



# **A Plan of Insurance**

*designed for*

## **2012 AIFS Partnership**

### **Semester and Six- to Ten-Week Programs**

January 1, 2012 to December 31, 2012

**administered by** Cultural Insurance Services International • River Plaza • 9 West Broad Street • Stamford, CT 06902-3788  
**This plan is underwritten** by The Insurance Company of the State of Pennsylvania, a member of Chartis, Inc.

**Policy terms and conditions are briefly outlined in this Description of Coverage. Complete provisions pertaining to this insurance are contained in the Master Policy on file with the trustee and the Participating Organization. In the event of any conflict between this Description of Coverage and the Master Policy, the Policy will govern. This policy brochure is for coverage provided to 2010 AIFS Partnership Program Participants.**

#### **Policy # GLB 9111599**

Coverage and Services	Maximum Limits
• Basic Medical expense (per Accident or Sickness)	\$10,000
• Deductible (per occurrence)	\$50
• Chiropractic Care & Therapeutic Services	
Outpatient Limit	Maximum of \$50/visit/Maximum of 10 visits
	\$500 overall maximum
• Mental and Nervous (per lifetime)	
Outpatient	\$500
Inpatient	\$10,000
• Accidental Death & Dismemberment	\$10,000
• Program Fee Refund	\$3,000
• Return Airfare Benefit	\$1,000
• Team Assist Package	Included
Team Assist ID #	GLB 9111599
• Emergency Medical Evacuation/Repatriation	\$100,000/\$50,000
• Emergency Medical Reunion	\$1,000
• Security Evacuation (Comprehensive)	\$100,000
• Travel Delay	\$1,000 Max/\$250 per day
<b>Semester/Six-to Ten-week Upgrades (in addition to Basic Coverage)</b>	
• Additional Medical Expense	\$50,000
• Personal Effects Loss	\$2,500
• Personal Effects Deductible	\$100
• Per-Item Limit	\$100
• Electronic Devices Limit	\$500

#### **Period of Coverage**

This plan applies to Partnership Semester/Six- to Ten-Week Program participants studying abroad on programs sponsored by the American Institute For Foreign Study® College Division. The effective date of medical

and personal effects coverage is the date you depart your domicile immediately prior to becoming a participant. Your coverage terminates when the first of the following occurs:

- expiration of the term of coverage
- termination of participation in the program of foreign study
- direct return to your place of domicile after your trip as a participant

**Coverage allows for up to 30 days of independent travel.**

#### **Description of Benefits**

##### **Covered Accident and Sickness Medical Expenses**

**Only such expenses, incurred as the result of a Disablement, which are specifically enumerated below, and which are not excluded in the Exclusions section, shall be considered as Covered Expenses:**

- Charges made by a Hospital for room and board up to \$300 per day, operating room, 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 Physician
- 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
- Charges for medication, x-ray services, laboratory tests and services
- 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

- Charges for physiotherapy, if recommended by a Physician for the treatment of a specific Disablement and administered by a licensed physiotherapist. Coverage is limited to a maximum of \$100 per visit not to exceed a total of \$1500 per injury or illness.
- 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 (ten) visits per injury or illness. The overall maximum coverage per injury or illness is \$500 which includes x-ray and evaluation charges
- Any Mental and Nervous disorders or rest cures, as specified in the schedule of benefits (includes eating disorders such as anorexia and bulimia)

## Accidental Death and Dismemberment

**Accidental Death Benefit:** If Injury to the Insured results in death within 365 days of the date of the accident that caused the Injury, the Company will pay 100% of the Maximum Amount.

**Accidental Dismemberment Benefit:** If Injury to the Insured results, within 365 days of the date of the 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 as a result of the same 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.

**Medical expense (accident and sickness)** The plan will pay usual, customary and reasonable amount of the Covered Accident and Sickness Medical Expense in excess of \$50 per incident incurred within 52 weeks of date of accident or commencement of sickness—up to \$10,000 for each accident or up to \$10,000 for each sickness.

