

USC Student Health

Insurance

Insurance Information for USC Student Travel Abroad

University of Southern California • Engemann Student Health Center, 1031 West 34th Street, Los Angeles, CA 90089-3261 • 213-740-8742



USC Student Health

Insurance

Welcome Students!

When you travel outside the US, your medical expenses are covered at 100% of usual and customary charges up to a maximum of \$250,000 per incident. The policy provides coverage for charges incurred that are medically necessary for the treatment of a diagnosed medical condition while traveling. Benefits are payable if the Insured Person suffers a medical emergency during the course of a covered trip and is traveling outside his or her home country or country of permanent assignment. Covid-19 is treated as any other medical condition.

Please refer to the summary of benefits for further details.



CHUBB

ACE American Insurance Company
(A Stock Company)
Philadelphia, PA 19106
(Herein called We, Us, Our)

Blanket Accident and Sickness Insurance Policy Amendment

Policy Number: GLM N04969844

Effective Date: August 02, 2022

**Policyholder: Trustee of the Educational Travel
Insurance Trust on behalf of University of
Southern California**

This Amendment form is made a part of the Policy to which it is attached and applies as of the Effective Date shown above. If no Effective Date is shown, this Amendment takes effect as of the Policy Effective Date. Any changes in premium apply as of the first premium due date on or after the effective date of this form.

The policy is changed as follows:

Under the 'Benefits' section the following is changed:


Medical Expense Benefits

Total Maximum per Covered Accident or Sickness, per Covered Person:


\$250,000; Spain – 100% of Covered Expenses

This form ends at the same time as the Policy. It is subject to all of the terms, limitations and conditions of the Policy except as they are changed by it.

Signed for ACE American Insurance Company in Philadelphia, Pennsylvania.



JOHN J. LUPICA, President



Juliet Schweidel, Secretary

Accident and Sickness Benefits for University of Southern California

You are a Covered Person and eligible for coverage under the plan, if you are in the eligible class defined below. For benefits to be payable the Policy must be in force, the required premium must be paid and you must be engaging in one of the Covered Activities described below. If you are not in Active Service on the date your insurance would otherwise be effective, it will go into effect on the date you return to Active Service.

Class Description: All students of the Participating Organization enrolled in the Covered Activity and traveling outside of the United States.

Your Dependents (lawful spouse and unmarried children, subject to Dependent age limits in the state where the Policy is issued) are also covered, if they are traveling with you.

Period of Coverage: You will be insured on the later of the Policy Effective Date or the date that you become eligible. Your coverage will end on the earliest of the date: 1) the Policy terminates; 2) you are no longer eligible; or 3) the period ends for which the required premium is paid. Dependents coverage will end on the earliest of the date: 1) he or she is no longer a Dependent; 2) your coverage ends; or 3) the period ends for which the required premium is paid.

Term of Coverage: This coverage will start on the actual start of the Trip. It does not matter whether the Trip starts at your home, place of work, or other place. It will end on the first of the following dates to occur: 1) The date you return to your Home Country; 2) the scheduled Trip return date; or 3) the date you make a Personal Deviation (unless otherwise provided by the Policy). "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.

Covered Activities:

Educational Travel - We will pay the benefits described only if you suffer a loss or incurs a Covered Expense as the direct result of a Covered Accident or Sickness while traveling: 1) outside of your Home Country; 2) up to 365 days; and 3) engaging in an educational Trip authorized by the Policyholder.

Exposure & Disappearance - Coverage includes exposure to the elements after the forced landing, stranding, sinking, or wrecking of a vehicle in which you were traveling. You are presumed dead if you are in a vehicle that disappears, sinks, or is stranded or wrecked on a trip covered by the Policy; and the body is not found within one year of the Covered Accident.

Personal Deviation – The Covered Accident or Sickness must take place during a Personal Deviation while on a Trip covered by the Policy.

"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.

Description of Benefits

Medical Expense Benefits - We will pay for Covered Expenses that result directly from a Covered Accident or Sickness. These benefits are payable the earlier of the date your Trip ends, or 52 weeks from the date of a Covered Accident or Sickness provided the first Covered Expense was incurred within 90 days after the date of Covered Accident or Sickness. Benefit amounts are payable per Covered Accident or Sickness. Your Maximum Medical Expense Benefits is \$250,000; for your spouse is \$250,000; and for your children is \$250,000 subject to a Deductible of \$0 per Covered Accident or Sickness.

