

World Class Coverage Plan *designed for*

Walsh University

2020-2021

Policy # CC001376

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

This plan is underwritten by Crum & Forster Segregated Portfolio Co.

Question(s) or need assistance?CISI Claims Department (9-5 EST, M-F): Phone: (800) 303-8120 ext. 5130 | (203) 399-5130 | E-mail: claimhelp@mycisi.comTeam Assist (24/7/365) – On Call: Phone: (877) 714-8179 | (603) 952-2660 | E-mail: mail@oncallinternational.comLocate a provider through Aetna's preferred provider network: <https://www.culturalinsurance.com/aetna-provider-search>

Schedule of Benefits	
Coverage and Services	Maximum Limits
Accidental Death & Dismemberment Per Insured Person	\$10,000
Medical expenses (per Covered Accident or Sickness):	
Benefit Maximum	\$200,000
Annual Deductible	\$200 In-Network / \$400 Out-of-Network
Coinsurance	80% In-Network / 60% Out-of-Network
Out-of-Pocket Expense Maximum	\$2,500 In-Network / \$5,000 Out-of-Network
Student Health Center Copay	\$0
Office Visit Copay	\$35 In-Network / \$70 Out-of-Network
Hospital Copay	\$200 In-Network / \$400 Out-of-Network
Emergency Room Copay	\$250 In-Network / \$500 Out-of-Network
Urgent Care	\$75 In-Network / \$150 Out-of-Network
Emergency Medical Reunion	\$1,500 (incl. hotel/meals, max \$150/day)
Emergency Medical Evacuation	\$50,000
Repatriation/Return of Mortal Remains	\$25,000
Team Assist Plan (TAP): 24/7 medical, travel, technical assistance	

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. This is 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 Plan issued to your school. For a detailed plan description, exclusions, and limitations please view the plan on file with your school. This insurance is not subject to, and will not be administered as a PPACA (Patient Protection and Affordable Care Act) insurance plan. PPACA requires certain US residents and citizens obtain PPACA compliant insurance coverage. This plan is not designed to cover US residents and citizens. This policy is not subject to guaranteed issuance or renewal. PPO Networks are not provided by Crum & Forster Segregated Portfolio Co.

Eligibility

Eligible Participant: Eligible Participant means any person who: (1) has become a participant of a group involved in international educational activities, and (2) is temporarily located outside their home country or country of regular domicile as a non-resident alien and traveling inside the United States, and (3) has not applied for permanent residency status, and (4) for whom the required premium has been paid.

Period of Coverage

When an Insured's Coverage Begins: Coverage will become effective for an Eligible Participant on the later of the following dates, but in no event shall coverage commence prior to the effective date of the Master Policy:

1. the effective date of the Policy;
2. the date requested by the Participating Organization.

When an Insured's Coverage Ends: Coverage will terminate for an Insured on the earliest of the following dates:

1. the date the Master Policy terminates;
2. the expiration date of the term of coverage, requested by the Participating Organization, applicable to the Insured;
3. the date the Insured ceases to meet the Eligibility Requirements described above.

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 who are enrolled as Walsh University international students and scholars, and who are temporarily pursuing educational activities inside of the United States and traveling outside of their Home Country are eligible for coverage. Benefits shall be payable to either the Insured Person or the Service Provider for Covered Expenses incurred in the United States. 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, 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 \$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, the use of radium, oxygen, blood, transfusions, iron lungs, and medical treatment.
- Charges for medication, x-ray services, laboratory tests and services, the use of radium 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 are payable up to the maximum of 20 visits on an outpatient basis.
- Chiropractic Care and Acupuncture Services, excluding x-ray and evaluation charges, are payable up to the maximum of 20 visits on an outpatient basis.
- Nervous or Mental Disorders are payable a) up to 30 visits per policy year for outpatient treatment; or b) up to 30 days per policy year 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.
- Accidental dental charges for emergency dental repair or replacement to natural teeth damaged as a result of a covered Injury including expenses incurred for services or medications prescribed, performed or ordered by dentist, up to \$500 (\$250 maximum per tooth).

