



International Student
Accident & Sickness
Insurance

CHUBB®

Presented by:
ISM Insurance, Inc.

Benefit Highlights

	Gold Plan	Silver Plan
Incurral Period	The first charge must be incurred within 90 days after the date of a Covered Accident or Sickness	
Maximum Benefit Period	The earlier of the date your trip ends, or 364 days from the date of a Covered Accident or Sickness	
Maximum Period of Coverage	364 days	
Deductible per Policy Term	\$0	\$0
Accidental Death & Dismemberment	\$10,000	
Total Maximum per Covered Accident or Sickness	\$500,000	\$250,000
Total Maximum per Covered Accident for Interscholastic Sports	\$25,000	
Accident & Sickness Co-insurance rate	100% of U&C Charges	100% of U&C Charges

Wellness Benefits

Routine Physical Exam	100% of U&C Charges
Pediatric Dental Care	100% of U&C Charges
Vision Exam (one per year)	100% of U&C Charges
Vision Hardware (one pair of eyeglasses/contact lenses per year)	100% of U&C Charges
Immunization Vaccines - see page 4 for full list	100% of U&C Charges
Alcohol, Drug Use, and Behavioral Assessments	100% of U&C Charges
Blood Pressure Screening	100% of U&C Charges
Depression Screening	100% of U&C Charges

Medical Expenses

Hospital Room and Board Expense	100% of U&C Charges	100% of U&C Charges
Intensive Care Unit Expense	100% of U&C Charges	100% of U&C Charges
Hospital Miscellaneous Expense	100% of U&C Charges	100% of U&C Charges
Inpatient Hospital/Emergency Room Services	100% of U&C Charges	100% of U&C Charges after \$75 co-pay
Diagnostic X-ray and Lab Expense	100% of U&C Charges	100% of U&C Charges
Ambulance Expense Benefit	\$1,000 including ground	
Accidental Dental Expense	\$200 per tooth/\$500 per Injury	
Surgery Services (Inpatient/Outpatient)	100% of U&C Charges	100% of U&C Charges
Physician Office Visit	100% of U&C Charges	100% of U&C Charges after \$25 co-pay
Chiropractor Expense Benefit	\$50 per visit / \$1,000 per policy term	
Acupuncture and Physiotherapy Charges	\$2,500	
Outpatient Hospital/Emergency Room Services	100% of U&C Charges	100% of U&C Charges after \$75 co-pay
Outpatient Prescription Drug	100% of U&C Charges up to a maximum of \$2,000	
Therapeutic Termination of Pregnancy	100% of U&C Charges	

Mental and Nervous Benefits

Inpatient Expense Benefit Maximum	\$10,000
Outpatient Expense Benefit Maximum	\$5,000

Emergency Medical Expenses

Emergency Medical Evacuation	100% of Covered Expenses
Repatriation of Remains	100% of Covered Expenses
Family Reunion	\$1,000
Home Country Extension Benefit	\$1,000
Maximum Benefit Period	35 days

All percentages specified are based on Usual & Customary (U&C) Charges incurred, except as specified otherwise



Coverage Details

Period of Coverage

You will be insured on the later of: 1) the Policy Effective Date; 2) the date we receive the completed enrollment form; 3) the date the required premium is paid; 4) your scheduled Trip departure date. Your coverage will end on the earliest of: 1) the date you return to your Home Country; 2) the scheduled Trip return date; 3) the date a Personal Deviation lasts more than 3 days; 4) the date you are no longer eligible; 5) the period ends for which premium is paid.

Eligibility

To be eligible for this insurance you must: 1) be engaged full-time in international educational activities; 2) be a resident on assignment outside the United States or a non-U.S. resident on assignment in the United States; 3) reside temporarily outside your Home Country and not be an applicant for permanent residency status; and 4) hold a current valid passport or non-immigrant visa and not have received permanent residency.