Maximum for Preexisting Conditions: treated as any other medical condition
Maximum for Dental Treatment

(Injury Only):	\$200 per tooth, up to \$2,000
(Alleviation of Pain):	\$700
Maximum for Emergency Medical Treatment of Pregnancy:	treated as any other medical condition
Maximum for Room & Board Charges:	average semi-private room rate
Maximum for ICU Room & Board Charges:	two (2) times the average semi-private room rate
Maximum for Chiropractic Care:	\$35 per visit for up to 10 visits, subject to a maximum of \$350
Maximum for Mental and Nervous Disorders:	\$50,000
Maximum for Newborn Nursery Care:	\$500
Maximum for Prescription Drugs:	
Inpatient Co-insurance:	100% of the Usual and Customary Charges
Outpatient Co-insurance:	100% of the Usual and Customary Charges
Maximum for Therapeutic Termination of Pregnancy:	\$2,000
Maximum for Podiatric Expenses:	\$2,000 per Policy Term
Quarantine:	\$2,000

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 you incur; and 3) for charges incurred for services rendered to you while on a covered Trip.

Emergency Medical Benefits - We will pay up to \$10,000 for Covered Expenses incurred for emergency medical services to treat you if you: 1) suffer a Medical Emergency during the course of a Trip; and 2) are traveling on a covered Trip. Covered Expenses include expenses for guarantee of payment to a medical provider, Hospital or treatment facility; Claim fees allocated by Our Assistance Provider for actual service charges are considered a Covered Expense. Access fees are not considered a Covered Expense. Benefits for these Covered Expenses will not be payable unless the charges incurred: 1) are Medically Necessary and do not exceed the charges for similar treatment, services or supplies in the locality where the expense is incurred; and 2) do not include charges that would not have been made if there were no insurance. 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.

Emergency Medical Evacuation Benefit - We will pay the Benefit Maximum shown below for 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. 5) Transportation after Stabilization: if We have evacuated you to a medical facility due to an Emergency Medical Evacuation, We will pay your transportation costs to your a) Home Country or b) host country. 6) Claim fees allocated by Our Assistance Provider for actual service charges are considered a Covered Expense. Access fees are not considered a Covered Expense.

Benefit Maximum:

For travel to Greenland and Antarctica:	\$250,000
For all other travel:	100% of the Covered Expenses

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 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.

Quarantine Benefit - We will pay expenses incurred per Trip for up to the Benefit Maximum shown in the Schedule of Benefits if the Covered Person is subject to a Quarantine for H1N1 Influenza/any contagious disease that prevents traveling. Symptoms of the disease causing the Quarantine must first be manifested after the start of the Trip and the Quarantine must cause an interruption or delay in the Covered Person's Trip for which suitable accommodations are not otherwise available. Benefits will end on the earlier of 14 days after the Quarantine is issued or the date the Quarantine expires.

Covered Expenses:

1. the reasonable expenses incurred for lodging and meals;
2. the cost of a one-way economy airfare ticket to either the Covered Person's Home Country or to re-join the Trip; and
3. non-refundable travel arrangements.

"Quarantine" means the Covered Person is forced into medical isolation by a recognized government authority, their authorized deputies, or medical examiners due to the Covered Person either having, or being suspected of having, a contagious disease, infection or contamination while the Covered Person is traveling outside of their Home Country.

Repatriation of Remains Benefit - We will pay the Benefit Maximum shown below 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: 1) expenses for embalming or cremation; 2) the least costly coffin or receptacle adequate for transporting the remains; 3) transporting the remains; 4) Escort Services which include expenses for an Immediate Family Member or companion who is traveling with you to join your body during the repatriation to your place of residence; and 5) Claim fees allocated by Our Assistance Provider for actual service charges are considered a Covered Expense. Access fees are not considered a Covered Expense.

Benefit Maximum:

For travel to Greenland and Antarctica:	\$250,000
For all other travel:	100% of the Covered Expenses

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.

Emergency Hotel Convalescence Benefit - We will pay the Emergency Hotel Convalescence Benefit, up to \$100 per day for up to 7 days for hotel room convalescence should your Doctor determine this to be necessary immediately following a Hospital confinement during your Trip and prior to your return home.

Emergency Reunion Benefit - We will pay up to \$10,000 for expenses incurred to have your Family Member accompany you to your Home Country or the Hospital where you are confined if you are: 1) confined in a Hospital for at least 24 consecutive hours due to a covered Injury or Sickness and the attending Doctor believes it would be beneficial for you to have a Family Member at your side; or 2) the victim of a Felonious Assault. The Family Member's travel must take place within 7 days of the date you are confined in the Hospital, or the date of the occurrence of the Felonious Assault.

"Felonious Assault" means a violent or criminal act reported to the local authorities which was directed at you during the course of, or an attempt of, a physical assault resulting in serious injury, kidnapping, or rape.

In the event that you die as a result of a covered Injury or Sickness, We will pay the expenses incurred for emergency travel arrangements, up to \$2,500, for a Family Member to accompany your mortal remains.

Covered expenses include an economy airline ticket and other travel related expenses not to exceed \$1,000 per day up to 10 days. Case fees allocated by Our Assistance Provider as part of a claim for this benefit will be considered a Covered Expense. Access fees are not considered a Covered Expense.

