World Class Coverage Plan *designed for*

University of Wisconsin System

Effective 05/01/2019-04/30/2020

Policy # STB009987906

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

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

This plan is underwritten by Arch Insurance Company, a Missouri Corporation (NAIC # 11150), Executive offices are located at One Liberty Plaza, New York, NY 10006, Coverage is subject to actual policy language.

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) – Assist America: Phone: (800) 872-1414 **|** (609) 986-1234 **| E-mail:** medservices@assistamerica.com

Schedule of Benefits Coverage and Services	Maximum Limits
Accidental Death and Dismemberment Per Insured Person	$25,000
Medical expenses (per Covered Accident or Sickness):	
Deductible	zero
Benefit Maximum	$500,000 at 100%
Home Country Coverage Limit	Up to $10,000
Extension of Benefits	90 days
Emergency Medical Reunion	(incl. hotel/meals, max $300/day) up to $10,000
Trip Cancellation (Program Fee Refund)	up to $5,000
Trip Delay	up to $500 maximum, $100/day up to 5 days
Trip Interruption	up to $2,500
Baggage and Personal Effects	($50 deductible, $100 per article) $200 max
Baggage Delay (Outward Journey Only)	up to $500
Team Assist Plan (TAP): 24/7 medical, travel, technical assistance	
Emergency Medical Evacuation/Repatriation	$1,000,000
Return of Mortal Remains	$1,000,000
Security Evacuation (Comprehensive)	$1,000,000

Benefits are provided for eligible Insured Persons. Terms and conditions are briefly outlined in this summary of coverage. Complete provisions pertaining to this insurance are contained in the policy. In the event of any conflict between this summary of coverage and the policy, the policy will govern. The policy is a short-term limited duration policy renewable only at the option of the insurer. The policy does not meet the requirements of the Affordable Care Act.

Eligibility and Provisions

Benefits are payable under the Policy for Covered Expenses incurred by an Insured Person for the items stated in the *Schedule of Benefits*. Benefits shall be payable to either the Insured Person or the Service Provider for Covered Expenses incurred outside the Insured Person's Home Country. The first such expense must be incurred by an Insured Person within 30 days after the date of the Covered Accident or commencement of the Sickness; and

- All expenses must be incurred by the Insured Person within 52 weeks from the date of the Covered Accident or commencement of the Sickness; and
- The Insured Person must remain continuously insured under the Policy for the duration of the treatment.

The charges enumerated herein shall in no event include any amount of such charges which are in excess of Reasonable and Customary charges. If the charge incurred is in excess of such average charge such excess amount shall not be recognized as a Covered Expense. All charges shall be deemed to be incurred on the date such services or supplies, which give rise to the expense or charge, are rendered or obtained.

Accidental Death and Dismemberment Benefit

Accidental Death Benefit. If Injury to the Insured Person results in death within 365 days of the date of the Covered Accident that caused the Injury, the Company will pay 100% of the Maximum Amount.

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

For Loss of:	Percentage of Maximum Amount:
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and the Sight of One Eye	100%
One Foot and the Sight of One Eye	100%
Speech and Hearing in Both Ears	100%
One Hand or One Foot	50%
The Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Hearing in One Ear	25%
Thumb and Index Finger of Same Hand	25%

"Loss of a Hand or Foot" means complete severance through or above the wrist or ankle joint. "Loss of Sight of an Eye" means total and irrecoverable loss of the entire sight in that eye. "Loss of Hearing in an Ear" means total and irrecoverable loss of the entire ability to hear in that ear. "Loss of Speech" means total and irrecoverable loss of the entire ability to speak. "Loss of Thumb and Index Finger" means complete severance through or above the metacarpophalangeal joint of both digits.

If more than one Loss is sustained by an Insured Person as a result of the same Covered Accident, only one amount, the largest, will be paid. Only one benefit, the largest to which you are entitled, is payable for all losses resulting from the same accident. Maximum aggregate benefit per occurrence is $2,000,000.

Accident and Sickness Medical Expenses

The Company 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 the Company will pay Reasonable and Customary medical expenses excess of the Deductible and Coinsurance as stated in the *Schedule of Benefits*. In no event shall the Company's maximum liability exceed the maximum stated in the *Schedule of Benefits* as to Covered Expenses during any one period of individual coverage.

