



# UNIVERSITY OF SOUTH CAROLINA

## AMENDMENT NO.1 TO SOLICITATION

TO: ALL VENDORS

FROM: Michelle Robinson, CPPB, Procurement Manager

SUBJECT: SOLICITATION NUMBER: USC-BVB-2818-MR  
Provide Medical and Accidental Insurance for USC Students, Faculty, and Staff  
participating in University Approved Travel Abroad.

DATE: June 23, 2015

This Amendment No.1 modifies the Best Value Bid only in the manner and to the extent as stated herein.

## VENDOR QUESTIONS/ANSWERS

BIDDER SHALL ACKNOWLEDGE RECEIPT OF AMENDMENT NO.1 IN THE SPACE PROVIDED BELOW AND RETURN IT WITH THEIR BID RESPONSE. FAILURE TO DO SO MAY SUBJECT BID TO REJECTION.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Name of Offeror

\_\_\_\_\_  
Date

## **QUESTIONS RECEIVED FROM VENDOR A**

**QUESTION: – What is the Total number of people studying abroad per semester?**

**ANSWER:** The estimated number of students who were covered for the 2014-2015 Academic year is as follows: All Year: 50; Fall: 125; Spring: 550; Spring Break: 250; Summer/Maymester: 800

**QUESTION: – What countries will they be going to each semester?**

**ANSWER:** Students go abroad to approximately 50 different countries worldwide.

**QUESTION: –How long will they be abroad per semester?**

**ANSWER:** The length of study abroad varies by program. They could need insurance coverage for 1 month or 1 year. The most common insurance coverage period is 6 months.

**QUESTION: – Where will they be staying while abroad (host homes, or a college dorm etc.)?**

**ANSWER:** Common housing options for students are dorms, apartments and home stays. This varies by program.

**QUESTION: - Could you state what is meant by “On the ground student assistance in the event of a catastrophic emergency?”**

**ANSWER:** The Company would either need to have an employee or a contact on the ground in the affected area to assist the student with evacuation in the event of an emergency.

**QUESTION: - Is it requested that we cover any non-professional sports? Do you have any students who will be participating in interscholastic sports?**

**ANSWER:** Yes, the company will be required to cover any non-professional sports injuries/illness/death. We do not monitor student activity to this level of detail while abroad. We know some students will be involved with non-professional sports, especially if they are studying abroad for a longer period of time (ex. Intramural basketball, soccer, etc.)

### **QUESTIONS RECEIVED FROM VENDOR B**

**QUESTION: – Could you please provide us with experience information for the past three to five years including premium, paid claims and applicable rate history.**

**ANSWER:** The monthly premium is \$30.00. We do not have any data on paid claims. That information does not come through the University, but rather goes straight to the enrollee.

**QUESTION: - The plan wants to allow waivers to the program. How many waivers does the program have in a given year?**

**ANSWER:** Waivers are only given if another policy meets all of our minimum coverage areas. Approximately one waiver is issued per year. However, this might be misleading since USC automatically waives insurance for students going with IIE (Institute of International Education), ASA (Academic Studies Abroad), etc. since their insurance plans meet our requirements.

**QUESTION: - What is the approximate distribution of insureds (students, faculty and staff)?**

**ANSWER:** 90-95% students and 5-10% faculty/staff.

### **QUESTIONS FROM VENDOR C**

**QUESTION: Can you provide 3-5 years of Loss History and Premium History?**

**ANSWER:** This information is not available.

**QUESTION: Can you provide a Copy of the Current Policy?**

**ANSWER:** It is attached.

**QUESTION: Can you provide a list of the Multi-Country tours? Are they only to countries that are previously listed in the USC Study Abroad Guideline? What is the average size of the groups on the Multi-Country tours?**

**ANSWER:** This varies by program and is difficult to provide. One would have to search ALL of the programs to see which ones included multi-country programs and most programs are not headed up by the Study Abroad Office.

**QUESTION: Can you provide a breakdown of the number of evacuations to show how many were medical/natural disaster/political unrest?**

**ANSWER:** We have found one record of political evacuation and one medical evacuation.

**QUESTION: Are there new countries that have been added to the Global Classroom Programs since last year?**

**ANSWER:** Global Classroom proposals for the 2015-2016 Academic Year have not been yet approved and this information cannot be supplied.

