

# World Class Coverage Plan

*designed for*

## Virginia Commonwealth University

### Study Abroad



**2023-2024**

**Policy # CC008496-SA**

**Administered by** Cultural Insurance Services International

**Insurance Underwritten by** Crum & Forster SPC

mycisi.com | 800.303.8120



MEDICAL



EMERGENCY



SECURITY

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## CONTACT INFORMATION

### **CISI Claims Department (9-5 EST, M-F):**

**Phone:** (800) 303-8120 (toll-free) | (203) 399-5130

**Email:** [claimhelp@mycisi.com](mailto:claimhelp@mycisi.com)

### **Team Assist (24/7/365) –On Call International:**

**Phone:** (877) 714-8179 | (603) 952-2660

**Email:** [mail@oncallinternational.com](mailto:mail@oncallinternational.com)

## FAQS (FREQUENTLY ASKED QUESTIONS)

### **Questions related to COVID-19?**

Visit our COVID-19 FAQ webpage:

<https://www.culturalinsurance.com/COVID-questions.asp>

### **What does the CISI plan cover?**

The CISI Plan is designed specifically for cultural exchange participants. Not only does the plan provide accident and sickness insurance, it also covers medical evacuation and repatriation as well as security evacuations should they become necessary. And unlike many domestic insurance plans, the CISI plan will pay 100% of covered expenses without requiring a deductible.

In addition to the above, the non-insurance Team Assist Plan was 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 in the event of any emergency during the term of coverage. Please read the attached brochure for detailed information regarding benefits.

### **How will I receive my plan information?**

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

- Brochure
- Consulate Letter (to obtain your visa, if necessary)
- ID Card
- Claim Form
- Link to create a login to our myCISI Participant Portal
- Link to our CISI Traveler App

### **How do I use my CISI insurance overseas?**

**In the case of a MINOR injury or illness** - Be prepared to pay for doctor visits for minor injury or illnesses such as a sore throat or a sinus infection. Present your card to your medical provider at the time of service. If the overseas doctor is willing to bill us directly, we are willing and able to pay them directly for covered medical expenses. Foreign providers can contact your assistance team (On Call International) toll-free to verify eligibility and/or benefits 24/7/365. If they prefer to have you pay for any medical services, medicines, or equipment out-of-pocket at the time of your visit, hold onto all documents, bills and receipts, and submit them along with a claim form to CISI for reimbursement of eligible expenses.

**In the case of a SERIOUS injury or illness** - For all emergencies, seek help without delay at the nearest facility and then, after admittance, open up a case with On Call International (our 24/7 assistance provider). Our goal is to have the hospital or facility bill us directly. If personal payment has already been processed, we can expedite reimbursement of eligible expenses. CISI has the ability to pay by check or wire transfer to foreign hospitals when necessary/requested. On Call International is also able to guarantee/make payments when necessary (CISI then reimburses On Call).

### **How do I locate a medical provider and/or hospital?**

To locate a provider overseas, you can do either of the following: 1) Contact the assistance team (On Call International) by calling the number on your insurance ID card (also provided on this page); OR 2) log into your myCISI Participant Portal or through the CISI Traveler App and click on 'Provider Search'. Select your Country and City, and a list of providers will populate.

### **Are there 'In-Network' or 'Out-of-Network' restrictions?**

No, you can seek treatment at any medical facility abroad. There are no In-Network nor Out-of-Network restrictions.

### **Does my plan have a Deductible?**

See your plans *Schedule of Benefits* to see if you have a Deductible.

### **How do I submit a claim & what needs to be submitted?**

If you seek medical treatment for an Injury or Illness while abroad 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. \*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](mailto:claimhelp@mycisi.com), or by 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 or status, call (800) 303-8120, or email [claimhelp@mycisi.com](mailto:claimhelp@mycisi.com).

### **How long will it take to be reimbursed for eligible 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, and on the myCISI Participant Portal.

## I misplaced my ID card. What should I do?

If you have the CISI Traveler App, your card and information is in the palm-of-your-hand. Within the CISI Traveler App you can access your ID card and download it to your phone so you have access to it even when you are offline. You can also reprint it from your welcome email; or sign into your myCISI Participant Portal and access it there. Another option is to contact CISI by calling (800) 303-8120 or email [claimhelp@mycisi.com](mailto:claimhelp@mycisi.com) or [enrollments@mycisi.com](mailto:enrollments@mycisi.com) and we can easily email you with a new ID card within a few minutes.

