for emergency medical services to treat an Insured. Benefits are payable up to the Maximum Benefit Amount and Maximum Benefit Period shown in the *Schedule of Benefits & Services* if the Covered Person suffers a Medical Emergency:

1. during the course of a trip of 364 days or less; and
2. while traveling: a) away from the Insured's Home Country, and b) during a Covered Activity of the Policyholder.

Covered Medical Services are:

Emergency medical payments: expenses for on-site medical and hospital expenses, including but not limited to:

- Hospital semi-private room and board (or room and board in an intensive care unit); Hospital ancillary services (including, but not limited to, use of the operating room or emergency room);
- Services of a Physician or a Registered Nurse (R.N.);
- Ambulance service to or from a Hospital;
- Laboratory tests;
- Radiological procedures;
- Anesthetics and their administration;
- Blood, blood products, artificial blood products, and the transfusion thereof;
- Physiotherapy;
- Medicines or drugs administered by a Physician or that can be obtained only with a Physician's written prescription;
- Dental charges for Injury to sound, natural teeth;
- Palliative Dental, up to \$2,500 per Medical Emergency;
- Mental & Nervous Conditions. \$10,000 Hospital (*Inpatient)/ \$1,000 Physician (*Outpatient);
- Artificial limbs or eyes (not including replacement of these items);
- Casts, splints, trusses, crutches, and braces (not including replacement of these items or dental braces);
- Physical and Occupational Therapy, up to \$500; \$50 per day, up to 10 days (limited to 1 treatment per day);
- Oxygen or rental equipment for administration of oxygen;
- Rental of a wheelchair or hospital-type bed;
- Rental of mechanical equipment for treatment of respiratory paralysis;
- Vision or Hearing Products - eyeglasses, contact lenses, and hearing aids when damage occurs as a result of a Covered Accident or Medical Emergency that requires medical Treatment;
- Sports related Injuries excluding Injuries resulting from participating in NCAA sanctioned Sports;
- Pre-existing Conditions - \$10,000.
- Pregnancy, if conception occurred after the Insured's effective date.

Benefits for these Covered Expenses will not be payable unless:

- the expenses incurred are Medically Necessary and do not exceed the Usual and Customary Charges for similar treatment, services, or supplies in the locality where the expense is incurred; and
- the expenses are incurred outside the Covered Person's Home Country.

Lost Baggage Benefit

The Company will reimburse the Insured's replacement costs of clothes, personal hygiene items electronics, up to the Benefit Maximum shown in the *Schedule of Benefits & Services*, if the Insured's Baggage is checked onto a Common Carrier, and is then lost, stolen or damaged beyond use by the Common Carrier. The Insured must file a formal claim with the transportation provider and provide the Company with copies of all claim forms and proof that the transportation provider has paid the Insured its normal reimbursement for the lost, stolen or damaged Baggage.

The Lost Baggage Benefit does not include coverage for:

- animals;
- automobiles and automobile equipment; boats or other vehicles or conveyances; motorcycles; trailers; motors; or aircraft;
- bicycles, except when checked as Baggage with a Common Carrier;
- household effects and furnishings; antiques and collector items;
- eyeglasses, sunglasses, contact lenses, artificial teeth, dentures, dental bridges, or retainers, or other orthodontic devices or hearing aids;
- artificial limbs or other prosthetic devices;
- keys, money, and credit cards (except as otherwise specifically covered herein); securities, stamps, tickets, and documents (except as coverage is otherwise specifically provided herein).

The Lost Baggage Benefit also does not provide coverage for any loss caused by or resulting from:

- breakage of brittle or fragile articles (except musical instruments);
- wear and tear or gradual deterioration;
- confiscation or appropriation by order of any government or custom's rule;
- theft or pilferage while left in any unlocked or unattended vehicle;

- property illegally acquired, kept, stored or transported;
- the Insured's negligent acts or omissions;
- property shipped as freight or shipped prior to the scheduled departure date of the covered Trip;
- insects, vermin or inherent vice.
- The Company will not provide benefits for any loss or damage to the Insured's Baggage which has been reimbursed by any other insurance or Common Carrier.