All transportation and lodging arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the usual level of 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, husband, wife, child, grandparent, or immediate in-law.

Home Country Emergency Benefit - We will pay benefits for Covered Medical Expenses if you continue treatment in your Home Country of a covered Injury or Sickness that was first treated during the course of a Trip. 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. The coverage begins on the date you arrive in your Home Country. It ends the later of: 1) 30 days after you return to your Home Country, or 2) the date you leave your Home Country. This coverage will end on the earlier of the date yours would otherwise end or the end of the Policy Term. In order for this benefit to be payable, your coverage must remain continuously in force and the required premium must be paid.

Home Country Emergency Benefit payments are subject to the \$0 Deductible and Coinsurance Rate shown above for Medical Expense Benefits and a Benefit Maximum of \$10,000.

Security Evacuation Expense Benefit - We will pay up to \$100,000 if: 1) an Occurrence takes place during the Covered Activity described and your Term of Coverage; and 2) while you are traveling outside of your Home Country.

Aggregate Limit per event - We will not pay more than \$250,000 for all expenses incurred as the result of one Security Evacuation event. If, in the absence of this provision, We would pay more than this amount for all expenses incurred for a single event, then the benefits payable to each person with a valid claim will be reduced proportionately.

Benefits will be paid for: 1) your Transportation and Related Costs to the Nearest Place of Safety necessary to ensure your safety and well-being as determined by the Designated Security Consultant. 2) your Transportation within 5 days of the Security Evacuation to either of the following locations as chosen by you: a) back to the country in which you are traveling during the Covered Activity while covered by the Policy but only if 1) coverage remains in force under the Policy; and 2) there is no U.S. State Department Travel Warning in place on the date you are scheduled to return; or b) your Home Country; or c) where the Policyholder that sponsored your Trip is located. 3) consulting services by a Designated Security Consultant for seeking information on a Missing Person or kidnapping case, if you are considered kidnapped or a Missing Person by local or international authorities. 4) Claim fees allocated by Our Assistance Provider for actual service charges are considered a Covered Expense. Access fees are not considered a Covered Expense.

Security Evacuation Benefits are payable only once for any one Occurrence.

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. Our assistance provider is not responsible for the availability of Transport services. Where a Security Evacuation becomes impractical due to hostile or dangerous conditions, a Designated Security Consultant will endeavor to maintain contact with you until a Security Evacuation occurs.

Right of Recovery - If, after a Security Evacuation is completed, it becomes evident that you were an active participant in the events that led to the Occurrence, We have the right to recover all Transportation and Related Costs from you.

“Appropriate Authority(ies)” means the U.S. State Department, the government authority(ies) in your Home Country or Country of Residence or the government authority(ies) of the Host Country. “Designated Security Consultant” means an employee of a security firm under contract with Us or Our assistance provider who is experienced in security and measures necessary to ensure your safety in his or her care. “Evacuation Advisory” means a formal recommendation issued by the Appropriate Authority(ies) that you or citizens of your Home Country or Country of Residence or citizens of the Host Country leave the Host Country. “Host Country” means any country, other than an OFAC excluded country, in which you are traveling while covered under the Policy. “Missing Person” means your disappearance for an unknown reason and whose disappearance was reported to the Appropriate Authority(ies). “Natural Disaster” means storm (wind, rain, snow, sleet, hail, lightning, dust or sand), earthquake, flood, volcanic eruption, wildfire or other similar event that: 1) is due to natural causes; and 2) results in such severe and widespread damage that the area of damage is officially declared a disaster area by the government in which your Trip occurs and the area is deemed to be uninhabitable or dangerous. Natural disaster does not mean nuclear reactions, uninhabitable property, transportation strikes, lost or stolen passport or travel documents, radiation or radioactive contamination, civil disorder and other similar events. “Nearest Place of Safety” means a location determined by the Designated Security Consultant where: 1) you can be assumed safe from the Occurrence that precipitated your Security Evacuation; and 2) you have access to Transportation; and 3) you have the availability of temporary lodging, if needed. “Occurrence” means any of the following situations in which you are involved that trigger the need for a Security Evacuation: 1) expulsion from a Host Country or being declared persona non-grata on the written authority of the recognized government of a Host Country; 2) political or military events involving a Host Country, if the Appropriate Authority(ies) issue an Advisory stating that citizens of your Home Country or Country of Residence or citizens of the Host Country should leave

the Host Country; 3) Natural Disaster within seven (7) days of an event; 4) your deliberate physical harm confirmed by documentation or physical evidence or a threat against your health and safety as confirmed by documentation and/or physical evidence; 5) you have been deemed kidnapped or a Missing Person by local or international authorities and, when found, your safety and/or well-being are in question. "Related Costs" means lodging and, if necessary, physical protection for you during or while waiting for Transport to the Nearest Place of Safety. Related Costs will include temporary lodging, if necessary, while you are waiting to be transported back to the Host Country, Home Country or other country where the Policyholder that sponsored your Trip is located. Benefits will not be payable for Related Costs 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. "Security Evacuation" means your extrication from the Host Country due to an Occurrence which could result in grave physical harm or your death. "Transport" or "Transportation" means the most efficient and available method of conveyance, where practical, economy fare will be utilized. If possible, your common carrier tickets will be used.

