

Question(s) or need assistance?

CISI Claims Department (9 -5 EST, M-F): Phone : (800) 303-8120 ext. 5130 | (203) 399-5130 | E-mail : [claimhelp@mycisi.com](mailto:claimhelp@mycisi.com)

Team Assist (24/7/365) – AXA Assistance: Phone: (855) 327-1411 | (312) 935-1703 | E-mail: [medassist-usa@axa-assistance.us](mailto:medassist-usa@axa-assistance.us)

**What does the CISI plan cover?**

The CISI Plan is designed specifically for cultural exchange participants. In addition to providing accident and sickness insurance, the plan will cover medical evacuation and repatriation as well as security evacuations should they become necessary. And unlike many domestic insurance plans, the CISI plan will pay 100% of covered expenses without requiring a deductible.

In addition to the above, the Team Assist Plan was designed by CISI in conjunction with the Assistance Company to provide travelers with a worldwide, 24-hour emergency telephone assistance service. Multilingual help and advice may be furnished for the insured in the event of any emergency during the term of coverage. This plan complements the insurance benefits provided by the University of South Alabama programs abroad medical plan.

| Schedule of Benefits   |  |
|--|--|
| Coverage and Services  | Maximum Limits                             |
| Accidental Death and Dismemberment Per Insured Person              | \$10,000                                   |
| Medical expenses (per Covered Accident or Sickness):               |  |
| Deductible   | zero                                       |
| Benefit Maximum  | \$250,000 at 100%                          |
| Emergency Medical Reunion  | (incl. hotel/meals, max \$150/day) \$5,000 |
| Quarantine Benefit   | \$2,500                                    |
| Team Assist Plan (TAP): 24/7 medical, travel, technical assistance |  |
| Emergency Medical Evacuation                                       | \$100,000                                  |
| Repatriation/Return of Mortal Remains                              | \$100,000                                  |

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 of South Alabama under form number AH15090. In the event of any conflict between this Description of Coverage and the Master Policy, the Policy will govern.





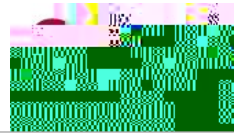
## Covered Accident and Sickness Medical Expenses











## The TAP offers these services (These services are not insured benefits)

### Medical Assistance

**Medical Referral** : Referrals will be provided for doctors, hospitals, clinics or any other medical service provider requested by the Insured. Service is available 24 hours a day, worldwide.

**Medical Monitoring** : In the event the Insured is admitted to a foreign hospital, the AP will coordinate communication between the Insured's own doctor and the attending medical doctor or doctors. The AP will monitor the Insured's progress and update the family or the insurance company accordingly.

**Prescription Drug Replacement/ Shipment:** Assistance will be provided in replacing lost, misplaced, or forgotten medication by locating a supplier of the same medication or by arranging for shipment of the medication as soon as possible.

**Emergency Message Transmittal:** The AP will forward an emergency message to and from a family member, friend or medical provider.

**Coverage Verification /Payment Assistance for Medical Expenses:** The AP will provide verification of the Insured's medical insurance coverage when necessary to gain admittance to foreign hospitals, and if requested, and approved by the Insured's insurance company, or with adequate credit guarantees as determined by the Insured, provide a guarantee of payment to the treating facility.

### Travel Assistance

**Obtaining Emergency Cash:** The AP will advise how to obtain or to send emergency funds worldwide.

**Traveler Check Replacement Assistance:** The AP will assist in obtaining replacements for lost or stolen traveler checks from any company, i.e., Visa, Mastercard, American Express, etc., worldwide.

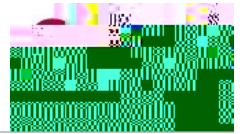
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### Tecl A sistance

**Credit Card /Passport /Important Document Replacement:** The AP will assist in the replacement of any lost or stolen important document such as a credit card, passport, visa, medical record, etc. and have the documents delivered or picked up at the nearest embassy-2 (a)4.8 (ssy)-2.4 ( o)8 (r)6 ( c)-0.6 (o)8 (n)3.1 (su)3 (la)4.8 (t)10.7 (e)-5.2 (.)-1.6 ( )TJ 0 Tc 0 Tw 10.627 0 Td ( )Tj EMC /P <-4MShured>BDC 0.275 0 family, and b-2 (u)3.1 (sin)3 (e)11.3 (ss a)4.7 (sso)8 (c)-0.6 (ia)4.8 (t)10.7 (e)-5.2 (s )15.2 (u)3.1 (n)3 (t)-4.2 (il le)9.8 (g)-3.2 (a)4.7 (l c)-0.6 (o)8 (u)3 (n)3.1 (se

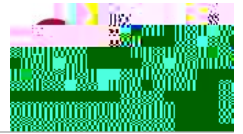
Worldwide Inoculation Information: Infor





## Claim Information

If you seek medical treatment for an Injury or Illness while abroad and pay out-of-pocket, you are eligible to submit a claim for reimbursement. A Claim Form can be found on the last two pages, on the myCISI Participant Portal, and attached to the welcome e-mail. Please follow the directions at the top of the Claim Form, and make sure to include any medical documentation you received during your visit and receipts for the out-of-pocket expenses. For your reference, below is some helpful information on h3 (j)d3.1 (a)-9.(p)-1 (a)196w 39.9 (55 0 Tc 0 7



## Contact Information

For questions regarding benefits or the claim submission process, please contact CISI by phone, e-mail or mail:

To reach a CISI Claims Representative (9-5 EST M-F):

**Phone:** (800) 303-8120 ext. 5130 (calling toll -free from within the US)  
(203) 399-5130 (calling from outside of the US, collect calls accepted)

**E-mail:** [claimhelp@mycisi.com](mailto:claimhelp@mycisi.com)

**Mail:** Cultural Insurance Services International (CISI)  
One High Ridge Park  
Stamford, CT 06905

In cases of medical or security related emergency please contact our 24/7 emergency assistance provider:

Team Assist Provider: AXA Assistance

**Phone:** (855) 327-1411 (calling toll -free from within the US)  
(312) 935-1703 (calling from outside of the US, collect calls accepted)

**E-mail:** [medassist-usa@axa-assistance.us](mailto:medassist-usa@axa-assistance.us)

**Mailing Address:** 1 High Ridge Park, Stamford, CT 06905 | **E-mail:** [claimhelp@mycisi.com](mailto:claimhelp@mycisi.com) | **Fax:** (203) 399-5596  
For claim submission questions, call (203) 399- 5130, or e-mail [claimhelp@mycisi.com](mailto:claimhelp@mycisi.com)

**Instructions:**

1. Fully complete and sign the medical claim form for each occurrence, indicating whether the Doctor/Hospital has been paid.
2. Attach itemized bills for all amounts being claimed. \*We recommend you provide us with a copy and keep the originals for yourself.
3. Approved reimbursements will be paid to the provider of the service unless otherwise indicated.
4. Submit claim form and attachments via mail, e-mail, or by fax (provided above).

See next page for state specific disclaimers and claimant cooperation provision .

**by NAME AND CONTACT INFORMATION OF THE INSURED**

Name of the Insured: \_\_\_\_\_ /Date of/Birth: \_\_\_\_\_  
(month /day/year)