Trip Interruption Benefit

The Company will reimburse the cost of a round-trip economy air and/or ground transportation ticket, same class as the unused travel ticket to return to the Insured's Trip, up to the Benefit Maximum shown in the *Schedule of Benefits & Services*, if his or her Trip is interrupted as the result of:

1. Medical Emergency of the Insured or Immediate Family member, if a Physician has recommended that due to the severity of the condition of the Insured or Immediate Family member, it is necessary that the Insured's Trip be interrupted. The Insured or Immediate Family member must be under the direct care and attendance of a Physician;
2. Death of the Insured or Immediate Family member, while on the Trip, if the death has been certified by a Physician or other person legally qualified to certify a person's death;
3. Substantial destruction of the Insured's principal residence caused by but not limited to fire or a Natural Disaster.

Exclusions for Section I

For all benefits listed under Insurance Coverage Section I, unless specifically covered by the Policy, the Company does not provide coverage for any loss or Injury resulting or caused, in whole or part, from:

1. War or any act of war or invasion; declared or undeclared.
2. Charges for experimental or investigative services, Treatments or supplies; or drugs which have not been approved by the Food and Drug Administration for the diagnosed Sickness or Injury, or charges Incurred for experimental or investigative services or procedures.
3. Insured's full-time active duty in the armed forces; National Guard; military; naval; or air service; or organized reserve corps of any country or international organization.
4. Insured's piloting or serving as a crewmember or riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline.
5. Insured's violation of or attempt to violate any duly-enacted law or regulation; or commission or attempt to commit an assault; felony; or other illegal activity.
6. Injuries paid under Workers' Compensation, Employer's liability laws; or similar occupational Benefits.
7. Insured's participation in any motorized vehicular race or speed contest.
8. To the extent the Company is prohibited from providing coverage or making payment by any type of travel restriction; trade restriction; economic sanction; or embargo imposed by the U.S. government.
9. Insured's active participation in acts of terrorism, civil commotion or riots of any kind.
10. Travel arrangements that were neither coordinated by nor approved by the Assistance Provider in advance, unless otherwise specified.
11. Insured's travel or flight in or on any aircraft or, including entering or exiting from: a) while riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or b) while piloting; operating; learning to operate; or serving as a member of the crew thereof; except as covered in the Policy.

In addition to the exclusions above, the Company will not pay Additional Accident Benefits for any loss, Treatment or services resulting from or contributed to by:

1. Treatment by persons employed or retained by a Policyholder; or by any Immediate Family member of the Insured's household.
2. Damage to or loss of dentures or bridges; or damage to existing orthodontic equipment (except as specifically covered by the Policy).
3. Expense incurred for Treatment of temporomandibular; or craniomandibular joint dysfunction; and associated myofacial pain (except as provided by the Policy).
4. Participation in or practice for intercollegiate sports; semi-professional sports; professional sports.
5. Any elective Treatment; surgery; health Treatment; or examination.
6. Expenses payable by any automobile insurance policy without regard to fault. (This exclusion does not apply in any state where prohibited.)
7. Cosmetic surgery; except for reconstructive surgery needed as the result of an Injury.

8. Charges for Treatment which are not Medically Necessary.
9. Routine physicals, immunizations or other examinations where there are no objective indications or impairment in normal health, and lobotomy diagnostic or x-ray examinations.
10. Vocational, speech, recreational or music therapy.
11. Elective surgery which can be postponed until the Insured returns to his/her Home country, where the objective of the Trip is to seek medical advice, Treatment or surgery.
12. Treatment and the provision of false teeth or dentures, normal ear tests and the provision of hearing aids.
13. 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.
14. Expenses incurred while the Insured is in their Home Country, unless otherwise covered under the Policy.
15. Treatment for human organ tissue transplants or bone marrow transplants and their related Treatment.
16. Acne, calluses or corns.
17. Routine Dental Care.
18. 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.
19. Covered Expenses incurred for which the Trip to the Host Country was undertaken to seek medical Treatment for a condition.
20. Sex change operations, or for Treatment of sexual dysfunction or sexual inadequacy.
21. Weight reduction programs or the surgical Treatment of obesity.
22. 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.

INSURANCE COVERAGE UNDER SECTION II

Emergency Reunion Benefit

The Company will pay reasonable incurred expenses, shown on the *Schedule of Benefits & Services* for a person that the Insured chooses to join them where the Insured is confined for at least 6 consecutive days in a Hospital due to an Injury or a Medical Emergency and the confinement is outside of a 100-mile radius from the Insured's primary residence. Benefits for airfare shall not exceed the cost of one round-trip economy airfare ticket. The Company will also pay for lodging and meals, as shown on the schedule, in the area of such place of confinement, but only while the Insured remains so confined.

