World Class Coverage Plan

designed for
University of Connecticut Study Abroad

2017-2018

Policy # GLM N10876795

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

This plan is underwritten by ACE American Insurance Company

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

### Schedule of Benefits

<table>
<thead>
<tr>
<th>Coverage and Services</th>
<th>Maximum Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Accidental Death and Dismemberment Per Insured Person</td>
<td>$10,000</td>
</tr>
<tr>
<td>• Medical expenses (per Covered Accident or Sickness):</td>
<td>zero</td>
</tr>
<tr>
<td>Deductible</td>
<td></td>
</tr>
<tr>
<td>Benefit Maximum                                                         $250,000 at 100%</td>
<td></td>
</tr>
<tr>
<td>• Emergency Medical Reunion                                              $3,000</td>
<td></td>
</tr>
<tr>
<td>(incl. hotel/meals, max $300/day)</td>
<td></td>
</tr>
<tr>
<td>• Trip Cancellation                                                      $1,500</td>
<td></td>
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<tr>
<td>• Trip Interruption                                                      $1,500</td>
<td></td>
</tr>
<tr>
<td>• Team Assist Plan (TAP): 24/7 medical, travel, technical assistance</td>
<td></td>
</tr>
<tr>
<td>• Emergency Medical Evacuation                                           $100,000</td>
<td></td>
</tr>
<tr>
<td>• Repatriation/Return of Mortal Remains                                  $100,000</td>
<td></td>
</tr>
<tr>
<td>• Security Evacuation (Comprehensive)*                                   $100,000</td>
<td></td>
</tr>
<tr>
<td>* Aggregate of $1M</td>
<td></td>
</tr>
</tbody>
</table>

**Benefit 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 Connecticut study 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 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:

<table>
<thead>
<tr>
<th>For Loss of:</th>
<th>Percentage of Maximum Amount:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both Hands or Both Feet</td>
<td>100%</td>
</tr>
<tr>
<td>Sight of Both Eyes</td>
<td>100%</td>
</tr>
<tr>
<td>One Hand and One Foot</td>
<td>100%</td>
</tr>
<tr>
<td>One Hand and the Sight of One Eye</td>
<td>100%</td>
</tr>
<tr>
<td>One Foot and the Sight of One Eye</td>
<td>100%</td>
</tr>
<tr>
<td>Speech and Hearing in Both Ears</td>
<td>100%</td>
</tr>
<tr>
<td>One Hand or One Foot</td>
<td>50%</td>
</tr>
<tr>
<td>The Sight of One Eye</td>
<td>50%</td>
</tr>
<tr>
<td>Speech or Hearing in Both Ears</td>
<td>50%</td>
</tr>
<tr>
<td>Hearing in One Ear</td>
<td>25%</td>
</tr>
<tr>
<td>Thumb and Index Finger of Same Hand</td>
<td>25%</td>
</tr>
<tr>
<td>Thumb and Index Finger of Same Hand</td>
<td>25%</td>
</tr>
</tbody>
</table>

“Loss of a Hand or Foot” means complete severance through or above the wrist or ankle joint. “Loss of Sight of an Eye” means total and irrecoverable loss of the entire ability to hear in that eye. “Loss of Speech” means total and irrecoverable loss of the entire ability to speak. “Loss of Thumb and Index Finger” means complete severance through or above the metacarpophalangeal joint of both digits. If more than one Loss is sustained by an Insured Person as a result of the same Covered Accident, only one amount, the largest, will be paid. 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 Disablement is due to causes which
are the same or related to the cause of a prior Disablement (including complications arising there from), the Disablement shall be considered a continuation of the prior Disablement and not a separate Disablement.

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

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

Covered Accident and Sickness Medical Expenses

Only such 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 Disablement and administered by a licensed physiotherapist.

- Nervous or Mental Disorders are payable a) up to $2,500 for outpatient treatment; or b) up to $5,000 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.

- Charges for Intensive 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.

- Charges incurred for surgery or treatments which are Medically Necessary only.

- Charges incurred for surgery or treatments which are Medically Necessary only.

- 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 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.

In addition, this insurance does not cover:

- 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.

Emergency Medical Reunion Benefit

When an Insured Person is hospitalized for more than 5 consecutive days, We will reimburse for round trip economy-class transportation for one individual selected by the Insured Person, from the Insured Person's current Home Country to the location where the Insured Person is hospitalized. We will also pay this benefit if the Insured Person was the victim of a Felonious Assault. "Felonious Assault" means a violent or criminal act reported to the local authorities which was directed at the Insured Person during the course of, or an attempt of, a physical assault resulting in serious Injury, kidnapping or rape. The benefits reimbursable will include:

- The cost of a round trip economy airfare and their hotel and meals up to the maximum stated in the Schedule of Benefits, Emergency Medical Reunion.

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 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.

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

Trip Interruption Benefit

We will reimburse the cost of a round-trip economy air and/or ground transportation ticket for the Insured Person's trip, if his or her trip is interrupted as the result of: a) the death of a family member; or b) the unforeseen Injury or Sickness of the Insured Person or a family member. The Insured Person or a Family Member must be so disabling as to reasonably cause a trip to be interrupted; or c) substantial destruction of the Insured Person's principal residence by fire or weather related activity; or d) 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.