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

Covered Accident and Sickness Medical Expenses

For the purpose of this section, only such expenses, incurred as the result of a Disablement, which are specifically enumerated in the following list of charges, and which are not excluded in the Exclusions section, shall be considered as Covered Expenses:

- Charges made by a Hospital for semi-private room and board, floor nursing while confined in a ward or semi-private room of a Hospital and other Hospital services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital's average charge for semiprivate room and board accommodation.
- Charges made for Intensive Care or Coronary Care charges and nursing services.
- Charges made for diagnosis, Treatment and Surgery by a Physician.
- Charges made for an operating room.
- Charges made for Outpatient Treatment, same as any other Treatment covered on an Inpatient basis. This includes ambulatory Surgical centers, Physicians' Outpatient visits/examinations, clinic care, and Surgical opinion consultations.
- Charges made for the cost and administration of anesthetics.
- Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood, transfusions, and medical Treatment.
- Charges for physiotherapy, if recommended by a Physician for the Treatment of a specific Disablement and administered by a licensed physiotherapist.
- Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Physician.
- Local transportation to or from the nearest Hospital or to and from the nearest Hospital with facilities for required Treatment. Such Transportation shall be by licensed ground ambulance only, within the metropolitan area in which the Insured Person is located at that time the service is used. If the Insured Person is in a rural area, then qualified licensed ground ambulance transportation to the nearest metropolitan area shall be considered a Covered Expense.
- Nervous or Mental Disorders: are payable, a) up to $10,000 for outpatient treatment; or b) up to $40,000 on an inpatient basis. The Company shall not be liable for more than one such inpatient or outpatient occurrence per lifetime under the Policy with respect to any one Insured.
- With respect to Accidental Dental, an eligible Dental condition shall mean emergency dental repair or replacement to sound, natural teeth damaged as a result of a covered Accident.
- With respect to Palliative Dental, an eligible Dental condition shall mean emergency pain relief treatment to natural teeth up to $1,000 ($250 maximum per tooth).
- Expenses incurred within an Insured Person's Home Country during incidental return trips to his/her Home Country up to the maximum shown on the *Schedule of Benefits.*
- Charges for the replacement of broken eyeglasses or lost contacts up to $75 per Insured per Policy Period.

Extension of Benefits

Those Covered Expenses that are incurred inside the Insured Person's Home Country related to an Illness or Injury which occurred outside the Insured Person's Home Country and during the period of coverage shall be paid. Covered Expenses described above which are incurred in the Insured Person's Home Country are limited to the maximum stated in the *Schedule of Benefits*, Extension of Benefits. Benefits incurred in an Insured's Home Country will be administered on a secondary basis.

Emergency Medical Reunion

When an Insured Person is hospitalized for more than **3 days**, the Company will arrange and pay for round-trip economy-class transportation for one individual selected by the Insured Person, from the Insured Person's Home Country to the location where the Insured Person is hospitalized and return to the current Home Country. Coverage is also provided **immediately (to up to 10 days)** following a felonious assault (i.e., theft or rape) for victims needing the support of a family member or friend. The benefits payable will include:

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

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

Trip Cancellation (Program Fee Refund)

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

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

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

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

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

The Company will reimburse for the following:

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

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

Trip Delay

The Company will reimburse the Insured Person for Covered Expenses on a one-time basis, up to the maximum shown in the *Schedule of Benefits*, if the Insured Person is delayed en route to or from the trip for twelve (12) or more hours due to the following reasons:

a) Any delay of a Common Carrier (including inclement weather, equipment failure and strike or other job action);

b) Any delay by a traffic accident en route to a departure, in which the Insured Person is directly or not directly involved;

c) Any delay due to lost or stolen passports, travel documents, money, quarantine, hijacking, unannounced strike, natural disaster, civil commotion, or riot.

d) Injury or Sickness of the Insured Person.

Covered Expenses Include: Meals, lodging, and traveling expenses limited to the amount shown on the *Schedule of Benefits*. Incurred expenses must be accompanied by receipts.