Additional Exclusions - We will not pay Security Evacuation Expense Benefits for expenses and fees: 1) payable under any other provision of the Policy; 2) that are recoverable through your employer or other entity sponsoring your Trip; 3) arising from or attributable to an actual fraudulent, dishonest or criminal act committed or attempted by you, acting alone or in collusion with other persons; 4) arising from or attributable to an alleged: a) violation of the laws of the country in which you are traveling while covered under the Policy; or b) violation of the laws of your Home County or Country of Residence; 5) due to your failure to maintain and possess duly authorized and issued required travel documents and visas; 6) for repatriation of remains expenses; 7) for common or endemic or epidemic diseases or global pandemic disease as defined by the World Health Organization; 8) for medical services; 9) for monies payable in the form of a ransom, if a Missing Person case evolves into a kidnapping; 10) arising from or attributable, in whole or in part, to: a) a debt, insolvency, commercial failure, the repossession of any property by any title holder or lien holder or any other financial cause; b) your non-compliance with regard to any obligation specified in a contract or license; 11) due to military or political issues if your Security Evacuation request is made more than 10 days after the Appropriate Authority(ies) Advisory was issued; 12) your failure to cooperate with Us or Our assistance provider with regard to a Security Evacuation. Such cooperation includes, but is not limited to, failure to provide any documents needed to extricate you or failure to follow the directions given by Our designated security consultants during a Security Evacuation. If you refuse to participate in a Security Evacuation, or any part of a Security Evacuation, no further benefits will be payable under the Security Evacuation Expense Benefit for that Occurrence.

Accidental Death and 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 \$15,000. Your spouse's Principal Sum is \$15,000. Your child's Principal Sum is \$15,000. 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	100% of the Principal Sum
Two or more Members.....	100% of the Principal Sum
Quadriplegia.....	100% of the Principal Sum
One Member	50% of the Principal Sum
Hemiplegia	75% of the Principal Sum
Paraplegia.....	75% of the Principal Sum
Thumb and Index Finger of the Same Hand	25% of the Principal Sum
Uniplegia	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. "Uniplegia" means total Paralysis of one lower limb or one upper limb. "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.

Aggregate Limit - We will not pay more than \$1,000,000 for all Accidental Death & Dismemberment losses per Covered Accident. If, in the absence of this provision, We would pay more than this amount for all losses under the policy, then the benefits payable to each person with a valid claim will be reduced proportionately.

Exclusions and Limitations: 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 and Dismemberment Benefit 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. 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).
- riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline.
- travel in any Aircraft owned, leased or controlled by the Policyholder, or any of its subsidiaries or affiliates. An Aircraft will be deemed to be "controlled" by the Policyholder, if the Aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year.
- 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:

- 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 Policyholder'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 sustained while participating in intercollegiate, interscholastic, professional or semi-professional sports.
- 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.
- Injury caused by or resulting from travel in or on any off-road motorized vehicle not requiring licensing as a motor vehicle, or a motor vehicle not designed primarily for use on public streets or highways.
- birth defects and congenital anomalies, or complications which arise from such conditions.

- Injury resulting from off-road motorcycling; jet, water skiing; sky diving; amateur automobile racing; automobile racing or automobile speed contests; bungee jumping; spelunking; or parasailing.

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 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 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. **“Home Country”** means the country where a Covered Person has his or her true, fixed and permanent home and principal establishment or the United States. **“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. **“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 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. **“We, Our, Us”** means the insurance company underwriting this insurance or its authorized agent.

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.

Policy Number: GLM N04969844, Underwritten by ACE American Insurance Company, 436 Walnut Street, Philadelphia, PA 19106

Contact Information: For customer service, eligibility verification, plan information, or to file a claim, contact: Chubb NA at 800-336-0627 (from inside the U.S.) or 302-476-6194 (from outside the U.S.); fax 302-476-6154 for claims or inquiries or e-mail diane.basa@chubb.com or aceaandhclaims@chubb.com. Mail claims to: Chubb Accident & Health, PO Box 5124, Scranton, PA 18505-0556.

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. The Policy is subject to the laws of the state in which it was issued. Coverage may not be available in all states or certain terms or conditions may be different if required by state law. Please keep this information as a reference.