Coverage to bring one person chosen by the Insured to and from the Insured's location is also provided up to 10 days following a Felonious Assault.

The Assistance Provider must make all arrangements and must authorize all expenses in advance for any benefits to be payable. The Company reserves the right to determine the benefit payable, including reductions, if it is not reasonably possible to contact the Assistance Provider in advance.

Emergency Medical Evacuation Benefit

The Company will pay Covered Expenses, up to expenses incurred to the Maximum Benefit shown in the *Schedule of Benefits & Services*, subject to the following conditions for emergency medical evacuation, if:

1. The Insured suffers a covered Medical Emergency resulting directly; and independently of all other causes; from a covered Medical Emergency that occurs while traveling from his or her principal residence to another city or foreign country, with at least 100 miles distance; and
2. The Insured's attending Physician certifies an emergency need to send the Insured, under medical supervision, to the nearest medical facility.

Eligible expenses include:

1. charges for ambulance services required while transporting the Insured to the nearest appropriate Treatment facility; or
2. charges for medical services required to send the Insured to the nearest appropriate Treatment facility; or
3. charges for necessary travel expenses of an escort, that are limited to food; hotel room; and economy class Transportation charges; and

Only the charges incurred that are Medically Necessary and do not exceed the Usual and Customary Charges for similar Treatment; services; or supplies in the locality where the expense is incurred; and do not include charges that would not have been made if there were no insurance.

Benefits will not be payable unless: the Company authorizes in writing, or by an authorized electronic means, all expenses in advance, and services are coordinated by the Assistance Provider. The Insured must, furnish: travel invoices; medical reports; or records, or other documents the Company requires to determine if benefits are payable. Benefits will be paid to the party who actually paid for the expenses upon the Company's receipt of satisfactory proof that the expense was paid.

If the Insured pays eligible expenses for a covered Medical Emergency for which the Company believes a third party is liable, the Company will pay the benefits for Emergency Medical Evacuation. However, if the Insured recovers payment from the third party, he or she must refund to the Company the lesser of:

1. the amount the Company paid for the eligible expenses; or
2. an amount equal to the sum received from the third party for such expenses.

Benefits will not be paid for any of the following:

1. expenses that exceed the Maximum Benefit;
2. services not pre-approved by the Company, or for services performed by a vendor not authorized by the Company; or
3. expenses paid or payable by any Workers' Compensation, occupational disease or similar law that would pay emergency medical evacuation expenses in the absence of this benefit.

Repatriation of Mortal Remains Benefit

The Company will pay Eligible Expenses, as shown in the *Schedule of Benefits & Services*, incurred for the return of the Insured's remains to his or her place of residence in his or her home country and state if the Insured's death results directly; and independently of all other causes; from a Medical Emergency outside of his or her Home Country or more than 100 miles from the Insured's place of residence.

Eligible Expenses means costs, pre-approved by the Company and incurred for embalming; cremation; coffin or urn; transportation of the body or remains; necessary travel expenses of an escort. Necessary travel expenses are limited to food; hotel room; and economy class transportation charges.

The total of all benefits outlined in this Benefit may not exceed the Maximum Benefit Amount shown in the *Schedule of Benefits & Services*.

Exclusions for Section II

For all benefits listed under Insurance Coverage Section II, the Company will not provide coverage for any loss or injury resulting or caused, in whole or part, from:

1. Insured's violation of or an attempt to violate any duly-enacted law or regular, or commission or attempt to commit an assault; felony; or other illegal activity.
2. To the extent the Company is prohibited from providing coverage or making payment by any type of travel restriction; trade restriction; economic sanction; or embargo imposed by the U.S. government.
3. Insured's active participating in acts of terrorism, civil commotion, or riots of any kind.
4. Travel arrangements that were neither coordinated by nor approved by the Assistance Provider in advance, unless otherwise specified.

In addition to the exclusions above, the Company will not pay Additional Accident Benefits for any loss, Treatment or services resulting from or contributed to by:

1. Charges for Treatment which are not Medically Necessary.
2. Covered Expenses incurred for which the Trip to the Host Country was undertaken to seek medical Treatment for a condition.

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 means a sudden, unexpected event happening by chance that arises from an external source to the Insured and occurs at an identifiable time and place.

