



**ISM International College Student
Accident and Sickness Coverage
Summary of Coverage and Enrollment Form '18-'19**

The rates in the enrollment form are valid for enrollments through August 14, 2019

This policy provides short term, limited duration insurance. It is not a major medical or comprehensive medical policy.

ism[®] Insurance
Offered through ISM Insurance Inc., a subsidiary of ISM

Eligibility

To be eligible for this insurance, you must meet all of the following requirements:

1. Be a full time International student attending an accredited College or University in the United States

2. 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.

Accidental Death and Dismemberment Benefit

1. Principal Sum: The Principal Sum which applies to each Insured is \$10,000.

2. Benefit Description:

If Injury to the Insured results, within 365 days of the accident that caused the Injury, in any one of the losses shown in the Schedule of Covered Losses, We will pay the percentage of the Principal Sum shown for that loss:

Schedule of Covered Losses

Life	100%
Two or More Members	100%
Quadriplegia	100%
Paraplegia.....	50%
Hemiplegia.....	50%
One Member.....	50%
Thumb and Index Finger of the Same Hand.....	25%
Uniplegia	25%

“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. “Uniplegia” means total Paralysis of one lower limb or one upper limb. “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.

Medical Expense Benefits

We will pay Medical Expense Benefits for Covered Expenses that result directly, and from no other cause, from a Covered Accident or Sickness. These benefits are subject to the Deductible, Co-insurance Rate, Maximum Benefit Period, Benefit Maximum, and other terms or limits shown in the Schedule of Benefits.

Medical Expense Benefits are only payable:

1. for Usual and Customary Charges incurred after the Deductible, if any, has been met;

2. for those Medically Necessary Covered Expenses that the Covered Person incurs;

3. for charges incurred for services rendered to the Covered Person while on a covered Trip; and

4. provided the first charge is incurred within the Incurral Period shown in the Schedule of Benefits.

Covered Medical Expenses

- Hospital semi-private room and board (or room and board in an intensive care unit);
- Ancillary Hospital Expenses: services and supplies including operating room, laboratory tests, anesthesia and medicines (excluding take home drugs) when Hospital Confined. This does not include personal services of a non-medical nature.
- Services of a Doctor or a registered nurse (R.N.)
- 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
- 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 charges for Injury to sound, natural teeth
- 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
- Newborn Nursery Care Expenses

Emergency Medical Benefit

We will pay an additional benefit if a covered person suffers a medical emergency while on a covered trip and incurs expenses for guarantee of payment to a medical provider, hospital, or treatment facility.

Benefits will not be payable unless the charges incurred are medically necessary and do not exceed the charges for similar treatment, services, or supplies in the area in which they were incurred or include charges that would not have been made if there were no insurance. Also, benefits will not be paid unless they are pre-approved by us in writing and are rendered by our assistance provider.

Emergency Medical Evacuation Benefit

We will pay 100% of Covered Expenses incurred for the medical evacuation of a Covered Person if the Covered Person:

1. suffers a Medical Emergency during the course of the Trip;
2. requires Emergency Medical Evacuation; and
3. is 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) the Covered Person suffers 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 Will Not Be Payable Unless:

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 the Covered Person refuses to be medically evacuated, we will not be liable for any medical expenses incurred after the date medical evacuation is recommended.

Educational Travel

We will pay the benefits described in the Policy only if a Covered Person suffers a loss or incurs a Covered Expense as the direct result of a Covered Accident or Sickness while traveling:

1. Outside of his or her Home Country;
2. Up to the Maximum Period of Coverage of 364 days;
3. Engaging in educational activities sponsored by the Policyholder.

Repatriation of Remains Benefit

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, expenses for:

- A. embalming or cremation; and
- B. the least costly coffins or receptacles adequate for transporting the remains; and
- C. transporting the remains.
- D. Escort Services: expenses for an Immediate Family Member or companion who is traveling with the Covered Person to join the Covered Person's body during the repatriation to the Covered Person's place of residence.

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 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.

When Does Coverage Begin?

- Insurance for an eligible individual is effective on the latest of the policy effective date or the date he or she becomes eligible.
- Coverage for an eligible individual who is not in active service on the date insurance would otherwise be effective will not go into effect until he or she returns to active service.
- This coverage will start on the actual start of the trip. It does not matter whether the trip starts at the covered person's home, place of work, or other place. It will end on the first of the following dates to occur:
 - (1) the date the covered person returns to his or her home country;
 - (2) the scheduled trip return date; or
 - (3) the date the covered person makes a personal deviation (unless otherwise provided by the policy).

"Personal Deviation" means an activity that is not reasonably related to the covered activity; and not incidental to the purpose of the trip.

When Does Coverage Terminate?