Educational Travel

We will pay the benefits described only if you suffer a loss or incur a Covered Expense as the direct result of a Covered Accident or Sickness while traveling: 1) outside of your Home Country; 2) up to 364 days; and 3) engaging in educational activities sponsored by the Policyholder.

Sports Coverage

The Covered Accident must take place while: 1) participating as a member of a team in a scheduled game, official tournament game, or practice session; or 2) serving as an equipment manager, scorekeeper, trainer or volunteer worker for the team.

Benefits are paid as described if the Covered Accident occurs while you are in a vehicle: 1) operated by a properly licensed driver who is under direct supervision of the Policyholder; 2) and travel time does not exceed 24 hours each way. Travel time includes the time: 1) to or from the covered activity; 2) before the required attendance time; and 3) after dismissal and after completing any extra duties assigned by the Policyholder.

Wellness Highlights

As a short term medical plan, ISM's International Student Program is not subject to the requirements of the Affordable Care Act (ACA). However, we have designed a plan of preventive and wellness benefits to help our covered students pro actively maintain their health while traveling away from home. When an insured student uses a network provider, these eligible benefits will be payable at 100% of covered expenses and will not be subject to a deductible, coinsurance or a co-pay. These valuable wellness benefits include: a routine physical exam, dental care, vision care, immunization vaccines, alcohol, drug and behavioral assessments, blood pressure screening, and depression screening.

Medical Expense Benefits

We will pay for Covered Expenses that result directly from a Covered Accident or Sickness.

Medical Expense Benefits are only payable: 1) for Usual and Customary Charges incurred after the Deductible, if any, is met; 2) for those Medically Necessary Covered Expenses that you incur; 3) for charges incurred for services rendered to you while on a covered Trip; and 4) provided the first charge is incurred within 90 days after the date of a Covered Accident or Sickness.

Covered Medical Expenses:

- Hospital semi-private room and board (or room and board in an intensive care unit);
 - Hospital ancillary services (including, but not limited to, use of the operating room or emergency room);
 - Services of a Doctor or a registered nurse (R.N.);
 - Doctor Non-Surgical Treatment/ Examination Expenses (excluding medicines) including the Doctor's initial visit, each Medically Necessary follow-up visit and consultation visits when referred by the attending Doctor;
 - Doctor's Surgical Expenses (as shown in the Schedule of Benefits). If an Injury or Sickness requires multiple surgical procedures through the same incision, only one benefit, the largest of the procedures performed, will be paid. If multiple surgical procedures are performed during the same
- operative session but through different incisions, the most expensive procedure will be covered as shown in the Schedule of Benefits and 50% of Covered Expenses for the additional surgeries will be paid;
- Ambulance service to or from a Hospital;
 - Laboratory tests;
 - Radiological procedures;
 - Anesthetics and their administration;
 - Blood, blood products, artificial blood products, and the transfusion thereof;
 - Physiotherapy and Acupuncture Expenses on an inpatient or outpatient basis. Expenses include treatment and office visits connected with such treatment when prescribed by a Doctor, including diathermy, ultrasonic, whirlpool, or heat treatments, adjustments, manipulation, massage or any form of physical therapy;
 - Chiropractic expenses on an inpatient or outpatient basis;
 - Medicines or drugs administered by a Doctor or that can be obtained only with a Doctor's written prescription;
 - Dental Expenses including dental x-rays for the repair or treatment of each injured tooth that is whole, sound and a natural tooth at the time of the Accident, and emergency alleviation of dental pain;
 - Emergency medical treatment of pregnancy;
 - Therapeutic termination of pregnancy;
 - Artificial limbs or eyes (not including replacement of these items);
- Casts, splints, trusses, crutches, and braces (not including replacement of these items or dental braces);
 - Oxygen or rental equipment for administration of oxygen;
 - Rental of a wheelchair or hospital-type bed;
 - Rental of mechanical equipment for treatment of respiratory paralysis;
 - Mental and Nervous Disorders: limited to one treatment per day. "Mental and Nervous Disorders" means neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder of any kind;
 - Prescription Drug Expenses including dressings, drugs and medicines prescribed by a Doctor and administered on an outpatient basis;
 - Vision care: eyeglasses/contact lenses up to one new prescription every year; and the examination therefore, limited to one examination fee per year;
 - Wellness Benefits: routine physical exam, pediatric dental care (exam, cleaning, fluoride treatment), pediatric vision care (exam, frames), TB test (Mantoux tuberculin skin test), Immunization vaccines (Diphtheria, Tetanus, Pertussis, Haemophilus influenza type b, Hepatitis A and B, Human Papillomavirus, Inactivated Poliovirus, Influenza (flu shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Rotavirus, Varicella, Bacille Calmette-Guerin(TB)), alcohol, drug use and behavioral assessments, blood pressure screening, and depression screening.

