World Class Coverage Plan designed for) O R U L G D \$8/QO D Q W L FW \ (G X F D W L R Q \$EURDG

ISI

INTERNATIONAL



Itural Insurance Services International

CE American Insurance Company

Underwm

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 and access it there. Another option is to contact CISI by calling (800) 303-8120 or email claimhelp@mycisi.com

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 Injury or Sckness and administered by a licensed physiotherapist.

Nervous or Mental Disorders are payable a) up to \$500 for outpatient treatment; or b) up to \$5,000 on an inpatient basis. We shall not be liable for more than one such inpatient or outpatient occurrence under the Policy with respect to any one Insured Person.

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 Sckness. The overall maximum coverage per Injury or Sckness 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 limited to \$500.

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 your University. Benefits will cease at 12:00 a.m. on the 31st day following Termination of Insurance.

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We will pay benefits for Covered Expenses incurred up to the maximum limit stated in the Schedule of Benefits, if a Medical Emergency commencing during the Period of Coverage results in the Emergency Medical Evacuation of the Insured Person. The Medical

Evacuation. Benefits will not be payable unless the Assistance Company authorizes in advance, and services are rendered by the Assistance Company. All transportation arrangements must be by the most direct and economical route.

Covered Expenses include Medical Transportation, Dispatch of a Doctor or Specialist, Return of Dependent Child(ren), Escort Services, and Transportation After Stabilization.

We will pay the reasonable Covered Expenses incurred up to the maximum limit as stated in the Schedule of Benefits, to return the

means the maximum amount that We determine is Reasonable and Oustomary 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 Sckness 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.

means spouse, Domestic Partner, parent, sibling, child, grandparent, grandchild, step-parent, step-child, step-sibling, in-

Cultur al Insurance Services International – Claim Form Page 2 Instructions for Claim Submission on Unrelated to a Medical Incident

Quarantine , you must submit:

- x Proof of positive test performed by a medical professional or laboratory .
- x Proof of Quarantine requirement:
- a) If require d by treating physician/medical author ity, a letter must be from the treating physician.
- b) If required by local gove rnment official s or authorities , a letter must come from the governmental official or authority. If individual letters are no longe r being issued in the country of destination, pro vide proof of go vernment requirement via verifiable source (i.e. local gover nment website, etc).
- c) If no loc al government guideline exists but insured is unable to tree bor it