**Program fee refund (accident or sickness)** If after any scheduled payment has been made, but before departure, you are prevented from embarking on your trip because of either (1) covered accidental bodily injuries, disease or covered sickness for which you are under care of a legally qualified physician or surgeon or (2) quarantine at the place of residence or epidemic in the area of travel, the plan will refund—in conjunction with AIFS—the program fees paid less the application fee, processing fee, insurance fee and non-refundable deposits. A signed certificate of inability to participate in the program from a qualified doctor is necessary to make the refund claim.

If you are unable to depart on your program due to a covered illness or injury, AIFS will refund fees paid as described in your program materials. AIFS must receive a signed physician's letter certifying your inability to participate. For withdrawals due to non-covered conditions, please refer to the standard refund policy on the AIFS Agreement and Release Form.

**Return airfare benefit** If you travel on an AIFS College Division Partnership Semester/Six- to Ten-Week Program group flight, this plan will cover the cost, up to a maximum \$1,000, of changing your return flight date. Your air transportation must be on a regularly scheduled commercial flight (tourist class) to the original AIFS point of departure if you are unable to complete the program for any of the reasons outlined under Program Fee Refund section. A signed certificate of illness from a physician, other than a relative or member of your household, is necessary in making claims.

## Team Assist Plan (TAP) as provided by Travel Assist

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 in the event of any emergency during the term of coverage. The Team Assist Plan complements the insurance benefits provided by The Insurance Company of the State of Pennsylvania. The Assistance Company will be Travel Assist.

## Emergency Medical Evacuation/Repatriation

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 or Repatriation of the Insured Person. The decision for an Emergency Medical Evacuation or Repatriation must be ordered by the Company's appointed Assistance Company in consultation with the Insured Person's local attending Physician.

Emergency Medical Evacuation or Repatriation 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.

Covered Expenses are for Emergency Medical Evacuation/Repatriation, for transportation, medical services and medical supplies necessarily incurred in connection with Emergency Medical Evacuation or Repatriation of the Insured Person.

## Return of Mortal Remains or Cremation

The Company will pay the reasonable Covered Expenses incurred up to the maximum as stated in the Schedule of Benefits, Return of Mortal Remains, to return the Insured Person's remains to his/her then current Home Country, if he or she dies.

Covered Expenses include, but are not limited to, expenses for embalming, cremation, a minimally necessary container appropriate for 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.

## Travel Delay Benefit

The Company will reimburse up to \$250 per person per day for up to five days to the Maximum Limit of \$1,000 if the Insured Person's Trip is delayed for more than 12 hours for reasonable, additional accommodations and traveling expenses until travel becomes possible. Incurred expenses must be accompanied by receipts. This benefit is payable only for one delay of the Insured/Covered Person's Trip. Travel Delay must be caused by reasons listed below:

(a) carrier delay;(b) lost or stolen passport, travel documents;(c) Quarantine;(d) Natural Disaster;(e) Injury or Sickness of the Insured/Covered Person;(f) the Insured/Covered Person being delayed by a traffic accident while en route to a departure;(g) hijacking;(h) unpublished or unannounced Strike; (i) civil disorder or commotion;(j) riot;(k) a Common Carrier Strike or other job action;(l) Equipment Failure of a Common Carrier; or (m) the loss of the Insured/Covered Person's travel documents or tickets due to theft. (n) Inclement Weather which prohibits Common Carrier departureThe Insured must provide the Company with proof of the Travel Delay such as a letter from the airline, cruise line, or Tour operator/ newspaper clipping/ weather report/ police report or the like and proof of the expenses claimed as a result of Travel Delay.

**Extension of Coverage:** All coverage will be extended, if:(a) the Insured's entire Trip is covered by the plan; and(b) the Insured's return is delayed by one of the Unforeseen reasons specified under Trip Delay.

**This extension of coverage will end on the earlier of:**(a) the date the Insured reaches his/her Return Destination; or(b) 7 days after the date the Trip was scheduled to be completed.