**QUESTION: Are students, faculty and staff traveling to any countries where the U.S. State Department has issued a travel warning? And, does USC require participation in the Smart Traveler Enrollment Program (STEP) or an equivalent program?**

**ANSWER:** Yes, students/faculty/staff may travel to countries with a travel warning. Students have to be approved by a committee in order to participate in a program in those countries,

**QUESTION: What is the ratio of students traveling abroad 6 months versus 1 year/what is the number faculty traveling abroad for 6 months versus 1 year?**

**ANSWER:** There is not a concrete answer since students are not just enrolled for 6 months/year, nor are faculty/staff. Approximately 60% of students are enrolled in a 6 month or 1 year coverage period. 40% of students are enrolled in a period of 3 months or less (1 month being the least period). Faculty are normally enrolled for a 1 month period.

**QUESTION: Are students allowed gainful employment or paid/unpaid internships while they are studying abroad?**

**ANSWER:** This may depend on the visa that is issued by the host country, but it is possible.

**QUESTION:** Are students typically put with host families in a participating exchange program? Or, are they only allowed to stay in University dormitories or University-approved housing?

**ANSWER:** Students may live with a host family, stay in an apartment or live in a dorm depending on the program. It varies.

**QUESTION:** Are students allowed to visit neighboring countries while studying abroad either through hosted University Travel or on their own? Are there prohibited countries for travel?

**ANSWER:** Yes, they can visit neighboring countries on their own. If travel is arranged by program or Host University, we would not have access to that information.

**QUESTION:** What percentage of the students, faculty or staff are over 50?

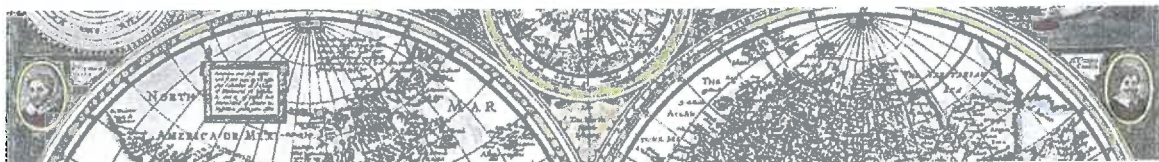
**ANSWER:** No more than 5% of the students are over 50 years of age. Approximately 60% of faculty/staff are over 50.

**QUESTION:** Are any students, faculty or staff's dependents or spouses allowed to travel with them? And if so are they eligible for enrollment in the Emergency Medical Insurance?

**ANSWER:** Faculty or Staff spouses may travel with them if approved within their department. No, they are not eligible for the insurance.

**QUESTION:** What is the number of students, faculty or staff that travel together, i.e., what is the average size of a group?

**ANSWER:** Faculty led program size can vary from 10-20 students on average.



# World Class Coverage Plan

*designed for*

## University of South Carolina Study Abroad Programs

### 2014-15

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

*This plan is underwritten by ACE American Insurance Company*

*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 University under form number AH-15090. In the event of any conflict between this Description of Coverage and the Master Policy, the Policy will govern.*

<b>Schedule of Benefits Coverage and Services</b>	<b>Policy # GLM N04984274 Maximum Limits</b>
<b>Section I</b>	
• Accidental Death Per Insured	\$10,000
• Medical expenses (per Accident or Sickness):	
Deductible	zero
Basic medical	\$250,000 at 100%
• Extension of Benefits	30 days
• Emergency Medical Reunion	\$3,000 (\$150/day)
• Trip Quarantine Benefit	\$2,500 (\$100/day)
• Baggage/Personal Effects	\$250
<b>Section II</b>	
• Team Assist Plan (TAP): 24/7 medical, travel, technical assistance	
• Medical Evacuation	\$500,000
• Repatriation/Return of Mortal Remains	\$500,000
<b>Section III</b>	
• Security Evacuation Rider (Comprehensive)	\$100,000

### **Section I - Benefit Provisions**

Benefits are payable under the Policy for Covered Expenses incurred by an Insured Person for the items stated in the *Schedule of Benefits*. Benefits shall be payable to either the Insured Person or the Service Provider for Covered Expenses incurred Worldwide. The first such expense must be incurred by an Insured Person within 30 days after the date of the Covered Accident or commencement of the Sickness; and

- All expenses must be incurred by the Insured Person within 52 weeks from the date of the Covered Accident or commencement of the Sickness; and
- The Insured Person must remain continuously insured under the Policy for the duration of the treatment.

The charges enumerated herein shall in no event include any amount of such charges which are in excess of Reasonable and Customary charges. If the charge incurred is in excess of such average charge such excess amount shall not be recognized as a Covered Expense. All charges shall be

deemed to be incurred on the date such services or supplies, which give rise to the expense or charge, are rendered or obtained.

### **Accidental Death and Dismemberment Benefit**

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

**Accidental Dismemberment Benefit.** If Injury to the Insured Person results, within 365 days of the date of the Covered 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:

<b>For Loss of:</b>	<b>Percentage of Maximum Amount</b>
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 Person as a result of the same Covered 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.