Emergency Medical Evacuation

We will pay 100% of Covered Expenses incurred for your medical evacuation if you: 1) suffer a Medical Emergency during the course of the Trip; 2) require Emergency Medical Evacuation; and 3) are traveling on a covered Trip. Covered Expenses: 1) Medical Transport: expenses for transportation under medical supervision to a different hospital, treatment facility or to your place of residence for Medically Necessary treatment in the event of your Medical Emergency and upon the request of the Doctor designated by Our assistance provider in consultation with the local attending Doctor. 2) Dispatch of a Doctor or Specialist: the Doctor's or specialist's travel expenses and the medical services provided on location, if, based on the information available, your condition cannot be adequately assessed to evaluate the need for transport or evacuation and a doctor or specialist is dispatched by Our service provider to your location to make the assessment. 3) Return of Dependent Child (ren): expenses to return each Dependent child who is under age 18 to his or her principal residence if a) you are age 18 or older; and b) you are the only person traveling with the minor Dependent child(ren); and c) you suffer a Medical Emergency and must be confined in a Hospital. 4) Escort Services: expenses for an Immediate

Family Member or companion who is traveling with you to join you during your emergency medical evacuation to a different hospital, treatment facility or your place of residence.

Benefits for these Covered Expenses will not be payable unless: 1) the Doctor ordering the Emergency Medical Evacuation certifies the severity of your Medical Emergency requires an Emergency Medical Evacuation; 2) all transportation arrangements made for the Emergency Medical Evacuation are by the most direct and economical conveyance and route possible; 3) the charges incurred are Medically Necessary and do not exceed the Usual and Customary Charges for similar transportation, treatment, services or supplies in the locality where the expense is incurred; and 4) do not include charges that would not have been made if there were no insurance.

Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider. In the event you refuse to be medically evacuated, we will not be liable for any medical expenses incurred after the date medical evacuation is recommended.

Repatriation of Remains

We will pay 100% of Covered Expenses for preparation and return of your body to your home if you die as a result of a Medical Emergency while traveling on a covered Trip. Covered expenses include but are not limited to: 1) expenses for embalming or cremation; 2) the least costly coffin or receptacle adequate for transporting the remains; and 3) transporting the remains. All transportation arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the Usual and Customary Charges for similar transportation in the locality where the expense is incurred. Benefits will not be payable unless We authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.

Family Reunion Benefit

We will pay for expenses incurred to have your Family Member join you if: 1) you are confined in a Hospital for at least 3 consecutive days; or 2) if you are medically evacuated to another Hospital in another location. Covered expenses include an economy airline ticket and other travel related expenses.

All transportation and lodging arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the Usual and Customary Charges for similar transportation or lodging in the locality where the expense is incurred. Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider. "Family Member" means your parent, sister, brother, spouse or child.



Health Tips - Where to Seek Care

When you are feeling ill or have suffered an injury, the last thing you want to be worried about is where to go to seek medical attention and what to expect. Will an appointment at the Doctor's office suffice, do you need to seek emergency care, is there anywhere you can turn to if you are unsure? Below is some information on the options typically available to you and some things to remember to help you get the most out of your medical care when you are not feeling your best.