**General Exclusions for Travel Delay benefit:** This plan does not cover any loss caused by or resulting from:- loss or damage caused by detention, confiscation, or destruction by customs;- any unlawful acts, committed by the Insured, a Family Member, or a Traveling Companion, or Business Partner whether insured or not;- if the Insured's tickets do not contain specific travel dates (open tickets);- any failure of a provider of travel related services (including any Travel Supplier) to provide the bargained-for travel services or to refund money due the Insured;- any loss that occurs at a time when this coverage is not in effect;

## Emergency Medical Reunion

When an Insured Person is hospitalized for more than six days, the Company will arrange and pay for round trip economy-class transportation for a parent,

spouse, sibling (over age 21) or legal guardian, from the Insured Person's current Home Country to the location where the Insured Person is hospitalized. The benefits payable will include:

- The cost of a round trip economy airfare and their hotel and meals (to a maximum of \$100 per day) up to the maximum stated in the Schedule of Benefits, Emergency Medical Reunion;
- All transportation in connection with an Emergency Medical Reunion must be pre-approved and arranged by an assistance company representative appointed by the Company.

### Security Evacuation (Comprehensive)

Coverage (up to \$100,000) 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).

### The TAP offers these services

**Medical assistance:** Medical referral, medical monitoring, prescription drug replacement/shipment, emergency message transmittal, coverage verification/payment assistance for medical expenses

**Travel assistance:** Assistance in obtaining emergency cash, traveler's check replacement assistance, lost/delayed luggage tracing, replacement of lost or stolen airline ticket

**Technical assistance:** Credit card/passport/important document replacement, locating legal services, assistance in posting bond/bail, worldwide inoculation information

**Right of 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.

If you require Team Assist, your ID number is GLB 9111599  
Partnership Programs-AIFS. In the U.S., call (800) 472-0906.  
Worldwide, outside the U.S., call collect (817) 826-7143 or email  
[teamassist@culturalinsurance.com](mailto:teamassist@culturalinsurance.com)

### Exclusions

**For benefits listed in the Schedule of Benefits, except Accidental Death & Dismemberment, 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 in the 12 months prior to the Effective Date of coverage under the Policy, except as specified: 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 treatment free period will be considered for reimbursement; or b) If the Injured Person is covered under the Policy for 12 consecutive months, the Pre-Existing Condition exclusion will no longer apply and any eligible expenses incurred thereafter will be considered for reimbursement; or c) Emergency Medical Evacuation/Repatriation and Return of Mortal Remains
- 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 Physician
- Declared or undeclared war or any act thereof;
- 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 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
- 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
- Any Mental and Nervous disorders or rest cures including eating disorders such as anorexia and bulimia, except as described under covered Accident and Sickness
- 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 of or in connection with intentionally self-inflicted Injury or Illness
- 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; and 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
- Routine Dental Treatment
- For Pregnancy or Illness resulting from Pregnancy, childbirth or miscarriage
- 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
- 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.

**In addition to the exclusions listed above, the following exclusions apply to Accidental Death and Dismemberment Insurance only:**

- disease of any kind
- bacterial infections except pyogenic infection which shall occur through an accidental cut or wound
- neuroses, psychoneuroses, psychopathies, psychoses or mental or emotional diseases or disorders of any type

**Elective surgery** means surgery or medical treatment not necessitated by a pathological or traumatic change in the function or structure in any part of the body first occurring after the insured's effective date of coverage. Elective surgery includes, but is not limited to, circumcision, tubal ligation, vasectomy, breast reduction, sexual reassignment surgery and submucous resection and/or other surgical correction for deviated nasal septum, other than for necessary treatment of covered acute purulent sinusitis. Elective surgery does not apply to cosmetic surgery required to correct a covered accident.

**Elective treatment** means surgery or medical treatment not necessitated by a pathological or traumatic change in the function or structure in any part of the body first occurring after the insured's effective date of coverage. It includes, but is not limited to, acne, nonmalignant warts and moles, weight reduction, infertility and learning disabilities.

#### Optional insurance

**Medical upgrade**—policy covers medical treatment abroad to a maximum of \$60,000 per sickness or accident with a daily hospital charge maximum not to exceed the average semiprivate rate with \$50 deductible for each accident or illness.