IMPORTANT NOTICE

This plan provides travel insurance benefits for individuals traveling outside of their home country. It 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.

For travel assistance, medical care, medical evacuation or repatriation, or security, call: International SOS 1-800-523-6586 (Toll-Free in the USA) or 1-215-942-8478 (collect outside of the USA). Reference Group # 11BSGC000010.

COUNTRY	ACE ADDRESS
Argentina	Torre Alem Plaza, Leandro N. Alem 855 – Piso 19, Buenos Aires C1001AAD Argentina
Australia	28 O'Connell Street, Sydney NSW 2000
Austria	Kärntner Ring 5-7, 1010 Vienna
Bahrain	Manama Centre, Units 205-208 (Entrance 3), Government Avenue, Manama, Bahrain
Belgium	Avenue des Nerviens 9-31, 1040 Brussels
Bermuda	17 Woodbourne Avenue, Hamilton HM08, Bermuda
Brazil	Avenida Paulista 129417 e 18 andar, Sao Paulo, SP 01310-915, Brazil
Canada	25 York Street , Suite 1400, Toronto, M5J 2V5, Canada
Chile	Miraflores 222 Piso 17, Santiago Centro, Chile
China	Room 528, Tower B, Corporate Square, 35 Financial Street, Beijing, China 100033
Colombia	Calle 72 No. 10-51 Piso 7, Bogota, Colombia
Czech Republic	International Business Center, Pobřežní 620/3, 186 00 Prague 8
Denmark	St. Annäs Plads 13, 1250 København K
Ecuador	Av. Amazonas 3655 y Juan Pablo Sanz, Edif. Antisana 5to Piso, Quito, Ecuador
Egypt	3 Abou El Feda Street, 5th Floor, Zamalek, Cairo 11211
Finland	6th Floor, Mannerheimintie 16 A 9, 00100 Helsinki
France	Le Colisee 8, Avenue de l'Arche, Courbevoie Cedex 92419, France
Germany	Lurgiallee 10, Frankfurt 60439, Germany
Gibraltar	Suite 837, Europort
Hungary	Bank Center, Gránit Torony 6. emelet, Budapest, Szabadság tér 7., 1054
India	Taj Lands End, Bangstand, Bandra (West) Mumbai, India 400 050 Room 1601
Indonesia	PT. ACE INA Insurance, World Trade Center, 13th Floor Jl. Jendral Sudirman Kav. 29-31, Jakarta 12920, Indonesia
Ireland	5 George's Dock, International Financial Services Centre, Dublin 1
Italy	Viale Monza 258, Milan 20128, Italy
Japan	Sumitomoseimei Kiyosumi Park Bldg. 11-12, Fukagawa, 1-chome, Kohto-ku, Tokyo 135-0033, Japan
Korea	19th Floor, Seoul City Tower Bldg. 581 Namdeamoonro-5-ka, Chung-ku, Seoul 100-803, Korea
Macau	Avenida Comercial De Macau No.5Edf. FIT Centre, 5 AndarMacao
Malaysia	Wisma ACE Jerneh,, 38 Jalan Sultan Ismail, Kuala Lumpur 50250, Malaysia
Mexico	Insurgentes Sur 619, Piso 2, Mexico, D.F. 05120
Netherlands	Marten Meesweg 8-10, Rotterdam 3068 AV, Netherlands
New Zealand	CU 1-3, Shed 24 Princes Wharf, Auckland 1010, New Zealand
Norway	Fridtjof Nansens plass 3, 0160 Oslo
Pakistan	National Insurance Corporation Bldg. , 6th Floor, Abbasi Shaheed Road, Off Sharea Faisal Karachi, Pakistan
Panama	Torre Sur, Planta Baja Este, Business Park, Costa del Este Ave. Principal y Ave. La Rotonda, Panamá, República de Panamá
Peru	Calle Amador Merino Reyna 267 , Of. 402, San Isidro-Lima, Lima, Peru
Philippines	Insurance Company of North America , PO Box 1624, Makati Central Post Office, Makati City, Philippines 1256
Poland	U1. Królewska 16, Warszawa 00-103, Poland
Portugal	Quinta da Fonte, Edifício D. Manuel, I - Piso 3, 2770-071 Paço D'Arcos, Oeiras
Puerto Rico	Doral Bank Center - Suite 5A 1445 Roosevelt Ave., Hato Rey, PR 00920-2717
Russia	Ost House, Barykovskiy pereulok,2, Moscow 119034
Saudi Arabia	7th & 8th Floors, Southern Tower, Khobar Business Gate, King Faisal Bin Abdulaziz Street (Coastal Road), Al Khobar, 31952, Saudi Arabia
Singapore	600 North Bridge Road,#04-02 Parkview Square, Singapore, Singapore 188778
South Africa	Ground Floor, The Bridle, Hunts End Office Park, 38 Wierda Road West Wierda Valley, Sandton, 2196, South Africa
Spain	Francisco Gervás, 13, Madrid 28020, Spain
Sweden	Birger Jarlsgatan 43, Stockholm 111 45, Sweden
Taiwan	Insurance Company of North America (Taiwan Branch), 10F, No. 8, Hsin Yi Road, Sec. 5, Taipei, Taiwan 110
Thailand	Levels 25-30 Interchange 21 Building 399 Sukhumvit Rd Klongtoey Nua, Wattana Bangkok 10110, Thailand
Turkey	Büyükdere caddesi no 100-102 , Maya Akar Center B Blok Kat:5, Esentepe 34394, Istanbul, Turkey
Ukraine	32a, I.Fedorova str., Kyiv, Ukraine, 03038
United Arab Emirates	7th Floor,, Currency House, Units 3 & 4, PO Box 482028, DIFC, Dubai
United Kingdom	100 Leadenhall Street, London, EC3A 3BP
United States	1133 Avenue of the Americas – 44th Floor, New York, NY 10036/ 436 Walnut St. Philadelphia, PA 19106
Vietnam	Saigon Finance Centre, 9 Dinh Tien Hoang Street, 8/F Da Kao Ward, District 1, Ho Chi Minh City, Vietnam