Doctor's Office

- Most doctor's offices can be reached 24 hours a day using a call answering service for after hour calls. Typically, the doctor on-call will get back to you if you are in need of immediate attention. Calling the Doctor's office may help to avoid a trip to an Urgent Care Facility or the Emergency Room. Contacting your Doctor's office first, allows for coordination of your care by your Doctor, and may help to avoid costlier co-pays.
- Although most Doctor's office recommend calling ahead for an appointment, many have walk-in hours available for patients without an appointment. Typically, if you are affected by a cough, cold, routine, simple infections (not accompanied by fever or discharge), sprains or strained muscles, need routine immunizations, a referral to another provider or completion of attending physician forms, etc., your Doctor's office is a good place to start.

Urgent Care Center

- If you are not able to contact your Doctor, you may wish to reach out to an Urgent Care Clinic near you. If you have health insurance that provides access to a provider network you should contact your provider network to find a facility near you.
- You may find that an Urgent Care Facility requires a higher co-pay that means you will need to pay this amount out-of-pocket at the time of your visit. This information should be available either from your provider network or online from the facility's website.
- Sometimes your symptoms and conditions will prompt you to use an Urgent Care Facility. Certainly, if your symptoms are severe, you should seek emergency care immediately. If this is the case, remember to have the facility send a medical report to your primary Doctor to help manage any need for follow-up care.

Emergency Room (ER)

- Whenever symptoms appear to be life-threatening or your condition worsens and you do not believe you can wait to call your Doctor first, it is important to seek medical care from the nearest hospital available to you. You may wish to contact your provider network for referral to the nearest emergency room.
- If you are experiencing severe bleeding, poisoning, chest pains, shortness of breath, broken bones, loss of consciousness or an allergic reaction, you should seek emergency care immediately.
- If possible, you may wish to select an emergency room where your Doctor is on staff or has an affiliation in order to help coordinate your follow-up care. If you are experiencing a life threatening emergency call 911 or go directly to the nearest emergency room

Accidental Death & Dismemberment Benefits

If your Injury results, within 365 days from the date of a Covered Accident, in any one of the losses shown below, We will pay the Benefit Amount shown below for that loss. Your Principal Sum is \$10,000. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Covered Accident.

Schedule of Covered Losses

Covered Loss	Benefit Amount
Life, Quadriplegia, Two or more Members	100% of the Principal Sum

Hemiplegia, One Member, Paraplegia	50% of the Principal Sum
Thumb and Index Finger of the Same Hand	25% of the Principal Sum

“Quadriplegia” means total Paralysis of both upper and lower limbs. “Hemiplegia” means total Paralysis of the upper and lower limbs on one side of the body. “Paraplegia” means total Paralysis of both lower limbs or both upper limbs. “Paralysis” means total loss of use. A Doctor must determine the loss of use to be complete and not reversible at the time the claim is submitted. “Member” means Loss of Hand or Foot, Loss of Sight, Loss of Speech, and Loss of Hearing. “Loss

of Hand or Foot” means complete Severance through or above the wrist or ankle joint. “Loss of Sight” means the total, permanent Loss of Sight of one eye. “Loss of Speech” means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means. “Loss of Hearing” means total and permanent Loss of Hearing in both ears that is irrecoverable and cannot be corrected by any means. “Loss of a Thumb and Index Finger of the Same Hand” means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). “Severance” means the complete separation and dismemberment of the part from the



body.

If more than one loss is sustained by an Insured as the result of the same accident, the total amount payable for all losses resulting from the same accident will not exceed the Principal Sum.

Home Country Extension Benefits

We will pay benefits for Covered Medical Expenses if you obtain treatment of a covered Injury or Sickness while you are in your Home Country provided treatment is rendered within the incurral period. These benefits are limited to the benefits that would be otherwise payable under the Medical Expense Benefit if you were outside of your Home Country. Benefits are payable under the Policy only to the extent that Covered Expenses are not payable under any other domestic health care plan.

