

World Class Coverage Plan

designed for **Texas A&M University System**

2023

Policy # GLM N04984080

Administered by Cultural Insurance Services International • 1 High Ridge Park • Stamford, CT 06905-1322
 This plan is underwritten by ACE American Insurance Company, a member of the Chubb Group of Companies



Question(s) or need assistance?

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

Phone: (800) 303-8120 ext. 5130 | (203) 399-5130

E-mail: claimhelp@mycisi.com

Team Assist (24/7/365) – AXA Assistance:

Phone: (855) 327-1411 | (312) 935-1703

E-mail: medassist-usa@axa-assistance.us

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

SCHEDULE OF BENEFITS

ACCIDENT AND SICKNESS INSURANCE

Medical (Per Accident/Sickness):

Main Plan: <i>Applicable to all participant except for those who need to be insured under the Spain or UK plan</i>	\$250,000 @100%
Spain Plan: <i>Only applicable to participant's requiring a visa for Spain</i>	Unlimited @ 100%
UK Plan: <i>Only applicable to participant's who are doing internships in the UK</i>	\$500,000 @100%
Deductible	zero
Extension of Benefits	30 days
Doctor Office Visits, Hospital and Doctor Outpatient Services	100% of Reasonable Expenses
Inpatient Hospital Services	100% of Reasonable Expenses
Prescription Drugs	100% of Reasonable Expenses
Mental and Nervous	\$20,000 outpatient; \$20,000 inpatient
Physiotherapy	If recommended by a Physician and administered by a licensed physiotherapist
Chiropractic Care and Therapeutic Services	\$50/visit max, max 10 visits, \$500 overall maximum
Accidental Dental	100% of Reasonable Expenses
Palliative Dental (Relief of Pain)	Up to \$1,000 (\$250 maximum per tooth)
Pre-existing Conditions	\$10,000 on a Primary basis. Any remaining cost are payable Secondary to any other insurance up to the medical maximum.
Alcohol and drug-related injuries	100% of Reasonable Expenses
Treatment for drug/alcohol dependency	\$200/day, max 3 treatment series
Pregnancy, childbirth, or miscarriage	100% of Reasonable Expenses
Replacement of broken glasses or lost contacts	\$75.00 per Policy term

Please see your brochure's **Covered Accident and Sickness Medical Expenses** section for more details of the benefits listed above.

TRAVEL ASSISTANCE INSURANCE

EVACUATION AND REPATRIATION INSURANCE

Emergency Medical Reunion (incl. hotel/meals, max \$300/day)	\$6,000	**Emergency Medical Evacuation	100% of Covered Expenses
Program Fee Refund	\$5,000	**Repatriation of Remains	100% of Covered Expenses
Quarantine	\$2,000	**Security Evacuation (Comprehensive)	\$100,000
Trip Delay	\$1,000 (\$200/day)	**All services must be arranged through the Assistance Provider in order for benefits to be payable.	
Trip Interruption	\$2,500		

TRAVEL ACCIDENT INDEMNITY INSURANCE

Accidental Death & Dismemberment \$20,000 (\$1M Aggregate)

PERSONAL LIABILITY COVERAGE

Maximum Benefit Per Claim	\$100,000	Additional Living Expenses	\$5,000
Deductible per Personal Property Claim	\$100	Payment of Deduct. under Homeowner's Insurance	\$1,000
Medical Payments Coverage	\$5,000	Aggregate Limit per Insured/Policy Aggregate	\$200,000

NON-INSURANCE SERVICES

Team Assist Plan (TAP): 24/7 medical, travel, technical assistance Included

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

Exclusions and Limitations

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 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.

In addition to the Policy Exclusions, We will not pay Personal Property and/or Lost Checked Baggage Benefits for:

- loss or damage due to: a) moth, vermin, insects, or other animals; wear and tear; atmospheric or climatic conditions; or gradual deterioration or defective materials or craftsmanship; b) mechanical or electrical failure; c) any process of cleaning, restoring, repairing, or alteration.
- more than a reasonable proportion of the total value of the set where the loss or damaged article is part of a set or pair.
- cash, currency, devaluation of currency or shortages due to errors or omissions during monetary transactions.
- any loss not reported to either the police or transport carrier within 24 hours of discovery.
- any loss due to confiscation or detention by customs or any other authority.
- electronic equipment or devices including, but not limited to: cellular telephones; citizen band radios; tape players; radar detectors; radios and other sound reproducing or receiving equipment; PDAs; BlackBerrys; laptop computers; and handheld computers.

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.

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.