Covered Accident and Sickness Medical Expenses

<table>
<thead>
<tr>
<th>Schedule of Benefits – Table 1</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical Expenses</strong></td>
<td></td>
</tr>
<tr>
<td>Deductible (Annual)</td>
<td>$100-</td>
</tr>
<tr>
<td>Basic Medical (Per Accident/Sickness)</td>
<td>$500,000 @100%</td>
</tr>
<tr>
<td>Accidental Death &amp; Dismemberment</td>
<td></td>
</tr>
<tr>
<td>Per Insured Person</td>
<td>$25,000</td>
</tr>
<tr>
<td>Aggregate Limit Per Accident</td>
<td>$2,000,000</td>
</tr>
<tr>
<td>Emergency Medical Reunion</td>
<td>up to $10,000, $500 day for economy airfare and hotel/meals (available if Insured Person is hospitalized for more than 3 days or immediately following a felonious assault)</td>
</tr>
<tr>
<td>Return Ticket</td>
<td>$1,500</td>
</tr>
<tr>
<td>*Emergency Medical Evacuation</td>
<td>100% of Covered Expenses</td>
</tr>
<tr>
<td>*Repatriation of Remains</td>
<td>100% of Covered Expenses</td>
</tr>
<tr>
<td>*Security Evacuation (Comprehensive)</td>
<td>Up to $100,000</td>
</tr>
<tr>
<td>Team Assist Plan (TAP # GLM N04964986)</td>
<td>Included</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Schedule of Benefits – Table 2 – Medical Expenses</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor Office Visits, Hospital and Doctor Outpatient Services</td>
<td>100% of Reasonable Expenses</td>
</tr>
<tr>
<td>Inpatient Hospital Services</td>
<td>100% of Reasonable Expenses</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>100% of Reasonable Expenses</td>
</tr>
<tr>
<td>Maternity</td>
<td>Covered</td>
</tr>
<tr>
<td>Mental and Nervous (Per Lifetime)</td>
<td>$25,000 outpatient, $25,000 inpatient (includes drug/alcohol abuse treatment)</td>
</tr>
<tr>
<td>Specified Therapies including Physiotherapy</td>
<td>$5,000 combined total for in/outpatient for up to 30 days (maximum) when immediately following hospitalization or surgery</td>
</tr>
<tr>
<td>Accidental Dental</td>
<td>Up to policy limits</td>
</tr>
<tr>
<td>Palliative Dental</td>
<td>$1,000</td>
</tr>
<tr>
<td>Therapeutic Termination of Pregnancy</td>
<td>$500 maximum</td>
</tr>
<tr>
<td>Home Country Coverage</td>
<td>up to $10,000 or 60 days (if NOT covered by other plan)</td>
</tr>
<tr>
<td>Extension of Benefits</td>
<td>60 days (if NOT covered by other plan)</td>
</tr>
<tr>
<td>Pre-existing Conditions</td>
<td>Covered on a primary basis up to a maximum of $100,000 and beyond that on a secondary basis up to the plan Medical Expense limit (Home Country Excluded)</td>
</tr>
</tbody>
</table>

*All services must be arranged through the Assistance Provider in order for benefits to be payable.

Team Assist Plan (TAP)
The Team Assist Plan is designed by CISI in conjunction with the Assistance Company to provide travelers with a worldwide, 24-hour emergency telephone assistance service. Multilingual help and advice may be furnished for the Insured Person in the event of any emergency during the term of coverage. The Team Assist Plan complements the insurance benefits provided by the Medical Plan.

If you require Team Assist assistance, your ID number is your policy number. In the U.S., call (855) 327-1411, worldwide call (01-312) 935-1703 (collect calls accepted) or e-mail medassist-usa@axa-assistance.us.

NOTE: During an emergency, seek help without delay and then contact Team Assist.

Security Evacuation (Comprehensive)
Coverage (up to the amount shown in the Schedule of Benefits, Security Evacuation) is provided for security evacuations for specific Occurrences. To view the covered Occurrences and to download a detailed PDF of this brochure, please go to the following web page: [www.culturalinsurance.com/cisi_forms.asp](http://www.culturalinsurance.com/cisi_forms.asp)

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.
- Injury arising out of a Pre-Existing Condition. However, an Injury for which treatment has not been rendered or treatment medically recommended for the past twelve consecutive months shall not be considered a Pre-Existing Condition unless otherwise specifically excluded.

For all other benefits, this Insurance does not cover:
- Pre-Existing conditions, 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 Doctor with respect to the Pre-Existing Condition or related condition(s), for a period of 6 consecutive months beginning on or after the first day of coverage, the Pre-Existing Condition exclusion will no longer apply and any eligible charges incurred after the treatment free period will be considered for reimbursement; or
  b) If the Insured Person is covered under the Policy for 6 consecutive months, the Pre-Existing Condition exclusion will no longer apply and any eligible expenses incurred thereafter will be considered for reimbursement; or
  c) For the Emergency Medical Evacuation and Repatriation/Return of Mortal Remains benefits.
- 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.
- 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 Doctor or Hospital to make all medical reports and records available to Us which will cause an otherwise valid claim to be denied.

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.

The cost of the Insured Person’s unused airline ticket(s) for transportation back to the Insured Person’s Home Country or Permanent Residence, where an Emergency Medical Evacuation or Repatriation of Remains benefit is provided.

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 (except as provided by the Policy).

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. (Note: Therapeutic Termination of pregnancy is covered up to $500.)

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.

Mental or Nervous Disorders or rest cures, 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.

Claims Submission
Submit claim form and attachments to Cultural Insurance Services International, 1 High Ridge Park, Stamford, CT 06905 or via email to claimhelp@culturalinsurance.com. For claim submission questions, call 203.399.5130 (9-5 EST, M-F) or send an e-mail to the address above. See the myCISI Participant Portal for a copy of the claim form and further instructions.

myCISI Participant Portal
After enrollment in the insurance plan with Cultural Insurance Services International, eligible participants can visit www.culturalinsurance.com/login and create a myCISI account following the instructions provided. The myCISI Participant Portal provides access to coverage documents, emergency contact information, recommended doctors and hospitals, and a variety of country-specific resources and links.

World Class Coverage Plan
designed for
Institute for the International Education of Students
2017-2018
Policy number: GLM N04964986
Administered by Cultural Insurance Services International
1 High Ridge Park • Stamford, CT 06905
This plan is underwritten by ACE American Insurance Company

Policy terms and conditions are briefly outlined in this pamphlet. Please refer to the full brochure on the myCISI participant portal for a more detailed explanation of policy benefits and exclusions.

Complete provisions pertaining to this insurance are contained in the Master Policy on file with the Institute for the International Education of Students under form number AH-15090. In the event of any conflict between this Description of Coverage and the Master Policy, the Policy will govern.

IMPORTANT NOTICE: This policy provides travel insurance benefits for individuals traveling outside of their home country. This policy does not constitute comprehensive health insurance coverage (often referred to as “major medical coverage”) and does not satisfy a person’s individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA). For more information about the ACA, please refer to www.HealthCare.gov