Baggage means luggage and personal effects (whether owned, borrowed or rented) taken by the Insured on his/her Trip.

Common Carrier means any motorized land, water or air Conveyance, operated by an organization other than the Policyholder, organized and licensed for the transportation of passengers for hire and operated by an employee or an individual under contract.

Company shall be Arch Insurance Company.

Covered Expenses means expenses actually incurred by or on behalf of an Insured for Treatment, services and supplies covered by the Policy. Coverage under the Policyholder's Policy must remain continuously in force from the date of the Covered Loss until the date Treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such Treatment, service or supply, that gave rise to the expense or the charge, was rendered or obtained.

Deductible means a dollar amount of Covered Expenses the Insured must pay before the Company pays any benefits. The Deductible may be satisfied by amounts paid by other insurance.

Epidemic means the widespread outbreak of an infectious disease, affecting many individuals in a community or region during a given time period as determined by a recognized government authority that investigates and diagnoses and tries to control or prevent disease.

Home Country means a country from which the Insured holds a passport. If the Insured holds passports from more than one country, his or her Home Country will be that country which the Insured has been residing for the last 12 months declared to the Company in writing as his or her Home Country.

Hospital means an institution that: 1) operates as a Hospital pursuant to law for the care, Treatment and providing in-patient services for sick or Injured persons; and is a duly licensed institution, operated lawfully in its area; 2) provides 24-hour nursing service by Registered Nurses on duty or call; 3) has a staff of one or more licensed Physicians available at all times; 4) provides organized facilities for diagnosis, Treatment and surgery, either a) on its premises; or b) in facilities available to it, on a pre-arranged basis; 5) is not primarily a nursing care facility, rest home, convalescent home or similar establishment, or any separate ward, wing or section of a Hospital used as such; and 6) is not a facility for the Treatment of drug addiction, alcoholism, Treatment of the aged.

The Company will not deny a claim for services rendered in a Hospital having one or more of the following accreditations solely because the Hospital lacks major surgical facilities and is primarily of a rehabilitative nature, if such rehabilitation is specifically for the Treatment of a physical disability: 1) the Joint commission of Accreditation of Hospitals; or 2) the American Osteopathic Association; or 3) the Commission on the Accreditation of Rehabilitative Facilities.

Injury or Injured means bodily injury caused by the direct result of an Accident occurring while the Policy is in force as to the person whose injury is the basis of the claim which results directly and independently of all other causes in a Covered Loss.

Insured means an eligible person who is within the covered class(es) listed in the Policy, and for whom the required premium is paid when due.

Medical Emergency means a condition which meets all of the following criteria: 1) there is present a severe or acute symptom requiring immediate care and the failure to obtain such care could reasonably result in serious deterioration of the Insured's condition or place his or her life in jeopardy; 2) the severe or acute symptom occurs suddenly and unexpectedly; and 3) the severe or acute symptom occurs while the Policy is in force as to the person suffering the symptom and under the circumstances described in a Covered Activity: a) applicable to that person; and b) to which the Policy applies.

Medically Necessary means a determination by the Insured's Physician that Treatment, service or supply provided to treat an Injury or Medical Emergency is: 1) appropriate and consistent with the diagnosis and does not exceed in scope, duration, or intensity the level of care needed to provide safe, adequate, and appropriate Treatment; 2) is commonly accepted as proper care or Treatment in accordance with the medical practices of the United States and federal guidelines; 3) can reasonably be expected to result in or contribute to the improvement of the Injury or Medical Emergency; and 4) is provided in the most conservative manner or in the least intensive setting without adversely affecting the condition of the Injury or the quality of the medical care provided.

The fact that a Physician may prescribe, order, recommend, or approve a Treatment, service or supply does not, of itself, make the Treatment, service, or supply medically necessary for the purpose of determining eligibility for coverage under the Policy.

The Physician must be acting within the scope of his/her license. A Physician does not include an Insured or any Immediate Family member.

Mental Illness means any disturbance of emotional equilibrium, as manifested in maladaptive behavior and impaired functioning, caused by genetic, physical, chemical, biologic, psychological, or social and cultural factors. Also called emotional illness, mental/nervous disorder and psychiatric disorder.

Natural Disaster means a wind, rain, snow, hail, lightning, sleet, dust or sandstorm, earthquake, flood, volcanic eruption, wildfire or similar event that occurs by natural causes and that results in severe and widespread damage.