- With respect to Palliative Dental, an eligible Dental condition shall mean emergency pain relief treatment to natural teeth up to \$500 (\$250 maximum per tooth).
- Pregnancy, childbirth or miscarriage.
- Charges due to a Pre-Existing Condition are treated as any other medical condition after 6 months of continuous coverage. **Please Note:** Pre-existing conditions are covered after 6 months in this policy, however, if the student was continuously covered for 6 months under the prior organization policy then a Pre-existing Condition is covered immediately.
- Therapeutic termination of pregnancy is covered up to a maximum of \$500.
- Newborn Nursery Care is covered up to the maximum of \$500.
- Injuries sustained as a result of riding in or on, entering or alighting from or being struck by a Motor Vehicle are covered up to a maximum benefit of \$10,000.

Aetna Preferred Provider Network (Within the U.S.A. only)

This Policy utilizes the Aetna Preferred Provider hospital and Doctor network for the purpose of delivering quality health care at a preferred fee. You are not required to use the PPO network, but can receive information on participating providers by visiting: <https://www.culturalinsurance.com/aetna-provider-search>, or access it from our website: <https://www.culturalinsurance.com/>, and click on 'U.S. Provider Search' on the top bar.

Emergency Medical Reunion

When an Insured Person is hospitalized for more than 3 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 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.

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, or to which the contributing cause was the Insured Person being engaged in an illegal occupation.

This Insurance does not cover Medical Expense Benefits for:

- Pre-Existing conditions for the first 6 months of continuous coverage.
- Charges for treatment which is not Medically Necessary.
- Charges for treatment which exceed Reasonable and Customary charges.
- Charges incurred for surgery or treatments which are experimental/investigational, or for research purposes.
- Services, supplies or treatment, including any period of Hospital confinement, which were not recommended, approved and certified as Medically Necessary and reasonable by a Doctor.
- War or any act of war, whether declared or not.
- Injury sustained while participating in professional athletics.

- Routine physicals, immunizations, or other examinations where there are no objective indications or impairment in normal health, and laboratory, diagnostic or x-ray examinations, except in the course of an Injury or Sickness established by a prior call or attendance of a Doctor.
- Treatment of the temporomandibular joint.
- Any treatment, service or supply not specifically covered by the Policy.
- Services or supplies performed or provided by a Relative of the Insured Person, or anyone who lives with the Insured Person.
- Cosmetic or plastic surgery, except as the result of a covered Injury.
- Elective Surgery or Elective Treatment which can be postponed until the Insured Person returns to his/her Home Country or Permanent Residence, where the objective of the trip is to seek medical advice, treatment or surgery.
- Treatment and the provision of false teeth or dentures, normal hearing tests and the provision of hearing aids.
- Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by an Injury incurred while insured hereunder.
- 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.
- Expenses as a result of or in connection with the commission of a felony offense.
- Injury sustained while taking part in mountaineering where ropes or guides are normally used; hang gliding; parachuting; bungee jumping; racing by horse, motor vehicle or motorcycle; parasailing.
- Treatment paid for or furnished under any mandatory government program or facility set up for treatment without cost to any individual.
- Injury or Sickness covered by Workers' Compensation, Employers' Liability laws, or similar occupational benefits.
- Injuries for which benefits are payable under any no-fault automobile insurance policy.
- 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.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.

Subrogation

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

Definitions

Company shall be Crum & Forster Segregated Portfolio Co.

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.

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

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.

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

Eligible Benefits means benefits payable by Us to reimburse expenses that are for Medically Necessary services, supplies, care, or treatment due to Sickness or Injury, prescribed, performed or ordered by a Doctor, and Reasonable and Customary charges incurred while insured under this Policy; and which do not exceed the maximum limits shown in the *Schedule of Benefits* under each stated benefit.