An Insured's coverage will end on the earliest of the date: the Policy terminates; the Insured is no longer eligible; or the period ends for which premium is paid. Termination of the Policy will not affect Trip coverage, if premium for the Trip is paid prior to the actual start of the Trip.

SCHEDULE OF BENEFITS

MEDICAL EXPENSE BENEFITS	
Total Maximum per Covered Accident or Sickness	\$100,000
Total Maximum for Preexisting Condition	\$1,000
Maximum for Dental Treatment (Injury Only)	\$250 per tooth
Maximum for Mental and Nervous	Inpatient \$5,000 per lifetime Outpatient \$500 per lifetime
Maximum for Room & Board Charges	Average semi-private room rate up to \$1,000 per day
Maximum for ICU Room & Board Charges	Average semi-private room rate up to \$1,500 per day
Ancillary Hospital Expenses	Up to \$1,000 per day
Newborn Nursery Care	Up to \$350
Therapeutic Termination of pregnancy	Up to \$350
Deductible	\$75 per covered accident or sickness
Emergency Room Deductible	\$300 per covered accident or sickness, waived if admitted to hospital
Chiropractic Care	\$50 per visit maximum up to 10 visits per year
Prescription Drugs	Inpatient—80% Usual and Customary Charges Outpatient 50% up to \$1,000 per plan year.
COINSURANCE	
Coinsurance	Co-Insurance: 80% Usual and Customary Charges
Incurral Period	60 days after the date of covered accident or sickness
Maximum Benefit Period	The earlier of the date the covered person's trip ends or 26 weeks from the date of the covered accident or sickness.
Maximum Period of Coverage	364 days
ADDITIONAL BENEFITS	
Emergency Medical Benefits	Up to \$10,000
Emergency Medical Evacuation Benefit	100% of the covered expenses
Repatriation of Remains Benefit	100% of the covered expenses

- Student pays any credit card administration fee in addition to the premium listed above.
- Students above age 64 are not eligible for coverage.
- Dependents are not eligible for coverage.

US Citizens are not eligible for coverage.

RATES PER MONTH	
Under age 24	\$96
Age 24-30	\$179
Age 31-40	\$229
Age 41-50	\$398
Age 50-64	\$507

Exclusions

This policy does not cover any loss caused in whole or in part by, or which results in whole or in part from any of these:

- Intentionally self-inflicted injury; suicide or attempted suicide.
- 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. Upon receipt of proof of service, we will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.
- Piloting or serving as a crewmember in any aircraft (unless otherwise provided in the Policy).
- Commission of, or attempt to commit, a felony.
- Sickness, disease, bodily or mental infirmity, bacterial or viral infection, or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food (Applicable to accident benefits only).
- The Covered Person being legally intoxicated as determined according to the laws of the jurisdiction in which the Injury occurred.

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

- Routine physicals and care of any kind.
- Routine dental care and treatment.
- Routine nursery care.
- Cosmetic surgery, except for reconstructive surgery needed as the result of an Injury.
- Eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof; eyeglasses, contact lenses, and hearing aids.
- Services, supplies, or treatment including any period of Hospital confinement which is not recommended, approved, and certified as Medically Necessary and reasonable by a Doctor, or expenses which are non-medical in nature.
- Treatment or service provided by a private duty nurse.
- Treatment by any Immediate Family Member or member of the Insured's household. "Immediate Family Member" means a Covered Person's spouse, child, brother, sister, parent, grandparent, or in-laws.
- Expenses incurred during travel for purposes of seeking medical care or treatment, or for any other travel that is not in the course of the Participating Organization's activity (unless Personal Deviations are specifically covered).
- Medical expenses for which the Covered Person would not be responsible to pay for in the absence of the Policy. Expenses incurred for services provided by any government Hospital or agency, or government sponsored-plan for which, and to the extent that, the Covered Person is eligible for reimbursement.

- Any treatment provided under any mandatory government program or facility set up for treatment without cost to any individual.
- Custodial care.
- Services or expenses incurred in the Covered Person's Home Country.
- Elective treatment, exams or surgery; elective termination of pregnancy.
- Expenses for services, treatment or surgery deemed to be experimental and which are not recognized and generally accepted medical practices in the United States.
- Expenses payable by any automobile insurance policy without regard to fault.
- Organ or tissue transplants and related services.
- Injury resulting from off-road motorcycling; scuba diving; jet, snow or water skiing; mountain climbing (where ropes or guides are used); sky diving; amateur automobile racing; automobile racing or automobile speed contests; bungee jumping; spelunking; white water rafting; surfing; or parasailing.
- Pregnancy or childbirth (unless otherwise provided in the Policy). This does not apply if treatment is required as a result of a medical Emergency.
- Substance abuse. This includes abuse of alcohol, drugs or any narcotic agent.
- Birth defects and congenital anomalies; or complications which arise from such conditions.
- Injury sustained while participating in intramural, interscholastic, intercollegiate professional or semi-professional sports.