## Does my plan provide any coverage for me in the U.S.?

No. You are covered worldwide except within the United States.

## Have additional questions, or questions related to benefits?

Email [claimhelp@mycisi.com](mailto:claimhelp@mycisi.com) or call (203) 399-5130 or toll-free at (800) 303-8120.

## Team Assist Plan (TAP)

The Team Assist Plan is a non-insurance service 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 SPC pays expenses up to the amount shown in the *Schedule of Benefits* for:

- Emergency Medical Evacuation
- Return of Mortal Remains
- Security Evacuation

All services must be arranged through the Assistance Provider.

## The TAP Offers These Services

*(Non-Insurance Benefits and Services are not provided by Crum & Forster SPC)*

## 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.

# Virginia Commonwealth University

Policy # CC008496-SA

2023-2024

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

This plan is underwritten by Crum & Forster SPC

SCHEDULE OF BENEFITS	
Coverage and Services	Maximum Limits
<b>TRAVEL ACCIDENT INDEMNITY INSURANCE</b>	
Accidental Death and Dismemberment Per Insured Person	\$20,000
<b>ACCIDENT AND SICKNESS INSURANCE</b>	
Medical expenses (per Covered Accident or Sickness):	
Deductible	zero
Benefit Maximum	\$500,000 at 100%
Extension of Benefits	30 days
Home Country Coverage Limit	\$10,000
<b>TRAVEL ASSISTANCE INSURANCE</b>	
Emergency Medical Reunion	(incl. hotel/meals, max \$300/day) \$10,000
Trip Delay	\$5,000
Trip Interruption	\$1,000
<b>EVACUATION AND REPATRIATION INSURANCE</b>	
Emergency Medical Evacuation	\$250,000
Repatriation of Mortal Remains	\$100,000
Security Evacuation (Comprehensive)	\$250,000 (\$1M Aggregate)
<b>NON-INSURANCE SERVICES*</b>	
Team Assist Plan (TAP): 24/7 medical, travel, technical assistance	

\*Services are not insurance and are not affiliated with or provided by Crum & Forster SPC.

Benefits are provided for eligible Insured Persons. Terms and conditions are briefly outlined in this summary of coverage. This plan contains both insurance and non-insurance benefits. Complete provisions pertaining to the insurance portion of the plan 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 your 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 policy is not subject to guaranteed issuance or renewal. PPO Networks are not provided by Crum & Forster SPC.



## 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 outside 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 and accompanying faculty and staff who are enrolled as Virginia Commonwealth University Study Abroad participants, and who are temporarily pursuing educational activities outside of the United States and their Home Country are eligible for coverage. Benefits shall be payable to either the Insured Person or the Service Provider for Covered Expenses incurred Worldwide, except in the United States or their Home Country. The first such expense must be incurred by an Insured Person within 30 days after the date of the Covered Accident or commencement of the Sickness; and

- All expenses must be incurred by the Insured Person within 364 days from the date of the Covered Accident or commencement of the Sickness; and
- The Insured Person must remain continuously insured under the Policy for the duration of the treatment.

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

## Accidental Death and Dismemberment Benefit

**Accidental Death Benefit.** If Injury to the Insured Person results in death within 365 days of the date of the Covered Accident that caused the Injury, 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

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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 as listed below and subject to Exclusions. Initial 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 incurred shown in the *Schedule of Benefits*. In no event shall Our maximum liability exceed the Benefit Maximum stated in the *Schedule of Benefits* as to Covered Expenses during any one period of individual coverage.