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

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.

Hospital as used in this Policy means, except as may otherwise be provided, a Hospital (other than an institution for the aged, chronically ill or convalescent, resting or nursing homes) operated pursuant to law for the care and treatment of sick or Injured persons with organized facilities for diagnosis and surgery and having 24-hour nursing service and medical supervision.

Injury wherever used in this Policy means bodily Injury caused solely and directly by violent, accidental, external, and visible means occurring while this Policy is in force and resulting directly and independently of all other causes in a loss covered by this Policy.

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

Medically Necessary or **Medical Necessity** means services and supplies received while insured that are determined by Us to be: 1) appropriate and necessary for the symptoms, diagnosis, or direct care and treatment of the Insured Person's medical conditions; 2) within the standards the organized medical community deems good medical practice for the Insured Person's condition; 3) not primarily for the convenience of the Insured Person, the Insured Person's Doctor or another service provider or person; 4) not experimental/investigational or unproven, as recognized by the organized medical community, or which are used for any type of research program or protocol; and 5) not excessive in scope, duration, or intensity to provide safe, adequate, and appropriate treatment.

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

Permanent Residenc or **Country of Residence** means the country where an Insured Person has his or her true, fixed and permanent home and principal establishment, and to which he or she has the intention of returning.

Pre-existing Condition means an illness, disease, or other condition of the Insured Person that in the 6 months before the Insured Person's coverage became effective under the Policy: 1) first manifested itself, worsened, became acute, or exhibited symptoms that would have caused a person to seek diagnosis, care, or treatment; or 2) required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or 3) was treated by a Doctor or treatment had been recommended by a Doctor.

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

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

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

U.S. Territories means lands that are directly overseen by the United States Federal Government. A list of these territories would include the United States Virgin Islands, Guam, American Samoa, Northern Mariana Islands, and Puerto Rico.

We, Our, Us means the insurance company underwriting this insurance.

Team Assist Plan (TAP) – On Call International

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. The Team Assist Plan provides the non-insurance services, and Crum & Forster Segregated Portfolio Co. pays expenses up to the amount shown in the *Schedule of Benefits* for:

- Emergency Medical Evacuation
- Return of Mortal Remains

All services must be arranged through the Assistance Provider.

Emergency Medical Evacuation

We will pay Emergency Medical Evacuation Benefits as shown in the *Schedule of Benefits* for Covered Expenses incurred for the medical evacuation of an Insured Person. Benefits are payable up to the Benefit Maximum shown in the *Schedule of Benefits* if the Insured Person:

1. Suffers a Medical Emergency during the course of the Trip;
2. Requires Emergency Medical Evacuation; and
3. Is traveling outside of his or her Home Country or country of Permanent Residence.

Covered Expenses include:

Medical Transport: Expenses for transportation under medical supervision to a different hospital, treatment facility or to the Insured Person’s Home Country or Permanent Residence for Medically Necessary treatment in the event of the Insured Person’s Medical Emergency and upon the request of the Doctor designated by Our assistance provider in consultation with the local attending Doctor.

Dispatch of a Doctor or Specialist: The Doctor’s or specialist’s travel expenses and the medical services provided on location, if, based on the information available, an Insured Person’s condition cannot be adequately assessed to evaluate the need for transport or evacuation and a doctor or specialist is dispatched by Our assistance provider to the Insured Person’s location to make the assessment.

Return of Dependent Child(ren): Expenses to return each Dependent child who is under age 18 to his or her principal residence if a) the Insured Person is age 18 or older; and b) the Insured Person is the only person traveling with the minor Dependent child(ren); and c) the Insured Person suffers a Medical Emergency and must be confined in a Hospital.

Escort Services: Expenses for an Immediate Family Member, or companion who is traveling with the Insured Person, to join the Insured Person during the Insured Person’s emergency medical evacuation to a different hospital, treatment facility or the Insured Person’s Home Country or Permanent Residence.