Coverage begins on the date you arrive in your Home Country. Coverage ends the later of: 1) 35 days after you return to your Home Country; or 2) the date you leave your Home Country.

The Pre-existing Condition Exclusion will not apply if the Covered Person:

- has not received treatment, care, diagnosis, or advice, or symptoms were not manifested for six (6) consecutive months while covered by the Policy; or has been covered by the Policy for

more than six (6) consecutive months; or was previously covered for such Pre-existing Condition under Creditable Coverage and such Creditable Coverage was continuous to a date less than 100 days prior to the effective date of covered under the Policy.

The exclusion does not apply to pregnancy, and coverage provided to newborn and adopted children.

“Creditable Coverage” means: 1) a self-funded employer group health plan under ERISA; 2) a group or individual health insurance coverage; 3) Part A or Part B of Medicare; 4) Medicaid; 5) CHAMPUS; 6) the Indian Health Service or of a tribal organization; 7) a state health benefits risk pool; 8) a health plan offered under the federal employees health benefits program (FEHBP); 9) a public health plan; or 10) a health benefit plan.

We will not pay benefits for any loss or Injury that is caused by or results from:

- intentionally self-inflicted injury; suicide or attempted suicide (applicable to Accidental Death & Dismemberment only); war or any act of war, whether declared or not; a Covered Accident that occurs while a Covered Person is on active duty service in the military, naval or air force of any country or international organization; commission of, or attempt to commit, a felony, an assault or other illegal activity; being under

the influence of drugs or intoxicants, unless taken under the advice of a Doctor; flight in, boarding or alighting from an aircraft, except as a fare-paying passenger on a regularly scheduled commercial or charter airline or as a passenger in a military aircraft flown by the Air Mobility Command or its foreign equivalent; commission of or active participation in a riot or insurrection.

In addition, We will not pay Medical Expense Benefits for any loss, treatment, or services resulting from:

- treatment by any Immediate Family Member or member of the Insured’s household; expense incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofascial pain (except as provided by the Policy); any elective treatment, surgery, health treatment, or examination, including any service, treatment or supplies that a) are deemed by Us to be experimental; and b) are not recognized and generally accepted medical practices in the United States; eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof, unless caused by an Injury incurred while covered under the Policy (except as provided by the Policy); participation in any activity or hazard not specifically covered under the Policy; cosmetic or plastic surgery, except as a result of Injury; birth defects and congenital anomalies, or complications which arise from

such conditions; routine physicals and routine dental care and treatment (except as to the extent covered as a Wellness Benefit); maternity and routine nursery care; services, supplies, or treatment including any period of Hospital confinement which were not recommended, approved and certified as necessary and reasonable by a Doctor, or expenses which are non-medical in nature; expenses incurred for birth control including surgical procedures and devices, except for oral contraceptives; expenses incurred for services related to the diagnostic treatment of infertility or other problems related to the inability to conceive a child, including but not limited to, fertility testing and in-vitro fertilization; elective abortion, other than complications of pregnancy; charges used to meet any Deductible or in excess of the Coinsurance rate, or in excess of those considered Usual and Customary Charges; organ and tissue transplants and related services; Injury or Sickness covered by Workers'

Compensation, Employers Liability Laws or similar occupational benefits.

If We determine the benefits paid under the Policy are eligible benefits under any other benefit plan, We may seek to recover any expenses covered by another plan to the extent that you are eligible for reimbursement.

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.

Definitions

“Country of Permanent Assignment” means a country, other than your Home Country, in which the Policyholder requires you to work for a period of time that exceeds 364 continuous days.

“Country of Permanent Residence” means a country or location in which

you maintain a primary permanent residence.

“Covered Accident” means an accident that occurs while coverage is in force for a Covered Person and results directly and independently of all other causes in a loss or Injury covered by the Policy for which benefits are payable.

“Covered Person” means any eligible person for whom the required premium is paid.

“Deductible” means the dollar amount of Covered Expenses that must be incurred as an out-of-pocket expense by each Covered Person per Injury or Sickness basis before Medical Expense Benefits and other benefits paid on an expense incurred basis are payable under the Policy.