Physician means a/an licensed health care provider practicing within the scope of his or her license and rendering care and Treatment to the Insured that is appropriate for the condition and locality, and who is not: 1) the Insured; 2) Immediate Family of either the Insured or the Insured's Spouse; 3) a person living in the Insured's household; 4) a person providing homeopathic, aroma-therapeutic, or herbal therapeutic services.

Pre-existing Condition means an illness, disease or other condition of the Insured, that in the 6 month period before the Insured's coverage became effective under the Policy: 1) first manifested itself, worsened, became acute or exhibited symptoms that would have caused an ordinary prudent 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 Physician or Treatment had been recommended by a Physician.

Sickness means an illness, disease or condition that impairs an Insured Person's normal functioning of mind or body and which is not the direct result of an Injury or Accident.

Trip means travel by air, land, or sea from the Insured's Home Country.

Usual and Customary Charges (U&C) means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.

Plan Package STI010052802 includes Policy STI010052802 and Policy STI010052802-A. Coverage under Section I is provided under Policy STI010052802. Coverage under Section II is provided under policy STI010052802-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 Provider (AP) 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 the 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
- Natural Disaster and Security Evacuation

All services must be arranged through the Assistance Provider (AP).

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.

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 twenty-four hours, seven days per week to eligible participants.

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.

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.

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.

TRAVEL EYE – Travel Assistance Web Portal and Application: AXA will provide access to a web-based database of global medical providers and country profiles, including up-to-date security alerts, health advisories, information on immunization and visa requirements.

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.

Frequently Asked Questions (FAQs)

CISI Claims Department (9-5 EST, M-F): Phone: (800) 303-8120 | (203) 399-5130 | Email: claimhelp@mycisi.com
Team Assist (24/7/365) - AXA: Phone: (855) 951-2326 | (443) 470-3043 | Email: medassist-usa@axa-assistance.us
Use the following link to access your FREE Pharmacy Discount Card: <https://www.wellrx.com/prescription-discount-card/>



How will I receive my insurance documents?

Once you are enrolled, you will receive an email from CISI Enrollments (enrollments@culturalinsurance.com), with the subject line 'CISI Materials'. The email will contain:

- ◆ Insurance ID Card - You will need this if you need to seek treatment
- ◆ Policy Brochure - This outlines the coverage under your plan
- ◆ Claim Form - If you sought treatment and need to submit a claim
- ◆ Link to download the **CISI Traveler App** and create a **myCISI** login (so you can have access to your insurance documents at all times!)



Need to go to the Doctor?

1. Locate a Medical Provider

Medical Provider refers to a doctor, urgent care, hospital, or other medical facility.

Aetna is your Preferred Provider (PPO) Network and allows access to over 1.2 million medical providers throughout the United States.

To locate an In-Network provider near you, use the Aetna Preferred Provider Network website:

<https://www.culturalinsurance.com/aetna-provider-search>

(This link is also available in your brochure, on our website mycisi.com, Participant Portal and within the **CISI Traveler App**)

2. Schedule an Appointment

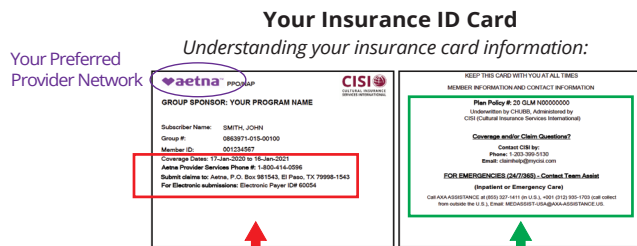
If the Medical Provider is not a walk-in clinic, call the Medical Provider and Schedule an Appointment. If you need assistance, contact CISI or Team Assist.

3. At Your Appointment

Make sure you have your Insurance ID card either printed, or saved on your phone (this can be done through the **CISI Traveler App**).

Present your card at your visit so they can see that Aetna is your PPO Network. Medical Providers can contact CISI directly, toll-free at (800) 303-8120 to verify eligibility and/or benefits, from 9AM to 5PM EST.

Your Insurance ID Card
Understanding your insurance card information:



FOR THE MEDICAL PROVIDER
Do NOT call this number on the front. This information is for the Medical Provider and is NOT the Aetna Provider Search Phone Number.

FOR YOU
The backside of the card/second box is contact information. If you have questions or need assistance, contact CISI or Team Assist.