## Covered Accident & Sickness Medical Expenses

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***Only such Medically Necessary expenses, incurred as the result of a covered Accident or Sickness, which are specifically enumerated in the following list of charges, and which are not excluded in the Exclusions section, shall be considered as Covered Expenses:***

- Charges made by a Hospital for room and board, floor nursing and other services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital's average charge for semiprivate room and board accommodation.
- Charges made for Intensive Care or Coronary Care charges and nursing services.
- Charges made for diagnosis, treatment and surgery by a Doctor.
- Charges made for an operating room.
- Charges made for outpatient treatment, same as any other treatment covered on an inpatient basis. This includes ambulatory surgical centers, Doctors' outpatient visits/examinations, clinic care, and surgical opinion consultations.
- Charges made for the cost and administration of anesthetics.
- Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood, transfusions, iron lungs, and medical treatment.
- Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Doctor or surgeon.
- Charges made for artificial limbs, eyes, larynx, and orthotic appliances, but not for replacement of such items.
- Local transportation to or from the nearest Hospital or to and from the nearest Hospital with facilities for required treatment. Such transportation shall be by licensed ground ambulance only.
- Charges for physiotherapy, if recommended by a Doctor for the treatment of a specific Disablement and administered by a licensed physiotherapist.
- Nervous or Mental Disorders are payable a) up to \$10,000 for outpatient treatment; or b) up to \$50,000 on an inpatient basis. We shall not be liable for more than one such inpatient or outpatient occurrence under the Policy with respect to any one Insured Person.
- Chiropractic Care and Therapeutic Services shall be limited to a total of \$50 per visit, excluding x-ray and evaluation charges, with a maximum of 10 visits per Injury or Sickness. The overall maximum coverage per Injury or Sickness is \$500 which includes x-ray and evaluation charges.
- 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.
- 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 covered up to \$10,000 on a primary basis. Any remaining costs are payable secondary to any other insurance plan, up to the maximum of \$100,000.

## Extension of Benefits

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Medical benefits are automatically extended 30 days after expiration of Insurance for conditions first diagnosed or treated during or related to your overseas study program with Virginia Commonwealth University. Benefits will cease at 12:00 a.m. on the 31st day following Termination of Insurance.

## Home Country Benefit

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We will pay the benefit shown in the *Schedule of Benefits* when during a scheduled trip outside of the Home Country, the Insured Person returns to his or her Home Country or Permanent Residence for incidental visits provided the primary reason for the Insured Person's return to the Home Country or Permanent Residence is not to obtain medical treatment for an Injury or Sickness that occurred while traveling.

Benefits are payable under the Policy only to the extent that Covered Expenses are not payable under any other domestic health care plan.

Home Country Benefit payments are subject to any applicable Benefit Maximum shown in the *Schedule of Benefits*. This coverage will end on the earlier of the date the Insured Person's coverage would otherwise end or the end of the Policy Term.

## Emergency Medical Reunion

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When an Insured Person is hospitalized for more than 24 consecutive hours, We will reimburse for round trip economy-class transportation for one individual selected by the Insured Person, from the Insured Person's current Home Country to the location where the Insured Person is hospitalized.

We will also pay this benefit if the Insured Person was the victim of a Felonious Assault. "Felonious Assault" means a violent or criminal act reported to the local authorities which was directed at the Insured Person during the course of, or an attempt of, a physical assault resulting in serious Injury, kidnapping or rape.

The benefits reimbursable will include:

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

## Trip Delay Benefit

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We will reimburse Covered Expenses up to 14 days subject to a \$5,000 Benefit Maximum if an Insured's trip originating outside their Home Country is delayed for more than 12 hours.

Covered Expenses include charges incurred for reasonable, additional accommodations, meals and local transportation expenses incurred by the Insured Person up to the Benefit Maximum. Incurred expenses must be accompanied by receipts. This benefit is payable only for one delay of the Insured's Trip. Travel Delay must be caused by the following reason:

- Quarantine

**Quarantine** means the Insured is forced into medical isolation by a recognized government authority, their authorized deputies, or Physician due to the Insured either having, or being suspected of having, a contagious disease, infection or contamination while the Insured is traveling outside of their Home Country.

## Trip Interruption Benefit

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We will reimburse the cost of a round-trip economy air and/or ground transportation ticket of the Insured Person's trip, if his or her trip is interrupted as the result of:

- the death of a Family Member; or
- the unforeseen Injury or Sickness of the Insured Person or a Family Member. The Injury or Sickness must be so disabling as to reasonably cause a trip to be interrupted; or
- Quarantine.

The total benefits payable under the Trip Interruption Benefit will not exceed the maximum stated in the *Schedule of Benefits*.

**Quarantine** means the Insured is forced into medical isolation by a recognized government authority, their authorized deputies, or Physician due to the Insured either having, or being suspected of having, a contagious disease, infection or contamination while the Insured is traveling outside of their Home Country.