Medical Claim Form

IMPORTANT NOTICE: Written notice of claim must be provided within 90 days of the loss. Written proof of loss must be provided within 90 days after the date of loss. If it cannot be provided within that time period, it should be sent as soon as reasonably possible. In no event, except in the absence of legal capacity, will proof of loss be accepted more than one year from the date it was otherwise required.

Please mail your completed Claim Form with itemized bills and receipts to:
(to expedite your claim, please fax it with readable receipts)

Chubb USA	(800) 336 0627 Inside USA
PO Box 5124	(302) 476 6194 Outside USA
Scranton, PA 18505-0556	(302) 476 7857 Fax
	ACEAandHClaims@chubb.com

Please complete Sections A, B, C, & E. Complete Section D if the claim is for a dependent, other coverage is in effect, or if the claim is accident related. Complete a separate Claim Form for each individual.

Section A. Employer/Patient Information

Employer: _____ Policy Number: _____

Employee's Name: _____ Date of Birth: _____

Patient's Name: _____ Date of Birth: _____

Home Address: _____

Please provide telephone and facsimile numbers, with country and city codes.

Home #: _____ Work #: _____ Fax #: _____

E-mail: _____

Manager: _____ E-mail: _____

Work #: _____ Fax #: _____

Section B. Travel Information

My business location is in (country of employment): _____

I/We left the above country on (DD/MM/YY): _____

I/We visited the following countries: _____

I/We are expected to return home on (DD/MM/YY): _____

The purpose of my/our trip was: _____

Section C. Payment Information

Please complete either Option 1, Option 2, or Option 3

Option 1 - Payment to Employee

Your home address as listed above Direct deposit to your bank account

Name on account: _____ Account #: _____

Bank Name: _____ Swift Code: _____

Bank Address: _____ Currency: _____

IBAN: _____

Option 2 - Payment to Provider, e.g. hospital, physician

Please complete Provider's name and address in Section E of this Claim Form

Option 3 - Payment to Employer

Employer listed below

Employer's Name: _____

Employer's Address: _____

Payment Authorization: I authorize payment directly to me or to the healthcare provider in Section E of this Claim Form or to my employer.

Employee's Signature: _____ Date: _____

Patient's Signature and Release (Parent or Guardian, if claim is for a minor): I certify, to the best of my knowledge, that this Claim Form does not contain any false, misleading, or incomplete information. I authorize the release of all records or other information which may be necessary to determine claim payment.

Patient's Signature: _____ Date: _____

Section D. Other Coverage Information

Complete only if the claim is for a dependent and/or other coverage is in effect or if the claim is accident or work related.

Do you have any other insurance? Yes No

If yes, please provide source of insurance: _____

Is this claim accident related? Yes No Is this claim work related? Yes No

If yes, please provide documents relating to accident or work injury.