What is 'In-Network' and 'Out-of-Network'?

Aetna is your Preferred Provider (PPO) Network. The providers within their network are known as In-Network Providers. This means you will receive medical services with Aetna's discounted rates. If you go to a Medical Provider Out-of-Network, you will be subjected to the Medical Provider's rates with no discount from Aetna. Arranging services through a preferred provider is not required, but will help reduce any potential out-of-pocket expenses.

Do I have to pay at the time of my appointment?

Depending on your type of visit, you may have a copay. If you have a copay, it will appear on the front of your insurance card under 'In-Network Copay'. If there is no 'In-Network Copay' listed on your card, you have no copay (\$0).

What is a Copay or Coinsurance?

This is the amount of money you will have to pay out-of-pocket for covered medical services.

What is a Deductible and does my plan have one?

The Deductible is the amount you have to pay before your benefits 'kick-in' (before CISI pays). Please see your plan's Schedule of Benefits to see if you have any Deductible(s). (Your Plan brochure is attached to your welcome email and posted within the participant portal).

Will this insurance cover the purpose of my visit?

If you are unsure if this insurance will cover your appointment, view your plan's coverage in the Policy Brochure which can be found attached to your welcome email and within the Participant Portal. If you have specific questions that you are unsure of, call CISI.



Who pays when picking up a prescription at a pharmacy?

Prescription medication will be an out-of-pocket expense. As long as the medication is for an illness or injury that is covered under your policy, you can be reimbursed. Complete a claim form and state clearly why you needed the medication. Submit the completed claim form with the prescription receipt to CISI. See the other side for claim submission questions.

What is a prescription receipt?

This is usually stapled to the outside of your pharmacy bag when you pick up your medication. If it has the following information, it's a prescription receipt!

- › Your Name
- › Your Doctor's name
- › Name of the Medication
- › Dosage of medication
- › Date medication filled
- › Amount of medication



What do I do in case of inpatient care/serious accident?

For all emergencies, seek help without delay at the nearest facility and then, after admittance, open up 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.



Claim questions?

How do I submit a claim?

If you seek medical treatment for an Injury or Illness 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. **If mailing, 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,
Email: claimhelp@mycisi.com, or
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 email 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 email, our website mycisi.com & on the myCISI Participant Portal.

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

1. Does the bill include your insurance information? If not, you may just have to provide it to them.
2. On the back of the bill or by logging into their website, there is room for you to fill in your insurance information and send it back to them.
3. Once the medical provider has this information, they can send CISI a bill.
4. The bill may be for your deductible or copay. Review the charges and see if CISI made a payment on your behalf. The balance may be your responsibility.

Can I send the bill to CISI?

Yes, but you should also give your insurance information to your medical provider. Email a copy to us at claimhelp@mycisi.com and complete the insurance information and send back to the medical provider.

I got a letter from CISI asking for an itemized bill - What is this and do I have to do anything?

This means that we need a certain type of bill from the medical provider. If you received the letter, we have sent one to the medical provider as well. However, it does speed things up if you call to request an itemized bill and forward it to CISI. This should ensure that we get what is needed to pay your claims.

I got an Explanation of Benefits - What is this?

This is a statement that CISI sends you when we make a claim payment on your behalf. This shows how much your policy covers and what, if any, cost you should pay to the medical provider.



What services can Team Assist provide?

The Team Assist Plan (The AP or TAP) 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. In the U.S., call (855) 951-2326, worldwide call (443) 470-3043 (collect calls accepted) or email medassist-usa@axa-assistance.us.

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.

Medical Monitoring: In the event the Insured is admitted to a 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 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 world-wide.

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

Lost/Delayed Luggage Tracing: The AP will assist the Insured 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.

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 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.

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.

- ▶ **Program Name:** University of Wisconsin - Inbound
- ▶ **Policy Number:** 23 STI010052802
- ▶ **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 INTERRUPTION** ☐ **LOST BAGGAGE** ☐ **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 Interruption, you must submit:

- Proof of Payment
- Flight Itinerary including your name, travel dates and departure and arrival locations.
- Letter stating reason for curtailing travel (if due to a medical condition, the letter must be from the treating physician).
- If death of a family member, obituary or a copy of the death certificate is required as proof.

Lost Baggage, 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.

Emergency Medical Reunion, you must submit:

- Flight itinerary.
- Hotel Invoice.
- Meal Receipts.

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.