Trip Interruption

Trip Interruption coverage provides benefits up to the maximum stated in the *Schedule of Benefits*, Trip Interruption the Insured Person incurs for trips if interrupted after departure. Coverage is provided for losses (after the Effective Date) the Insured Person incurs due to

the interruption of the Insured Person's trip if caused by Death of a Relative or serious damage to the Insured Person's principal residence from fire, flood, or similar natural disaster (tornado, earthquake, hurricane, etc.).

Coverage is provided for the cost of a round trip air or ground transportation ticket of the same class as the unused travel ticket to return an Insured Person from the International airport nearest to where the Insured Person was located at the time of learning of such death or destruction to the International airport nearest to: (i) the location of the funeral or place of burial in the case of the Unexpected death of a Relative, or (ii) the Insured Person's principal residence in the case of substantial destruction thereof; subject to the following conditions and limitations:

1. The Insured Person must be outside of his/her Home Country at the time of the death of the Relative or the substantial destruction of the principal residence; and
2. The death of the Relative or the substantial destruction of the residence must have occurred during the Period of Coverage.

Baggage & Personal Effects

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

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

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

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

Exclusions

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

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

For all other benefits, the Insurance does not cover:

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

  Note: The policy does pay benefits to a maximum of $100,000 for loss due to a Pre-existing Condition.
- Injury or Illness claim which is not presented to the Company for payment within 12 months of receiving treatment.
- Charges for treatment which is not Medically Necessary.
- Charges for treatment which exceed Reasonable and Customary charges.
- Charges incurred for Surgery or treatments which are, Experimental/Investigational, or for research purposes.

- Services, supplies or treatment, including any period of Hospital confinement, which were not recommended, approved and certified as Medically Necessary and reasonable by a Physician.
- Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war; mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power.
- Injury sustained while participating in professional athletics.
- Injury sustained while participating in Amateur or Interscholastic Athletics.
- Routine physicals, immunizations, or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or x-ray examinations, except in the course of a Disablement established by a prior call or attendance of a Physician, unless otherwise covered under the policy.
- Treatment of the Temporomandibular joint.
- Vocational, speech, recreational or music therapy.
- Services or supplies performed or provided by a Relative of the Insured Person, or anyone who lives with the Insured Person.
- Travel arrangements that were neither coordinated by nor approved by the Assistance Company in advance, unless otherwise specified.
- Cosmetic or plastic Surgery, except as the result of a covered Accident; for the purposes of the Policy, treatment of a deviated nasal septum shall be considered a cosmetic condition.
- Elective Surgery or Elective Treatment which can be postponed until the Insured Person returns to his/her Home Country, where the objective of the trip is to seek medical advice, treatment or Surgery.
- Treatment and the provision of false teeth or dentures, normal ear tests and the provision of hearing aids.
- Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by Accidental bodily Injury incurred while insured hereunder.
- Treatment for any Mental and Nervous Disorders except as provided in the policy.
- Congenital abnormalities and conditions arising out of or resulting there from.
- Expenses as a result or in connection with the commission of a felony offense.
- Injury sustained while taking part in mountaineering where ropes or guides are normally used; hang gliding; parachuting; bungee jumping; racing by horse, motor vehicle or motorcycle; parasailing.
- Treatment paid for or furnished under any other individual or group policy (including no-fault automobile) or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for treatment without cost to any individual.
- Dental care, except as the result of Injury to natural teeth caused by Accident, unless otherwise covered under the Policy.
- Routine Dental Treatment.
- Drug, treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion.
- Treatment for human organ tissue transplants or bone marrow transplants and their related treatment.
- Expenses incurred while the Insured Person is in their Home Country, unless otherwise covered under the Policy.
- Weak, strained or flat feet, corns, calluses, or toenails.
- Diagnosis and treatment of acne.
- Sex change operations, or for treatment of sexual dysfunction or sexual inadequacy.
- Weight reduction programs or the surgical treatment of obesity.
- Covered Expenses incurred for which the trip to the host country was undertaken to seek medical treatment for a condition.

Subrogation

To the extent the Company pays for a loss suffered by an Insured, the Company will take over the rights and remedies the Insured had relating to the loss. This is known as subrogation. The Insured must help the Company to preserve its rights against those responsible

for the loss. This may involve signing any papers and taking any other steps the Company may reasonably require. If the Company takes over an Insured's rights, the Insured must sign an appropriate subrogation form supplied by the Company.

