



Plan Benefits and Exclusions

SCHEDULE OF BENEFITS

COVERAGE AND SERVICES	MAXIMUM LIMITS
ACCIDENT AND SICKNESS INSURANCE	
Medical expenses (per Covered Accident or Sickness):	
Deductible	zero
Benefit Maximum	\$200,000 at 100%
Prescription Drugs (Inpatient/Outpatient)	100% of Usual and Customary Charges
Physiotherapy	If recommended by a Doctor for treatment and administered by a licensed physiotherapist
Mental/Nervous Outpatient	\$2,500
Mental/Nervous Inpatient	\$5,000
Chiropractic Care and Therapeutic Services	\$50/visit, 10 visit max, overall max \$500
Accidental Dental	Covered
Palliative Dental	\$500 (\$250/tooth)
Pregnancy, childbirth or miscarriage	As any other condition
Pre-existing Conditions	\$10,000 Primary, Secondary up to \$200,000
TRAVEL ASSISTANCE INSURANCE	
Emergency Medical Reunion	(incl. hotel/meals, max \$300/day) \$3,000
Quarantine	\$2,000 (14 days)
Trip Cancellation	\$2,000
Trip Delay	\$500 (\$100/day)
Trip Interruption	\$1,500
EVACUATION AND REPATRIATION INSURANCE	
Emergency Medical Evacuation	\$250,000
Repatriation of Mortal Remains	\$50,000
Security Evacuation (Comprehensive)	\$100,000 (\$2.5M Aggregate)
NON-INSURANCE SERVICES	
Team Assist Plan (TAP): 24/7 medical, travel, technical assistance	

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

Exclusions and Limitations

This Insurance does not cover Medical Expense Benefits for:

- Charges for treatment which is not Medically Necessary.
- Charges for treatment which exceed Reasonable and Customary charges.
- Charges incurred for surgery or treatments which are experimental/investigational, or for research purposes.
- Services, supplies or treatment, including any period of Hospital confinement, which were not recommended, approved and certified as Medically Necessary and reasonable by a Doctor.
- War or any act of war, whether declared or not.
- Injury sustained while participating in professional athletics.
- Routine physicals, immunizations, or other examinations where there are no objective indications or impairment in normal health, and laboratory, diagnostic or x-ray examinations, except in the course of an Injury or Sickness established by a prior call or attendance of a Doctor.
- Treatment of the temporomandibular joint.
- Any treatment, service or supply not specifically covered by the Policy.
- Services or supplies performed or provided by a Relative of the Insured Person, or anyone who lives with the Insured Person.
- Cosmetic or plastic surgery, except as the result of a covered Injury.
- Elective Surgery or Elective Treatment which can be postponed until the Insured Person returns to his/her Home Country or Permanent Residence, where the objective of the trip is to seek medical advice, treatment or surgery.
- Treatment and the provision of false teeth or dentures, normal hearing tests and the provision of hearing aids.
- Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by an Injury incurred while insured hereunder.
- Treatment while confined primarily to receive custodial care, educational or rehabilitative care, or nursing services.
- Congenital abnormalities and conditions arising out of or resulting therefrom.
- Expenses as a result of or in connection with the commission of a felony offense.
- Injury sustained while taking part in mountaineering where ropes or guides are normally used; hang gliding; parachuting; bungee jumping; racing by horse, motor vehicle or motorcycle; parasailing.
- Treatment paid for or furnished under any mandatory government program or facility set up for treatment without cost to any individual.
- Injury or Sickness covered by Workers' Compensation, Employers' Liability laws, or similar occupational benefits.
- Injuries for which benefits are payable under any no-fault automobile insurance policy.
- Routine dental treatment.
- Drugs, treatments or procedures that either promote or prevent conception, or prevent childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion.
- Treatment for human organ tissue transplants and related treatment.
- Weak, strained or flat feet, corns, calluses, or toenails.
- Diagnosis and treatment of acne.
- Injury sustained while the Insured Person is riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting from, any type of aircraft.
- Dental care, except as the result of Injury to natural teeth caused by a Covered Accident, unless otherwise covered under this Policy.
- Expenses incurred within the Insured Person's Home Country or country of Permanent Residence, unless otherwise covered under this Policy.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.

Insurance described is marketed by Cultural Insurance Services International (CISI); insurance is underwritten and provided by ACE American Insurance Company and its U.S. based Chubb underwriting company affiliates. Chubb is the marketing name used to refer to subsidiaries of Chubb Limited providing insurance and related services. For a list of these subsidiaries, please visit our website at www.chubb.com.

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CISI CONTACT INFORMATION
9AM-5PM EST, Monday-Friday

Phone: (800) 303-8120 | (203) 399-5130
Email: claimhelp@mycisi.com

TEAM ASSIST CONTACT INFORMATION
AXA Assistance (24/7/365)

Phone: (855) 327-1411 | (312) 935-1703
Email: medassist-usa@axa-assistance.us