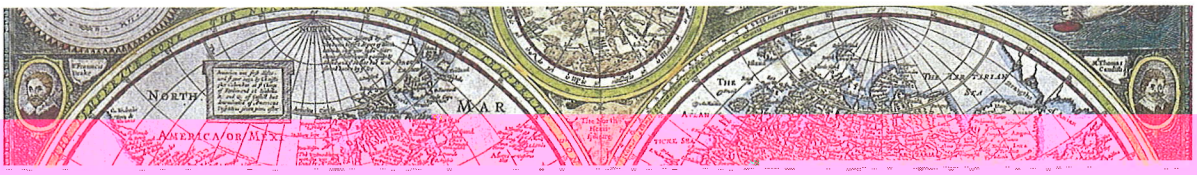
CISI
Cultural Insurance Services International



Deductible Limit	$250,000 per Claim
• Pre-existing Conditions Coverage Limit	$300
Section 17	
• Emergency Medical Evacuation	$100,000

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 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 Dis-

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

licensed physiotherapist

- Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Physician 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
- Nervous or Mental Disorders are payable a) up to $500 for

Company shall not be liable for more than one such
ent or outpatient occurrence per lifetime under the Policy,
respect to any one Insured

practic Care and Therapeutic Services shall be limited to
l of $50 per visit, excluding x-ray and evaluation charges;
a maximum of 10 visits per injury or illness. The overall
num coverage per injury or illness is $500 which includes
and evaluation charges;

respect to Accidental Dental, an eligible Dental condition
mean emergency dental repair or replacement to sound,
ral teeth damaged as a result of a covered Accident.

n respect to Palliative Dental, an eligible Dental condition
ll mean emergency pain relief treatment to natural teeth up
limit of $500.

al Manipulation which is prescribed, performed, or ordered
ensed chiropractor for the relief of pain is payable up to

spect to Pregnancy, expenses for Pregnancy or Illness
g from Pregnancy, childbirth, or miscarriage are payable
5,000

e Care

Care includes doctor's visits which are not related to a
llness or accident. Coverage under the policy is 80%,
will be responsible for the remaining 20% up to a
benefit of $200.00. (Maximum of 2 visits per policy

Exclusions

For all benefits listed in the Schedule of Benefits this Insurance does not cover:

•Pre-Existing conditions, defined as any condition for which a licensed Physician was consulted, or for which treatment or medication was prescribed, or for which manifestations of symptoms would have caused a person to seek medical advice prior to the Effective Date of coverage under the Policy, except as specified below:

a. If the Insured Person does not receive medical care or services, including prescription drugs or other medical supplies, and is not under the care of a Physician with respect to the Pre-Existing Condition or related condition(s), for a period of 12 consecutive months beginning on or after the first day of coverage, the preexisting condition exclusion will no longer apply and any eligible charges incurred after the

c. Emergency Medical Evacuation, Repatriation and Return of Mortal Remains

Note: This policy does pay benefits to a maximum of $500 for loss due to a pre-existing condition.

- 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

certified as Medically Necessary and reasonable by a Physician

- Suicide or any attempt thereof, while sane or self destruction or any attempt thereof, while sane
- Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with a) war, invasion, warlike operations (whether war be declared or not), or civil war; or b) mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power
- 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 a Disablement established by a prior call or attendance of a Physician
- Treatment of the Temporomandibular joint
- Vocational, speech, recreational or music therapy
- Services or supplies performed or provided by a Relative of the Insured Person, or anyone who lives with the Insured Person
- The refusal of a Physician or Hospital to make all medical reports and records available to the Company will cause an otherwise valid claim to be denied
- Cosmetic or plastic Surgery, except as the result of a covered Accident; for the purposes of this Policy, treatment of a deviated nasal septum shall be considered a cosmetic condition;
- Elective Surgery or Elective Treatment which can be postponed until the Insured Person returns to his/her Home Country, where the objective of the trip is to seek medical advice, treatment or Surgery