Definitions

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

Assistance Company means the service provider with which the Company has contracted to coordinate and deliver Emergency travel assistance, medical evacuation, and repatriation.

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

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

Company shall be Arch Insurance Company.

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

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

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

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

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

Emergency means a medical condition manifesting itself by acute signs or symptoms which could reasonably result in placing the Insured Person's life or limb in danger if medical attention is not provided within 24 hours.

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

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

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

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

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

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

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

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

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

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

Pre-existing Condition for the purposes of the Policy means 1) a condition that would have caused person to seek medical advice, diagnosis, care or treatment during the 180 days prior to the Effective Date of coverage under the Policy; 2) a condition for which medical advice, diagnosis, care or treatment was recommended or received during the 180 days prior to the Effective Date of coverage under the Policy.

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

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

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

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

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

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

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

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

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 Medical Plan.
If you require Team Assist assistance, your ID number is: **01-AA-CIS-01133**. In the U.S., call (800) 872-1414, outside the U.S. call 1-609-986-1234 (collect calls accepted) or e-mail medservices@assistamerica.com.

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

The Company shall pay benefits for Covered Expenses incurred up to the maximum stated in the Schedule of Benefits, if any Injury or covered Sickness commencing during the Period of Coverage results in the Medically Necessary Emergency Medical Evacuation of the Insured Person. The decision for an Emergency Medical Evacuation must be ordered by the Assistance Company in consultation with the Insured Person's local attending Doctor.
Emergency Medical Evacuation means: a) the Insured Person's medical condition warrants immediate transportation from the place where the Insured Person is located (due to inadequate medical facilities) to the nearest adequate medical facility where medical treatment can be obtained; or b) after being treated at a local medical facility, the Insured Person's medical condition warrants transportation with a qualified medical attendant to his/her Home Country to obtain further medical treatment or to recover; or c) both a) and b) above.

Covered Expenses are expenses, up to the maximum stated in the Schedule of Benefits, Emergency Medical Evacuation, for transportation, medical services and medical supplies necessarily incurred in connection with Emergency Medical Evacuation of the Insured Person. All transportation arrangements must be by the most direct and economical route.

Return of Mortal Remains or Cremation

The Company will pay the reasonable Covered Expenses incurred up to the maximum as stated in the Schedule of Benefits, Return of Mortal Remains, to return the Insured Person's remains to his/her then current Home Country, if he or she dies. Covered Expenses include, but are not limited to, expenses for embalming, cremation, a minimally necessary container appropriate for transportation, shipping costs and the necessary government authorizations. All Covered Expenses in connection with a Return of Mortal Remains must be pre-approved and arranged by an Assistance Company representative appointed by the Company.

Security Evacuation (Comprehensive)

Coverage (up to the amount shown in the Schedule of Benefits, Security Evacuation) is provided for security evacuations for specific Occurrences. To view the covered Occurrences and to download a detailed PDF of this brochure, please go to the following web page:

http://www.culturalinsurance.com/cisi_forms.asp.

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

Medical Assistance

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

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

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

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

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

Travel Assistance

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

Cultural Insurance Services International – Claim Form

- **Program Name:** University of Wisconsin
- **Policy Number:** STB009987906
- **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 and additional claim submission instructions.

► 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, any eligible reimbursements will be made in U.S currency (USD) via check. If you would like your eligible reimbursement in another currency via wire transfer, please contact CISI at 203-399-5130 or claimhelp@mycisi.com for instructions.

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

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

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

☐ **TRIP CANCELLATION** ☐ **TRIP INTERRUPTION** ☐ **PERSONAL EFFECTS/BAGGAGE** ☐ **TRIP DELAY**

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

Program Fee Refund you must submit:

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

Trip Interruption you must submit:

- 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)

Personal Effects/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

Trip Delay you must submit:

- Proof of delay
- Receipts for any eligible expense

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 a false or fraudulent 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 purposes of defrauding or attempting to defraud the Company. Penalties may include imprisonment, fines, denial of insurance and civil damages.

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 present 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 or facilitate a fraud against any Insurance Company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of 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 or with intent to defraud or to facilitate a fraud against any insurance company or other person, submits an application or files a claim for insurance containing false, deceptive or misleading information may be guilty of insurance fraud.