**Personal effects coverage**—maximum benefit for loss or theft is \$2,500 subject to a maximum \$100 per item (\$500 for electronic devices) and deductible of \$100 per incident. To purchase these options, indicate on the application.

#### The following exclusions apply:

- loss of money, notes, securities, tickets and documents (driver's licenses, passports, passes, etc.)
- jewelry, watches, computers, articles consisting in whole or in part of silver, gold or platinum and furs
- animals, automobiles, automobile parts and equipment, motorcycles, skis, bicycles, boats, motors or other conveyances
- any kind of glasses (including sunglasses) and contact lenses
- breakage of articles of a brittle nature unless caused by thieves
- loss or damage caused by, or resulting from, declared or undeclared war
- loss due to wear, tear, gradual deterioration or negligence on the part of the Insured.

#### Definitions

**"Accident" or "Accidental"** shall mean an event, independent of Illness or self inflicted means, which is the direct cause of bodily Injury to an Insured Person.

**"Company"** shall be The Insurance Company of The State of Pennsylvania.

**"Covered Expenses"** shall mean expenses which are for Medically Necessary services, supplies, care, or treatment; due to Illness or Injury; prescribed, performed or ordered by a Physician; 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.

**"Deductible"** shall mean 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 the Company. The Deductible amount is stated in the Schedule of Benefits, under each stated benefit.

**"Disablement"** as used with respect to medical expenses shall mean an Illness or an Accidental bodily Injury necessitating medical treatment by a Physician as defined in this Policy.

**"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's effective date of coverage. Elective Surgery includes, but is not limited to, circumcision, tubal ligation, vasectomy, breast reduction, sexual reassignment surgery, and submucous 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 a covered Accident. Elective Treatment includes, but is not limited to, treatment for acne, nonmalignant warts and moles, weight reduction, infertility, learning disabilities.

**"Eligible Benefits"** shall mean benefits payable by the Company to reimburse expenses which are for Medically Necessary services, supplies, care, or treatment; due to Illness or Injury; prescribed, performed or ordered by a Physician; 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"** shall mean 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"** shall mean a spouse, parent, grandparent, sibling or Child of the Insured Person.

**"Home Country"** shall mean the country where an Insured Person has his or her true, fixed and permanent home and principal establishment.

**"Hospital"** as used in this Policy shall mean 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.

**"Illness"** wherever used in this Policy shall mean sickness or disease of any kind contracted and commencing after the Effective Date of this Policy and Disablement covered by this Policy.

**"Injury"** wherever used in this Policy shall mean 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 Disablement covered by this Policy.

**"Medically Necessary" or "Medical Necessity"** shall mean services and supplies received while insured that are determined by the Company 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 Physician 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 and adequate, and appropriate treatment.

**"Mental and Nervous Disorder"** shall mean a Sickness that is a mental, emotional or behavioral disorder.

**"Permanent Residence"** shall mean 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.

**"Physician"** as used in this Policy shall mean 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, however, such definition will exclude chiropractors and physiotherapists.

**"Reasonable Additional Expenses"** means any expenses for meals, taxi fares, essential telephone calls and lodging which were necessarily incurred as a result of a Trip Delay and which are not provided by the Common Carrier or any other party free of charge.

**"Reasonable and Customary"** shall mean the maximum amount that the Company determines is Reasonable and Customary for Covered Expenses the Insured Person receives, up to but not to exceed charges actually billed. The Company's 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 such services and supplies are received; 2) any usual medical circumstances requiring additional time, skill or experience; and 3) other factors the Company determines are relevant, including but not limited to, a resource based relative value scale.

**"Relative"** shall mean spouse, 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.

**"Trip"** means a period of travel to and/or from the insured's country of permanent residence. The purpose of the Trip must not be to obtain health care or medical treatment of any kind; the Trip must have specified departure and arrival dates that are established prior to the start of the Trip. The Trip cannot exceed 365 days; and the Insured's Destination can't be to another residence belonging to the insured (i.e. second home); travel must primarily be by Common Carrier and only incidentally by private conveyance.

#### Cultural Insurance Services International (CISI)

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