If claim is due to accident, are you seeking reimbursement from another source? Yes No

If yes, please provide source: _____

Spouse's Name: _____ Spouse's insurance company: _____

Dependent's date of birth: _____ Is your dependent a full-time student? Yes No
If yes, please provide documentation of current academic registration

Section E. Physician or Provider

Name of physician or provider: _____ Phone #: _____

Address: _____

Diagnosis or nature of illness or injury: _____

Date of illness (first symptom) or injury: _____

Date first consulted for this condition: _____

Hospital confinement dates: *From* _____ *To* _____ Date able to return to work: _____

Total disability dates: *From* _____ *To* _____ Partial disability dates: *From* _____ *To* _____

Patient's account #: _____ Amount paid: _____ Balance due: _____

Place of service: _____

Diagnosis code and description: _____

Authorization and Assignment of Benefits

I, the undersigned authorize any hospital or other medical-care institution, physician or other medical professional, pharmacy, Insurance support organization, governmental agency, group policyholder, Insurance company, association, employer or benefit plan administrator to furnish to the Insurance Company named above or its representatives, any and all information with respect to any injury or sickness suffered by, the medical history of, or any consultation, prescription or treatment provided to, the person whose death, injury, sickness or loss is the basis of claim and copies of all of that person's hospital or medical records, including information relating to mental illness and use of drugs and alcohol, to determine eligibility for benefit payments under the Policy Number identified above. I authorize the policyholder, employer or benefit plan administrator to provide the Insurance Company named above with financial and employment-related information. I understand that this authorization is valid for the term of coverage of the Policy identified above and that a copy of this authorization shall be considered as valid as the original.

I agree that a photographic copy of this Authorization shall be as valid as the original.
I understand that I or my authorized representative may request a copy of this authorization.
I understand that I or my authorized representative may revoke this authorization at any time by providing the insurance company with written notification as to my intent to revoke.

Signature of Insured or Authorized Representative: _____

Relationship (if other than Insured): _____ Dated: _____

Address: _____

Fraud Warning: Certain states require specific state mandated fraud language to be included on all claims forms while other states use a generalized fraud stated. We have adopted the fraud warning language prescribed by the District of Columbia as its standard fraud statement. Unless otherwise noted below this statement shall be included on all claims forms, applications and enrollment forms.

District of Columbia Generic 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 a claim was provided by the applicant.

The following states have required us to use state specific language as follows:

California

For your protection California law requires the following to appear on this form:

Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages.

Florida

Any person who knowingly and with intent in injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

New York

Any person who knowingly and with to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

Oklahoma

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes ant claim for the process of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania:

Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Maryland/Oregon

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Virginia

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer submits an application or files a claim containing a false or deceptive statement may have violated state law.

CERTIFICATE OF ASSISTANCE

Date: **01 July 2023**

To whom it may concern,

University of Southern California is a subscriber to an International SOS Assistance program number **11BSGC000010**.

International SOS is a medical and travel security risk services Company.

International SOS provides medical evacuation, repatriation and repatriation of mortal remains to home country or home campus from overseas in the amount of up to Five Hundred Thousand US dollars for University travelers going abroad on behalf of the University during the 2022-2023 academic year.

International SOS, with the authorization from University, will guarantee and pay all costs associated with a traveler's in-patient or out-patient medical care.

University Travelers benefit from this program during their International travels, subject to validity and terms of the above mentioned program.

For additional information contact our local office and Assistance Center in Philadelphia who will provide additional information regarding our company and the programs we provide, if required.
International SOS

3600 Horizon Blvd.
Suite 300
Trevose, PA, USA 19053
Assistance Center Phone Number: +1 215-942-8226 (Collect Call, 24 hours)



Jason Ostrowski
Client Services Director
International SOS Assistance, Inc.

**INTERNATIONAL SOS ASSISTANCE, INC.
3600 HORIZON BLVD, STE 300
TREVOSE, PA 19053 USA**

MEDICAL AND TRAVEL SECURITY ASSISTANCE**UNIVERSITY OF SOUTHERN CALIFORNIA**Membership No: **11BSGC000010**Dedicated Tel: **+1 215 942 8478**

Call our medical and travel security experts 24/7.
Call for preventive or emergency enquiries.
Call before, during and after travel or assignment.

Download the free Assistance App from app.internationalsos.com

Call our medical and travel security experts 24/7.
Call for preventive or emergency enquiries.
Call before, during and after travel or assignment.

BALI**+62 361 710 505****DUBAI****+971 4 601 8777****HANOI****+84 4 3934 0666****JAKARTA****+62 21 750 6001****LONDON****+44 20 8762 8008****MOSCOW****+7 495 9376477****PHILADELPHIA****+1 215 942 8226****SYDNEY****+61 2 9372 2468****BANGKOK****+66 2 205 7777****FRANKFURT****+49 6102 3588 100****HO CHI MINH CITY****+84 8 3829 8520****JOHANNESBURG****+27 11 541 1300****MADRID****+34 91 572 4363****NEW DELHI****+91 11 4189 8800****SEOUL****+82 2 3140 1700****TAIPEI****+886 2 2523 2220****BEIJING****+86 10 6462 9100****GENEVA****+41 22 785 6464****HONG KONG****+852 2528 9900****KUALA LUMPUR****+603 2787 3126****MANILA****+63 2 6870909****PARIS****+33 155 633 155****SINGAPORE****+65 6338 7800****TOKYO****+81 3 3560 7183**

Emotional Support

Travel abroad can bring unforeseen stress and strain to students, faculty and staff members. That is why International SOS developed the world's leading assistance service to help you support your mental and emotional, as well as, physical wellbeing.