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 Covered Accident or Sickness basis before Medical Expense Benefits and other Additional 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—means 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:
 - (i) on its premises; or
 - (ii) 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.

IMMEDIATE FAMILY MEMBER—means a Covered Person's spouse, child, brother, sister, parent, grandparent, or in-law.

INJURY—means accidental bodily harm sustained by a Covered Person that results directly and independently from all other causes from a Covered Accident. The Injury must be caused solely through external, violent, and accidental means. 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.

INSURED—means a person in a Class of Eligible Persons whom the required premium is paid making insurance in effect for that person.

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; and
4. consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered.

Purchasing or renting 1) air conditioners; 2) air purifiers; 3) motorized transportation equipment; 4) escalators or elevators in private homes; 5) eyeglass frames or lenses; 6) hearing aids; 7) swimming pools or supplies for them; and 8) 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 may consider the cost of the alternative to be the Covered Expense.

PRE-EXISTING CONDITION—means an illness, disease, or other condition of the Covered Person that in the 6 month 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; or
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; or
3. was treated by a Doctor or treatment had been recommended by a Doctor.

SICKNESS—means any illness, disease, or condition of the Covered Person that causes a loss for which a Covered Person incurs medical expenses while covered under this policy. All related conditions and recurrent symptoms of the same or similar condition will be considered as 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 CHARGE(S)—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.

Please Read Before Completing Enrollment Form

In order to process the enrollment form in a timely manner, it is important to answer all the questions correctly. Below are examples of how to answer the questions. If questions are not answered correctly, it will cause a delay in processing the enrollment form and may delay the effective date of insurance coverage.

When do you want the insurance coverage to begin?

Example: I want my Insurance to begin on 9 / 1 / 2017 and continue for 9 months.
month day year Maximum of 12 months

Plan Rates: Under Age 24 \$96.00/month Ages 24-30 \$179.00/month Ages 31-40 \$229.00/month
 Ages 41-50 \$398.00/month Ages 50-64 \$507.00/month

*Add 2% non-refundable administrative fee to all packages. Please see example for more information.

$\frac{\$96.00}{\text{rate}} \times \frac{9}{\text{months}} \text{ Months} = \$ \frac{864.00}{\text{Total premium}} \text{ USD}$ $\frac{864.00}{\text{Total premium}} \times 2\% = \frac{\$17.28}{\text{Admin Fee}} \text{ USD}$

I authorize ACE to bill my account for the total amount of \$ $\frac{864.00}{\text{Total Premium}} + \frac{\$17.28}{\text{Admin Fee}} = \frac{\$881.28}{\text{Amount Due}} \text{ USD}$

What kind of payment may I use for the insurance?

Method of Payment: Check Money Order *MasterCard *Visa Card

We do not accept Discover Card or American Express

If I pay with a Visa or MasterCard, how do I compute the total cost ?

Example: selecting the Gold plan for nine months equals \$96.00 X 9 months = \$864 the total Premium. Multiply \$864.00 X 2%* = \$17.28 administrative fee. Then add \$864.00 the Premium and \$17.28 the administrative fee and you get the total \$881.28. I authorize ACE American Insurance Company to bill my account for the total premium + administrative fee of \$881.28.

Please note this amount must be written on the TOTAL PREMIUM LINE. (These rates include commissions and program administrator fees. For more information call ISM at 302-656-4944.)

Where do I find the security code on the credit card?

The three-digit number is located on the back of the credit card.

Why is it important to sign my name?

This allows the ACE American Insurance Company to bill your account. Without this signature, there will be no insurance coverage.

Example: Name as it appears on the credit card John Smith.

Example: Signature of the cardholder _____.

Enrollment Instructions:

Online: www.isminc.com

By mail:

Please make check or Money Order payable to: ACE American Insurance Company

Please mail all enrollment forms, checks, Money Orders, and Credit Card payments to:

U.S. Mail:

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

Telephone: 610-293-9229

This telephone number is intended for package delivery purposes only. All inquires should be directed to ISM.

All inquires should be directed to ISM Insurance, Inc. at intl@isminc.com, or 302-656-4944

College/University Information

Name of School _____
 School Mailing Address _____
 State _____ Zip Code _____ E-Mail _____

Student Information

Last Name _____ First Name _____
 Date of Birth _____ Grade _____ Age _____ Male Female
 Home Address _____ City _____
 Providence _____ Postal Code _____ Home Country _____
 Phone _____ Fax _____ E-Mail _____
 Type of Visa Held F-1 J-1 Other (Specify) _____

Coverage will begin on the latest of the following:

a) the Date of you departure from your Home Country, or b) the date your enrollment form and premium are received by ACE American Insurance Company, or c) the date you become eligible, or d) the date you requested on the enrollment form.