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- 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 in connection with alcoholism and drug addiction, or use of any drug or narcotic agent
- Injury sustained while under the influence of or Disablement due to wholly or partly to the effects of intoxicating liquor or drugs other than drugs taken in accordance with treatment prescribed and directed by a Physician for a condition which is covered hereunder
- Any Mental and Nervous disorders or rest cures, unless otherwise covered under this Policy
- Treatment while confined primarily to receive custodial care, educational or rehabilitative care, or nursing services
- Congenital abnormalities and conditions arising out of or resulting therefrom
- The cost of the Insured Person's unused airline ticket for the transportation back to the Insured Person's Home Country, where an Emergency Medical Evacuation or Repatriation and/or Return of Mortal Remains benefit is provided
- Expenses as a result or in connection with intentionally self-inflicted Injury or Illness
- 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, rock climbing, parachuting, bungee jumping, racing by horse, motor vehicle or motorcycle, parasailing
- Treatment paid for or furnished under any other individual or group policy 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
- Injuries for which benefits are payable under any no-fault automobile Insurance Policy
- Dental care, except as the result of Injury to natural teeth caused by Accident, unless otherwise covered under this Policy
- Routine Dental Treatment
- For Pregnancy or illness resulting from Pregnancy, childbirth, or miscarriage, unless otherwise covered under this Policy
- 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 and their related treatment
- Expenses incurred while the Insured Person is in their Home Country, unless otherwise covered under this Policy
- Weak, strained or flat feet, corns, callouses, or bunions
- 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.

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

Benefit Period shall mean the allowable time period you have to receive treatment for a Covered Injury or Illness.

Company shall mean The Insurance Company of the State of Pennsylvania.

Deductible shall mean the amount of Covered Expenses which is your responsibility to pay before benefits under the Plan are payable.

Home Country shall mean the country where you have your true, fixed and permanent home and principal establishment.

Inpatient shall mean if you are confined in an institution and are charged for room and board.

Family Member shall mean a spouse, parent, sibling or child of the Insured Person.

Outpatient shall mean if you receive care in a Hospital or another institution, including; ambulatory surgical center; convalescent/skilled nursing facility; or Physician's office, for an Illness or Injury, but who is confined and is not charged for room and board.

Preexisting Condition shall mean any Injury or Illness which meets the following criteria 1) a condition that would have caused a person to seek medical advice, diagnosis, care or Treatment 12months prior to the Effective Date of coverage under this Policy; 2) a condition for which manifestation, medical advice, diagnosis, care or Treatment was recommended, received or noticed during the 12 months prior to the Effective Date of coverage under this Policy; 3) expenses for a Pregnancy existing before the Effective Date of coverage under this Policy.

Reasonable and Customary shall mean the maximum amount that the Plan determines is Reasonable and Customary for Covered Expenses you receive, up to but not to exceed charges actually billed. The 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 Illness in connection with which services and supplies are received; 2) any usual medical circumstances requiring additional time, skill or experience; and 3) other factors included but not limited to, a resource based relative value scale.

Spinal Manipulation shall mean outpatient treatment in connection with the detection or correction by manual or mechanical means of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference as a result of or related to distortion, misalignment or subluxation of or in the vertebral column.

Treatment means a specific in-office or Hospital physical examination of or care rendered to you, consultation, diagnostic procedures and services, Surgery, medical services and supplies including medication prescribed or provided by a Service Provider.

Cultural Insurance Services International (CISI)
River Plaza • 9 West Broad Street • Stamford, CT 06902-3788

CISI Medical Claim Form

Program Name or Policy Number:

Instructions

Complete and sign the medical claim form, indicating whether the doctor/Hospital has been paid. Attach **itemized bills** for all amounts being claimed. When reimbursement of an expense is approved, it will be made to the provider of the service unless the bill is noted as having been

l by you. Payment will be in U.S. dollars unless otherwise requested. If payment is to you, it will be mailed to your U.S. address unless erwise requested.

omit form and attachments to Cultural Insurance Services International, River Plaza, 9 West Broad Street, Stamford, CT 06902-3788 claim submission questions, call (203) 399-5130 or e-mail claimhelp@culturalinsurance.com.

ne _____ Date of birth _____

. address _____

ne address _____ Country _____

ail address _____

ne (_____)_____ Expected departure date from U.S. _____

e/place/time of Injury/Sickness/Accident_____

cription of Injury/Sickness/Accident *(Attach all itemized bills for all amounts being claimed)*_____

_____

_____

e these doctor/Hospital bills been paid by you? ☐ yes ☐ no

thorize payment to provider of service for medical services claimed ☐ yes ☐ no

NSENT TO RELEASE MEDICAL INFORMATION

reby authorize any insurance company, Hospital or Physician to release all of my medical information to CISI that may have a bearing on efits payable under this plan. I certify that the information furnished by me in support of this claim is true and correct.

RNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. alties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a

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 Illness 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 Physician.

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.

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.

The TAP offers these services

Medical assistance

Medical Referral Referrals will be provided for physicians, 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 U.S. or foreign hospital, the AP will coordinate communication between the Insured's own physician 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 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.