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

The Company will pay Covered Expenses due to Accident or Sickness only, as per the limits stated in the *Schedule of Benefits*. Coverage is limited to Covered Expenses incurred subject to Exclusions. All bodily Injuries

sustained in any one Covered Accident shall be considered one Disablement, all bodily disorders existing simultaneously which are due to the same or related causes shall be considered one Disablement. If a Disablement is due to causes which are the same or related to the cause of a prior Disablement (including complications arising there from), the Disablement shall be considered a continuation of the prior Disablement and not a separate Disablement.

Treatment of an Injury or Sickness must occur within 30 days of the Accident or onset of the Sickness.

When a covered Injury or Sickness is incurred by the Insured Person the Company will pay Reasonable and Customary medical expenses as stated in the *Schedule of Benefits*. In no event shall the Company's maximum liability exceed the maximum stated in the *Schedule of Benefits* as to Covered Expenses during any one period of individual coverage.

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

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

- Charges made by a Hospital for room and board, 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 a Doctor
- Charges made for an operating room
- Charges made for Outpatient treatment, same as any other treatment covered on an Inpatient basis. This includes ambulatory Surgical centers, Doctors' 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, the use of radium and radioactive isotopes, oxygen, blood, transfusions, iron lungs, and medical treatment
- Charges for physiotherapy, if recommended by a Doctor for the treatment of a specific Disablement and administered by a licensed physiotherapist
- Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Doctor 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
- Nervous or Mental Disorders are covered as any other sickness
- 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 visits per injury or Sickness. The overall maximum coverage per injury or Sickness is \$500 which includes x-ray and evaluation charges
- With respect to Accidental Dental, an eligible Dental condition shall mean emergency dental repair or replacement to natural teeth damaged as a result of a covered Accident
- With respect to Palliative Dental, an eligible Dental condition shall mean emergency pain relief treatment to natural teeth up to \$500 (\$250 maximum per tooth)

### **Extension of Benefits**

Medical benefits are automatically extended 30 days after expiration of Insurance for conditions first diagnosed or treated during or related to your overseas study program with the University of South Carolina.

Benefits will cease 12:01 a.m. on the 31st day following termination of Insurance.

### **Emergency Medical Reunion**

When an Insured Person is hospitalized for more than **6 days**, the Company will reimburse for round trip economy-class transportation for one individual selected by the Insured Person, from the Insured Person's current Home Country to the location where the Insured Person is hospitalized. The benefits reimbursable will include:

- The cost of a round trip economy airfare and their hotel and meals (to a maximum of \$150 per day) up to the maximum stated in the *Schedule of Benefits*, Emergency Medical Reunion.

### **Baggage/Personal Effects Coverage**

We will reimburse a covered person's replacement costs of clothes and personal hygiene items if his or her luggage is checked onto a common carrier, and is then lost, stolen or damaged beyond his or her use.

Replacement costs are calculated on the basis of the depreciated standard for the specific personal item claimed and its average usable period. The covered person must file a formal claim with the transportation provider and provide us with copies of all claim forms and proof that the transportation provider has paid him or her normal reimbursement for the lost, stolen or damaged luggage. The maximum benefit is \$250.

### **Trip Quarantine Benefits**

If the Insured's Trip is delayed 24 or more hours due the Insured being Quarantined, the Company will pay a per day Quarantine Benefit of \$100 for each calendar day the Insured remains in Quarantine. Additionally the Company will reimburse the Insured for the below expense items if incurred as a direct result of the Insured being Quarantined:

- unused, non-refundable travel arrangements or accommodations;
- any reasonable additional expenses for accommodations;
- a one-way economy ticket from the point where the Insured left the Trip to a destination where the Insured can rejoin the Trip; or
- a one-way economy airfare ticket to return the Insured to the Insured's Home Country.

The above Trip Quarantine Benefits are subject to a combined overall maximum benefit amount of \$2,500.

### **Exclusions**

*For benefits listed under Accidental Death and Dismemberment, this insurance does not cover:*

- 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
- Suicide or any attempt thereof while sane or self destruction or any attempt thereof, while insane
- 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
- Injury arising out of a Pre-existing Condition

*For all other benefits, this Insurance does not cover:*

- Pre-existing conditions, except as specified below:
  - 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 Doctor 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 Pre-existing 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 Insured 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) For the Emergency Medical Evacuation and Repatriation/Return of Mortal Remains benefits

**Note: Pre-existing Conditions will be covered on a primary basis to a maximum of \$10,000 and beyond that on a secondary basis up to the plan Medical Expense limit.**

- 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 a Disablement established by a prior call or attendance of a Doctor
- 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 Doctor 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 the Policy, treatment of a deviated nasal septum shall be considered a cosmetic condition
- Elective Surgery or Elective Treatment 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
- Treatment and the provision of false teeth or dentures, normal ear 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 Accidental bodily 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
- 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 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
- Dental care, except as the result of Injury to natural teeth caused by a Covered Accident, unless otherwise covered under this Policy
- 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
- Expenses incurred while the Insured Person is in their Home Country, unless otherwise covered under the Policy
- Weak, strained or flat feet, corns, calluses, or toenails
- Diagnosis and treatment of acne
- Injury sustained while riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting from, any type of aircraft

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.