“Doctor” means a licensed health care provider acting within the scope of his or her license and rendering care or treatment to a Covered Person that is appropriate for the conditions and locality. It will not include a Covered Person or a member of the Covered Person’s Immediate Family or household.

“Home Country” means a country from which you hold a passport. If you hold passports from more than one Country, your Home Country will be the country that you have declared to Us in writing as your Home Country. Home Country also includes your Country of Permanent Assignment or Country of Permanent Residence.

“Hospital” mean an institution that: 1) operates as a Hospital pursuant to law for the care, treatment, and providing of in-patient services for sick or injured persons; 2) provides 24-hour nursing service by Registered Nurses on duty or call; 3) has a staff of one or more licensed Doctors available at all times; 4) provides organized facilities for diagnosis, treatment and surgery, either on its premises or in facilities available to it, on a pre-arranged basis; 5) is not primarily a nursing care facility, rest home, convalescent home, or similar establishment, or any separate ward, wing or section of a Hospital used as such; and 6) is not a place for drug



addicts, alcoholics, or the aged or any separate ward of the Hospital.

“Immediate Family Member” means a person who is related to the Insured in any of the following ways: spouse, parent (includes stepparent), child age 18 or older (includes legally adopted and stepchildren), brother or sister (includes stepbrother or stepsister), parent-in-law, son- or daughter-in-law, and brother- or sister-in-law.

“Insured” means a person in a Class of Eligible Persons who enrolls for coverage and for whom the required premium is paid making insurance in effect for that person.

“Injury” means accidental bodily harm sustained by a Covered Person that results, directly and independently from all other causes, from a Covered Accident. All injuries sustained by one person in any one Covered Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

“Medical Emergency” means a condition caused by an Injury or Sickness that manifests itself by symptoms of sufficient severity that a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy.

“Medically Necessary” means a treatment, service, or supply that is: 1) required to treat an Injury or Sickness; 2) prescribed or ordered by a Doctor or furnished by a Hospital; 3) performed in the least costly setting required by the Covered Person’s condition; 4) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. Purchased or renting air conditioners, air purifiers, motorized transportation equipment, escalators or elevators in private homes, eyeglass frames or lenses, hearing aids, swimming pools or supplies for them, and general exercise equipment are not Medically Necessary. A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We

Service Highlights

Chubb Travel Assistance Services provide you with 24/7 assistance to help you manage your travel risk before, during, and after a trip. You may call anytime, and you have access to emergency assistance when you are traveling away from home.

Medical Assistance – Provides medical monitoring, Doctor, hospital, Dentist and clinic referrals, replacement of eyeglasses, emergency medical payments, emergency medical transportation, medical evacuation or repatriation, and escort transportation.

Personal Assistance – Provides access to country specific health information, visa, passport and inoculation requirements, cultural information, embassy and consular references, foreign exchange rates, weather conditions, and travel advisories.

Travel Assistance – Provides emergency message relay to relatives, friends and business associates, emergency cash, legal and bail assistance, emergency travel arrangements, location of lost or stolen documents, assistance with foreign language and interpretation problems.

Security Assistance – Provides on the ground security assistance in the event of a potentially life-threatening military or political event while traveling and access to a crisis hotline and assistance center to discuss any safety concerns or to secure assistance while traveling.

In an emergency, call 1.202.659.7803 (Outside the U.S.) or 1.800.243.6124 (Inside the U.S.). Visit www.acetravelassistance.com for access to global threat assessments and location based intelligence. Group ID: aceah / Activation Code: security

may consider the cost of the alternative to be the Covered Expense.

“Personal Deviation” means: 1) an activity that is not reasonably related to the Covered Activity; and 2) not incidental to the purpose of the trip.