Additionally, We will reimburse the cost of a one-way economy air and/or ground transportation ticket for the Insured Person's return to the program, if his or her trip is interrupted as the result of: a) substantial destruction of the Insured Person's principal residence by fire or weather related activity; or b) 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.

Exclusions and Limitations

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

- 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.

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.
• Treatment of the temporomandibular joint.
• Vocational, speech, recreational or music therapy.
• Services or supplies performed or provided by a Relative of the Insured Person, or anyone who lives with the Insured Person.
• The refusal of a Doctor or Hospital to make all medical reports and records available to Us which will cause an otherwise valid claim to be denied.
• Cosmetic or plastic surgery, except as the result of a covered Injury; for the purposes of this Policy, treatment of a deviated nasal septum shall be considered a cosmetic condition.
• Elective Surgery or Elective Treatment which can be postponed until the Insured Person returns to his/her Home Country or Permanent Residence, where the objective of the trip is to seek medical advice, treatment or surgery.
• Treatment and the provision of false teeth or dentures, normal hearing tests and the provision of hearing aids.
• Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by an injury incurred while insured hereunder.
• Treatment while confined primarily to receive custodial care, educational or rehabilitative care, or nursing services.
• Congenital abnormalities and conditions arising out of or resulting therefrom.
• The cost of the Insured Person's unused airline ticket(s) for transportation back to the Insured Person's Home Country or Permanent Residence, where an Emergency Medical Evacuation or Repatriation of Remains benefit is provided.
• 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. (except as provided by the Policy)
• 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.
• Expenses incurred within the Insured Person's Home Country or country of Permanent Residence, unless otherwise covered under this Policy.
• Mental or Nervous Disorders or rest cures, unless otherwise covered under this Policy.

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 to the extent permitted by law. 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
Coinsurance means the percentage amount of eligible Covered Expenses, after the Deductible, which are the responsibilities of the Insured Person and must be paid by the Insured Person. The Coinsurance amount is stated in the Schedule of Benefits, under each stated benefit.
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: (a) the Insured's spouse; or (b) the Insured's Children under the age of 26 years. Coverage for newborn children will consist of coverage for Sickness or Accident, including necessary care or treatment of congenital defects, birth abnormalities, or premature birth. Such coverage will start from the moment of birth, if the Insured is already insured for dependent coverage when the child is born. If the Insured does not have dependent coverage when the child is born, We cover the newborn child for dependent benefits from and after the moment of birth, or any minor child placed with an Insured for adoption for dependent benefits from and after the moment the child is placed in the physical custody of the Insured for adoption. To continue the newborn child's dependent benefits past the first 31 days, the Insured must notify Us in writing within 31 days of the child's birth. The term "children" includes an Insured's biological children; step-children; adopted children from the date of placement in the Insured's home and who depend on the Insured for their full support.
A child's coverage will not end because the child has reached the age limit shown above, if he or she: (a) is not able to earn his or her own living as a result of physical handicap or mental retardation; and (b) becomes so handicapped before reaching the age limit; and (c) is chiefly dependent on the Insured for support and maintenance.
Within 31 days after the child reaches the age limit, the Insured must send us proof of the child's dependency or handicap. We may ask for more proof of the child's dependency and handicap, but We will not ask for proof more frequently than annually after the two year period following the child's attainment of the limiting age.
"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 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 submucous resection and/or other surgical correction for deviated nasal septum, other than for necessary treatment of covered purulent sinuses. Elective Surgery does not apply to cosmetic surgery required to correct Injuries suffered in a Covered Accident. Elective Treatment
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.

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

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

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 means accidental bodily harm sustained by an Insured Person that results directly and independently from all other causes from a Covered Accident. All injuries sustained by one person in any one accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

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 health care services that a Doctor, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing, or treating a sickness or an injury, or its symptoms, and that are: (a) in accordance with generally accepted standards of medical practice; (b) clinically appropriate, in terms of type, frequency, extent, site, and duration and considered effective for the patient's sickness or injury, and (c) not primarily for the convenience of the patient, physician, or other health care provider and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's sickness or injury. “Generally accepted standards of medical practice” means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community or otherwise consistent with the standards set forth in policy issues involving clinical judgment.

Mental and Nervous Disorder means a Sickness that is a mental, emotional or behavioral disorder.

Permanent 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 365 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.


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, 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.

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.
Team Assist Plan (TAP)
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. In the U.S., call (855)327-1411, worldwide call (01- 312) 935-1703 (collect calls accepted) or e-mail medassist-usa@axa-assistance.us.

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.

Emergency Medical Evacuation Benefit
The Team Assist Plan (TAP) offers these services:

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Coverage</th>
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</thead>
<tbody>
<tr>
<td>Medical Referral</td>
<td>Provided for doctors, hospitals, clinics or any other medical service provider requested by the Insured. Service is available 24 hours a day, worldwide.</td>
</tr>
<tr>
<td>Medical Assistance</td>
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</tbody>
</table>

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
Prescription Drug Replacement/Shipments 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 Transmission
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, 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 if the proper reporting procedures will be followed. The AP will help travelers maintain contact with the appropriate companies or authorities to help resolve the problem.

Replacement of Lost or Stolen Airline Ticket
The AP will help the Insured contact a local airline's representative appointed by the Company. 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.

Security Evacuation (Comprehensive)
Coverage (up to the amount shown in the Schedule of Benefits, Security Evacuation) is provided for security evacuations for specific Occurrences.