## Emergency Medical Evacuation Benefit

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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:**

**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 of Mortal Remains Benefit

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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.

## Security Evacuation (Comprehensive)

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Coverage (up to the amount shown in the Brochure's *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](http://www.culturalinsurance.com/cisi_forms.asp).

## Exclusions and Limitations

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**We will not pay Accidental Death and Dismemberment Benefits for any loss or injury that is caused by or results from:**

- 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.

***In addition, this Insurance does not cover Medical Expense Benefits for:***

- Charges for treatment which is not Medically Necessary.
- Charges for treatment which exceed Reasonable and Customary charges.
- Charges incurred for surgery or treatments which are experimental/investigational, or for research purposes.
- Services, supplies or treatment, including any period of Hospital confinement, which were not recommended, approved and certified as Medically Necessary and reasonable by a Doctor.
- War or any act of war, whether declared or not.
- Injury sustained while participating in professional, amateur, intercollegiate, 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 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.
- Routine dental treatment.
- Drugs, treatments or procedures that either promote or prevent conception, or prevent childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion.
- Treatment for human organ tissue transplants and related treatment.
- Weak, strained or flat feet, corns, calluses, or toenails.
- Diagnosis and treatment of acne.
- Injury sustained while the Insured Person is riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting from, any type of aircraft.
- Dental care, except as the result of Injury to natural teeth caused by a Covered Accident, unless otherwise covered under this Policy.

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

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**Company** shall be Crum & Forster SPC.

**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 Residence** 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 180 days 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, 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.

## **DISCLOSURES**

**Note:** This insurance is not subject to and does not provide certain insurance benefits required by the United States' Patient Protection and Affordable Care Act ("PPACA"). PPACA requires certain US citizens or US residents to obtain PPACA compliant health insurance, or "minimum essential coverage." PPACA also requires certain employers to offer PPACA compliant insurance coverage to their employees. Tax penalties may be imposed on U.S. residents or citizens who do not maintain minimum essential coverage, and on certain employers who do not offer PPACA compliant insurance coverage to their employees. In some cases, certain individuals may be deemed to have minimum essential coverage under PPACA even if their insurance coverage does not provide all of the benefits required by PPACA. You should consult your attorney or tax professional to determine whether the policy meets any obligations you may have under PPACA.

**Privacy Statement:** We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. We do not disclose any non-public personal information about our insureds or former insureds to anyone, except as permitted or required by law. We maintain appropriate physical, electronic and procedural safeguards to ensure the security of your non-public personal information. You may obtain a detailed copy of our privacy policy by calling us 1-800-303-8120 or by visiting us at [https://www.culturalinsurance.com/cisi\\_privacy.asp](https://www.culturalinsurance.com/cisi_privacy.asp).

**Complaints:** In the event that you remain dissatisfied and wish to make a complaint you can do so to the Complaints team [https://www.culturalinsurance.com/cisi\\_privacy.asp#CONTACT](https://www.culturalinsurance.com/cisi_privacy.asp#CONTACT).

**Data Protection:** Please note that sensitive health and other information that you provide may be used by us, our representatives, the insurers and industry governing bodies and regulators to process your insurance, handle claims and prevent fraud. This may involve transferring information to other countries (some of which may have limited, or no data protection laws). We have taken steps to ensure your information is held securely. Where sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use as set out above. Information we hold will not be shared with third parties for marketing purposes. You have the right to access your personal records.

By purchasing this insurance provided by Crum & Forster SPC, under the jurisdiction of the Cayman Islands, you become a member of the Fairmont Specialty Trust.

- ▶ **Program Name:** Virginia Commonwealth University - Study Abroad
- ▶ **Policy Number:** 23 CC008496-SA
- ▶ **Participant ID Number** (from the front of your insurance card):

**Mailing Address:** 1 High Ridge Park, Stamford, CT 06905 | **E-mail:** [claimhelp@mycisi.com](mailto:claimhelp@mycisi.com) | **Fax:** (203) 399-5596  
For claim submission questions, call (203) 399-5130 or e-mail [claimhelp@mycisi.com](mailto: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 claimant cooperation provision and additional claim submission instructions.**

**\*\*\*IMPORTANT:** If your claim pertains to an Accident, SECTION 2 MUST be completed. If your claim pertains to a Sickness/Illness, SECTION 3 MUST be completed. Failure to complete one of these sections (whichever section pertains to your claim), will cause a delay as we will request for you to complete this form again to include this necessary information in order to process your claim. For claims related to one of the Travel Assistance Benefits, see Section 5.