“Pre-Existing Condition” means an illness, disease, or other condition of the Covered Person that in the 100 day period before the Covered Person’s coverage became effective under the Policy: 1) first manifested itself, worsened, became acute, or exhibited symptoms that would have caused a person to seek diagnosis, care or treatment; 2) required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; 3) was treated by a Doctor or treatment had been recommended by a Doctor.

“Sickness” means an illness, disease or condition that causes a loss for which you incur medical expenses while

covered under the Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness.

“Trip” means Participating Organization sponsored travel by air, land, or sea from your Home Country. It includes the period of time from the start of the trip until its end provided you are engaged in a Covered Activity or Personal Deviation if covered under the Policy.

“Usual and Customary Charges” means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.

“We, Our, Us” means the insurance company underwriting this insurance or its authorized agent.

Special Plan Features

Express Scripts Prescription Drug

You are not required to fill your prescription at an Express Scripts participating pharmacy. However, if you do, your out-of-pocket expenses may be less. Prescriptions can be filled at an Express Scripts participating pharmacy. Covered persons must show their insurance identification card to the pharmacy as proof of coverage. Your group number and identification number is on your ID card. No claim forms are necessary for prescriptions. A listing of contracted pharmacies and services is available at Express Script's website www.express-scripts.com or you may contact customer service at 1.800.400.0136.

Preferred Provider Information

Preferred Providers allow the Covered Person to maximize the benefits offered under the Plan. A Preferred Provider Organization consists of hospitals, doctors, ancillary and other health care providers organized into a Network for the purpose of delivering quality health care at affordable rates. You are not required to utilize the services of the Network Provider. However, if you do, your out-of-pocket expenses may be less. The Preferred Provider Organization is shown as the designated Provider Network on your ID card. For a list of providers, please reference the contact information on your ID card.

Enroll Now

Enroll online by visiting www.isminc.com. Please mail all enrollment forms, checks, money orders and credit card payments to:

ACE American Insurance Company
c/o Administrative Concepts, Inc.
994 Old Eagle School Road, Suite 1005
Wayne, PA 19087-1802

For questions during enrollment, please contact ISM at:
Phone: 302.656.4944
Email: tascha@isminc.com or lirwin@isminc.com
Web: www.isminc.com

Claims Information

You must provide notification of a claim within 90 days of an Accident or Loss. If notice cannot be given within that time, it must be given as soon as reasonably possible. This notice should identify you, the Policyholder, and the Policy Number.

Contact Information: For customer service, eligibility verification, plan information, or to file a claim, contact: Administrative Concepts, Inc. (ACI) at 1.800.715.7261 (from inside the U.S.) or 610.293.9229 (from outside the U.S.); fax 610.293.9299 for claims or inquiries or e-mail www.visit-aci.com. Mail claims to: 994 Old Eagle School Rd., Suite 1005, Wayne, PA 19087-1706.

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).

This information is a brief description of the features of this insurance program. Coverage & pricing may vary by state. The provision of this document is for informational purposes only and is not an insurance contract. Please see the actual policy for terms and conditions. Chubb NA is the U.S.-based

Telemedicine Services

ISM has arranged for you to have 24/7 access to medical care through the MeMD Telemedicine Program. This convenient program connects you to professional medical care for minor health issues at any time - day or night.

The MeMD Telemedicine Program gives you access to online consultations by video, phone or app from a licensed, board-certified MeMD medical provider. Your provider will evaluate your issue and provide a diagnosis, treatment plan, submit a prescription on your behalf or refer you to the nearest urgent care center or the ER. The entire process usually takes less than 45 minutes.

To request a confidential consult, visit www.memd.me/group/ism or call 844.800.7110.

All medical consultations and treatment plans are confidential and the sole responsibility of the individual requesting services and the provider in MeMD's network who conducts the consultation. MeMD is not a replacement for your primary care physician or annual office checkups.

operating division of the Chubb Group of Companies, headed by Chubb Ltd. (NYSE:CB) Travel assistance services are provided by Europ Assistance USA. These services are not insured benefits. Insurance products and services are provided by Chubb Insurance underwriting companies and not by the parent company itself.