### **Subrogation**

To the extent the Company pays for a loss suffered by an Insured Person, the Company will take over the rights and remedies the Insured Person had relating to the loss. This is known as subrogation. The Insured Person 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 Person's rights, the Insured Person must sign an appropriate subrogation form supplied by the Company.

### **Definitions**

**Coinsurance** means the percentage amount of eligible Covered Expenses, after the Deductible, which are the responsibilities of the Insured Person and must be paid by the Insured Person. The Coinsurance amount is stated in the *Schedule of Benefits*, under each stated benefit.

**Company** shall be ACE American Insurance Company.

**Covered Accident or Accidental** means an event, independent of Sickness or self inflicted means, which is the direct cause of bodily Injury to an Insured Person.

**Covered Expenses** means expenses which are for Medically Necessary services, supplies, care, or treatment; due to Sickness or Injury; prescribed, performed or ordered by a Doctor; Reasonable and Customary charges; incurred while insured under the Policy; and which do not exceed the maximum limits shown in the *Schedule of Benefits*, under each stated benefit.

**Deductible** means 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 means a Sickness or an accidental bodily Injury necessitating medical treatment by a Doctor defined in the Policy.

**Doctor** as used in the Policy means 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.

**Effective Date** means the date the Insured Person's coverage under the Policy begins. The Effective Date of the Policy is the later of the following:

1. The Date the Company receives a completed Application and premium for the Policy Period; or
2. The Effective Date requested on the Application; or



3. The Date the Company approves the Application.

**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 Person'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 Injuries received in 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** means benefits payable by the Company to reimburse expenses which are for Medically Necessary services, supplies, care, or treatment; due to Sickness or Injury; prescribed, performed or ordered by a Doctor; Reasonable and Customary charges; incurred while insured under the Policy; and which do not exceed the maximum limits shown in the *Schedule of Benefits* under each stated benefit.

**Emergency** means 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** means a spouse, Domestic Partner, parent, sibling or child of the Insured Person.

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

**Hospital** as used in the Policy means 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.

**Injury** wherever used in the Policy means bodily Injury caused solely and directly by violent, Accidental, external, and visible means occurring while the Policy is in force and resulting directly and independently of all other causes in Disablement covered by the Policy.

**Insured Person(s)** means a person eligible for coverage under the Policy as defined in "Eligible Persons" who has applied for coverage and is named on the application and for whom the company has accepted premium. This may be the Primary Insured Person, Dependent(s), Chaperones or Guests.

**Medically Necessary or Medical Necessity** means 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 Doctor 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** means a Sickness that is a mental, emotional or behavioral disorder.

**Permanent Residence** means 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.

**Pre-existing Condition** for the purposes of the Policy means 1) a condition that would have caused person to seek medical advice, diagnosis, care or treatment during the 180 days prior to the Effective Date of coverage under the Policy; 2) a condition for which medical advice, diagnosis, care or treatment was recommended or received during the 180 days prior to the Effective Date of coverage under the Policy; 3) expenses for a Pregnancy existing on the Effective Date of coverage under the Policy.

**Reasonable and Customary** means the maximum amount that the Company determines is Reasonable and Customary for Covered Expenses the Insured Person incurs, 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 Sickness 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** means spouse, Domestic Partner, 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.

**Sickness** wherever used in the Policy means illness or disease of any kind contracted and commencing after the Effective Date of the Policy and Disablement covered by the Policy.

**Termination of Insurance** means the Insured Person's coverage will end on the earliest of the following dates:

1. The date the Master Policy terminates;
2. The date he or she is no longer eligible; or
3. The last day of the period of coverage, requested by the Participating Organization, applicable to the Insured Person for which premium is paid.

**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](http://www.HealthCare.gov)

This information provides 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 in the state in which the policy was delivered under form number AH-15090. Complete details may be found in the policy on file at your school's office. The policy is subject to the laws of the state in which it was issued. Please keep this information as a reference.

**Cultural Insurance Services International (CISI)**

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Phone: 203-399-5130 | Fax: 203-399-5596

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