Have you insured with us before? Yes No Accidental Death Benefit _____

I want my Insurance to begin on ____/____/____ and continue for _____ ^{Beneficiary/Relationship} months.
Month Day Year Maximum of 12 Months

Plan Rates: Under Age 24 \$96.00/month Ages 24-30 \$179.00/month Ages 31-40 \$229.00/month
 Ages 41-50 \$398.00/month Ages 50-64 \$507.00/month

*Add 2% non-refundable administrative fee to all packages. Please see example for more information.

Method of Payment: Check Money Order MasterCard Visa Card

We do not accept Discover Card or American Express

_____ x _____ Months = \$ _____ USD _____ x 2%* = _____ USD

I authorize ACE to bill my account for the total amount of \$ _____ + _____ = _____ USD

Card# _____ - _____ - _____ - _____ Expiration Date: _____/_____/_____ Security Code _____

Print Name: _____

Signature: _____ **Date** _____

Please Read Before Completing Enrollment Form

I understand that benefits may not be payable for conditions existing prior to the effective date of coverage (see definition of "Pre-existing Condition"). My signature below certifies that I have read and understand the International Student Accident and Sickness Insurance Plan brochure and agree to accept it as applicable to me, the terms and conditions stated therein. Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to the claim was provided by the applicant.

Signature: _____ **Date** _____

• Form Number: AH-15090 – P/C 273220 – GEN •
 Please make check or Money Order payable to: ACE American Insurance Company
 Please send payment in U.S. Dollars
 Please mail all enrollment forms, checks, Money Orders, and Credit Card payments to:
 U.S. Mail:
 ACE American Insurance Company
 c/o Administrative Concepts, Inc.
 994 Old Eagle School Road, Suite 1005
 Wayne, PA 19087-1802
 Telephone: 610-293-9229

This telephone number is intended for package delivery purposes only. All inquiries should be directed to ISM.

Claims Administrator:

Administrative Concepts, Inc. (ACI), 994 Old Eagle School Rd., Suite 1005, Wayne, PA 19087-1706. From within the USA and Canada: 1-800-715-7261 • Outside the USA or Canada call: 1-800-715-7261 • Fax: 1-610-293-9299 • Web: www.visit-aci.com

AXA Assistance USA, Inc.

In addition to this insurance program is access to the 24-hour Assistance network for emergency assistance anywhere in the world. Simply call the assistance center at AXA Assistance USA, Inc. toll-free, direct, or collect using the telephone numbers listed below. The multilingual staff will answer your call and provide reliable, professional and thorough assistance. The following services are included in the program: referral to the nearest, most appropriate medical facility and/or provider; medical monitoring by board-certified emergency doctors in the United States; urgent message relay between family, friends, personal doctor, school, and insured; guarantee of payment to provider and assistance in coordinating insurance benefits; arranging and coordinating Emergency Medical Evacuations, and Repatriations of Remains; Emergency travel arrangements for disrupted travel as the consequence of a medical emergency; referral to legal assistance; assistance in locating lost or stolen items including lost ticket application processing. For medical evacuation, repatriation or other assistance services call: AXA Assistance USA, Inc at 1-855-327-1414 (inside the U.S.) or call collect 1-630-694-9764 (from outside the U.S.) or e-mail aledassist.usa@axa-assistance.us. When You call, please be prepared with the following information: 1) name of caller, phone #, fax #, and relationship to insured; 2) insured's name, age, sex and the policy number for Your insurance plan, and Your Plan Number (01AH585); 3) a description of the insured's condition; 4) name, location and telephone number of the hospital or other service provider; and 5) other insurance information including health insurance, worker's compensation, or auto insurance if the insured was involved in an accident.

Important Notice:

This policy provides travel insurance benefits for individual 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.

Medco Prescription Drug

You are not required to fill your prescriptions at a Medco Participating Pharmacy. However, if you do, your out-of-pocket expenses may be less. Prescriptions can be filled at a Medco 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 the contracted pharmacies and services is available at Medco's website www.medco.com or you may contact customer services at 1-800-400-0136.

This Description of Coverage 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 Policy issued to the Policyholder on Form #AH-15090. The Policy is subject to the laws of the state in which it is issued. Coverage may not be available in all states or certain terms and conditions may be different if required by state law. Please keep this information as a reference.

Marketed by:

ism Insurance
Offered through ISM Insurance Inc., a subsidiary of ISM

1316 North Union Street
Wilmington, DE 19806-2594

Questions, please contact
Phone: 302-656-4944
E-mail: intl@isminc.com
Web: isminc.com

ENROLL ONLINE: 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

Administered and Underwritten by:
ACE American Insurance Company



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