



World Class Coverage Plan

designed for

Radford University – Programs Abroad

Policy # 22 CC005727

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

This plan is underwritten by Crum & Forster SPC

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) – On Call: Phone: (877) 714-8179 | (603) 952-2660 | **E-mail:** mail@oncallinternational.com

SCHEDULE OF BENEFITS	
ACCIDENT AND SICKNESS INSURANCE*	
Deductible	zero
Basic Medical (Per Accident/Sickness)	\$500,000 @100%
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	\$10,000 outpatient, \$50,000 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 \$500 (\$250 maximum per tooth)
Pre-existing Conditions	Up to the policy maximum
Alcohol and drug-related injuries	100% of Reasonable Expenses
Pregnancy, childbirth, or miscarriage	100% of Reasonable Expenses
<i>*Please see your brochure's 'Covered Accident and Sickness Medical Expenses' section for more details of the benefits listed above</i>	
TRAVEL ACCIDENT INDEMNITY INSURANCE	
Accidental Death & Dismemberment	\$20,000 (\$1M Aggregate)
TRAVEL ASSISTANCE INSURANCE	
Trip Interruption	\$1,000
Trip Delay	\$2,500
EVACUATION AND REPATRIATION INSURANCE	
*Emergency Medical Evacuation	\$250,000
*Repatriation of Remains	\$100,000
*Security Evacuation (Comprehensive)	\$250,000 (\$1M Aggregate)
NON-INSURANCE SERVICES**	
Team Assist Plan (TAP): 24/7 medical, travel, technical assistance	Included
<i>**All services must be arranged through the Assistance Provider in order for benefits to be payable.</i>	

Benefits are provided for eligible Insured Persons. Terms and conditions are briefly outlined in this summary of coverage. Complete provisions pertaining to this insurance 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 the insurance 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 plan is not designed to cover US residents and citizens. This policy is not subject to guaranteed issuance or renewal. PPO Networks are not provided by Crum & Forster Segregated Portfolio Co.

Exclusions and Limitations

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 eyeglasses 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.
- Expenses incurred within the Insured Person's Home Country or country of Permanent Residence, 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.