Transportation After Stabilization: If We have evacuated the Insured Person to a medical facility due to an emergency Medical Evacuation, We will pay the Insured Person’s transportation costs to: a) his or her Home Country or Permanent Residence, or b) his or her host country, or c) to join the group if they have moved onward to a different location.

Benefits for these Covered Expenses will not be payable unless:

1. The Doctor ordering the Emergency Medical Evacuation certifies the severity of the Insured Person’s Medical Emergency requires an Emergency Medical Evacuation;
2. All transportation arrangements made for the Emergency Medical Evacuation are by the most direct and economical conveyance and route possible;
3. The charges incurred are Medically Necessary and do not exceed the charges for similar transportation, treatment, services or supplies in the locality where the expense is incurred; and
4. Do not include charges that would not have been made if there were no insurance.

Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.

Repatriation/Return of Mortal Remains or Cremation

We will pay Repatriation of Remains Benefits as shown in the *Schedule of Benefits* for preparation and return of an Insured Person’s body to his or her home if he or she dies while traveling outside of his or her Home Country or Permanent Residence. Covered expenses include:

1. Expenses for embalming or cremation;
2. The least costly coffin or receptacle adequate for transporting the remains;
3. Transporting the remains, including necessary costs for government authorizations;
4. Escort Services: Expenses for an Immediate Family Member, or companion who is traveling with the Insured Person, to join the Insured Person's body during the repatriation to the Insured Person's place of residence.

All transportation arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the Usual and Customary Charges for similar transportation in the locality where the expense is incurred. Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.

The TAP offers these services

(Non-Insurance Benefits and Services are not provided by Crum & Forster Segregated Portfolio Co.)

Medical Assistance Services

Medical Referrals: 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 Person is admitted to a U.S. or foreign hospital, On Call will coordinate communication between the Insured Person's own Doctor and the attending medical doctor or doctors. On Call will monitor the Insured Person'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: On Call will forward an emergency message to and from a family member, friend or medical provider.

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

24 Hour Nurse Help Line: On Call shall provide, at the participants request, with clinical assessment, education and general health information. This service shall be performed by a registered nurse counselor to assist in identifying the appropriate level and source(s) of care for Participants (based on symptoms reported and/or health care questions asked by or on behalf of participants). Nurses shall not diagnose participants ailments.

Travel Assistance Services

Obtaining Emergency Cash: On Call will advise how to obtain or to send emergency funds world-wide.

Traveler Check Replacement Assistance: On Call 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: On Call will assist the Insured Person whose baggage is lost, stolen or delayed while traveling on a common carrier. They will advise the Insured Person 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 On Call's staff in obtaining a replacement ticket.

Technical Assistance Services

Credit Card/Passport/Important Document Replacement: On Call 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: On Call will help the Insured Person contact a local attorney or the appropriate consular officer when an Insured Person is arrested or detained, is in an automobile accident, or otherwise needs legal help. On Call will maintain communications with the Insured Person, family, and business associates until legal counsel has been retained by or for the Insured Person.

Assistance in Posting Bond/Bail: On Call will arrange for the bail bondsman to contact the Insured Person 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.



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 **myCISI 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 **myCISI 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 **myCISI 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.



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 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 On Call 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.

Your Insurance ID Card

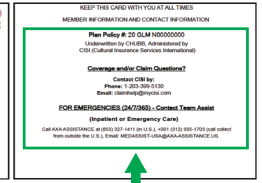
Understanding your insurance card information:

Your Preferred Provider Network



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.

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



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 (877) 714-8179, worldwide call (01-603) 952-2660 (collect calls accepted) or e-mail mail@oncallinternational.com.

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



Cultural Insurance Services International – Claim Form

- ▶ **Program Name:** Walsh University
- ▶ **Policy Number:** CC001376
- ▶ **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 claimant cooperation provision.

▶ 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.

▶ 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

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 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 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.