**SECTION 1: 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: \_\_\_\_\_

**SECTION 2: IF IN AN ACCIDENT\*\*\***

Date of Accident: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Accident: \_\_\_\_\_ Date of Doctor/Hospital Visit: \_\_\_\_/\_\_\_\_/\_\_\_\_

Description/Details of Injury (attach additional notes if necessary): \_\_\_\_\_

**SECTION 3: 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? \_\_\_\_\_

**SECTION 4: REIMBURSEMENT\*\*\***

Have these doctor/hospital bills been paid by you? ☐ YES ☐ NO

If no, do you authorize payment to the provider of service for medical services claimed? ☐ YES ☐ NO

If yes, you must include the payment receipt(s). Any eligible reimbursements will be made in U.S. currency (USD) via check. If you would like your eligible reimbursement in another currency via wire transfer, please contact CISI at 203-399-5130 or [claimhelp@mycisi.com](mailto: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.**

**SECTION 5: 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 DELAY ☐ TRIP INTERRUPTION ☐ EMERGENCY MEDICAL REUNION

Please provide us with the relevant details of your incident below or the details and value of your loss. You may attach an additional page if necessary:

**STOP! Please see next page for claim submission instructions specific to each of these benefits.**

**SECTION 6: CONSENT TO RELEASE MEDICAL INFORMATION**

I hereby authorize any insurance company, Hospital or Physician or other person who has attended or examined me, including those in my home country to furnish to Cultural Insurance Services International or any of their duly appointed representatives, any and all information with respect to any sickness/illness or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical reports. A photo static copy of this authorization shall be considered as effective and valid as the original.

I certify that the information furnished by me in support of this claim is true and correct.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Cultural Insurance Services International – Claim Form Page 2

### Instructions for Claim Submission on Unrelated to a Medical Incident

#### **Trip Delay, you must submit:**

- Proof of delay.
- Receipts for any eligible expense.
- If due to Quarantine:
  - Proof of positive test.
  - Proof of Quarantine requirement:
    - a) If required by treating physician/medical authority, a letter must be from the treating physician.
    - b) If required by local government officials or authorities, a letter must come from the governmental official or authority. If individual letters are no longer being issued in the country of destination, provide proof of government requirement via verifiable source (i.e. local government website, etc).
    - c) If no local government guideline exists but insured is unable to travel back to the US due to the airline's adherence to CDC travel guidelines requirements, specify this clearly on claim form and include original flight itinerary.
  - Proof of negative test or date of recovery paperwork, showing you can travel again.
  - Receipts for any eligible expense.
  - Proof of non-refundable expenses.

#### **Trip Interruption, you must submit:**

- Proof of Payment
- Flight Itinerary including your name, travel dates and departure and arrival locations.
- Letter stating reason for curtailing travel (if due to a medical condition, the letter must be from the treating physician).
- If death of a family member, obituary or a copy of the death certificate is required as proof.
- If due to Quarantine:
  - Proof of positive test.
  - Proof of Quarantine requirement:
    - d) If required by treating physician/medical authority, a letter must be from the treating physician.
    - e) If required by local government officials or authorities, a letter must come from the governmental official or authority. If individual letters are no longer being issued in the country of destination, provide proof of government requirement via verifiable source (i.e. local government website, etc).
    - f) If no local government guideline exists but insured is unable to travel back to the US due to the airline's adherence to CDC travel guidelines requirements, specify this clearly on claim form and include original flight itinerary.
  - Proof of negative test or date of recovery paperwork, showing you can travel again.
  - Receipts for any eligible expense.
  - Proof of non-refundable expenses.

#### **Emergency Medical Reunion, you must submit:**

- Proof of hospitalization, or if Felonious Assault, a report.
- Flight itinerary.
- Hotel Invoice.
- Meal Receipts.

**Claimant Cooperation Provision:** Failure of a claimant to cooperate with Us in the administration of a claim may result in the termination of a claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

This plan is underwritten by Crum & Forster SPC and administered by Cultural Insurance Services International