Stress Impacts Learning

Exposure to new environments, security incidents, medical or mental health conditions and even just being too far from home can impact students, faculty and staff.

These events can trigger anxiety or psychological issues. This can lead to trip or study abroad program disruption, or something more serious.

Peace of Mind

In times of stress, students, faculty and staff need professional emotional support often at short notice and in their native language.

Timely and easy access to support through a single point of contact can prevent situations from spiraling out of control.

Wellbeing — Wherever, Whenever

In partnership with WorkPlace Options, our short-term counseling services provide your travelers with psychological support while they are away and traveling internationally.

This means they can focus completely on their learning, research and work.

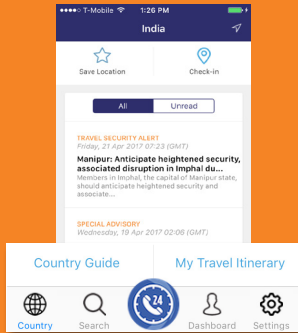
Service Components

Emotional Support delivers:

- Mental health professionals supporting you and your travelers in more than 60 languages
- Support available through the International SOS Dedicated Line (+1 215.942.8478) 24/7, every day of the year
- Access to counseling sessions
- Counseling method tailored to your needs: phone, video-call or face-to-face
- Seamless integration between medical, travel security and WorkPlace Options emotional support services (no additional calls to make)
- Unlimited consultation for you or your designated contact



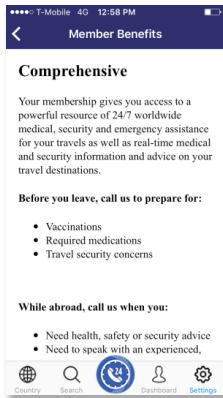
Calling for Advice or Assistance



1. On the menu bar, click **Call for Assistance** (the phone icon) to be connected to the Assistance Centre closest to your location.
2. Allow the application to make the call by allowing the Assistance App to utilise your phone's resources such as placing a call. The Assistance App is TRUSTe certified which ensure your private data is protected.

* contact us for a list of compatible devices

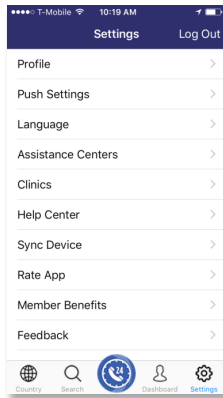
Learn about your Membership's Benefits



Click on setting icon on the menu bar:

Settings > Information > Membership Benefits

Activate Settings



In order to receive the **relevant information** for your trip, please ensure that you **activate**:

1. **Push Settings** (On)
2. **Location Settings** (On)

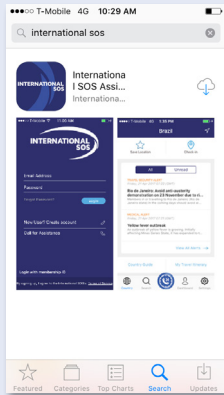
ASSISTANCE APP

FOR SMART PHONES
QUICK USER GUIDE



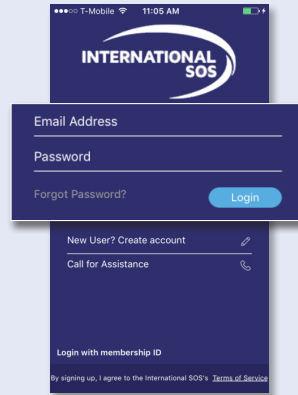
WORLDWIDE REACH. HUMAN TOUCH.

Downloading and using the Assistance App for

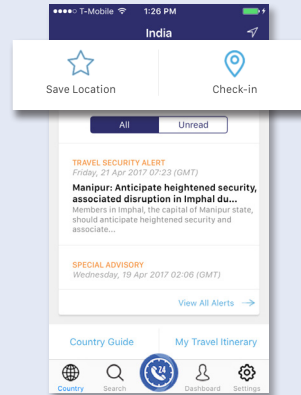


Download the Assistance App from app.internationalsos.com or the App store, Google Play and App World. It is **free to download and use** for all International SOS members.

You can also **scan this QR Code**, it will automatically open the Assistance App's download page in your phone's browser.



When starting the App, register using your **corporate email address**. This will **enable your Travel itinerary view** in the menu. (only for TravelTracker clients).



On the Assistance App's **home screen**, **click on any icon** to **activate** its function.

INTRODUCING LIVECHAT



WHAT IS LIVECHAT



LiveChat is the digital channel for you to contact International SOS



Available on:
iPhone OS 8+
Android OS 5+
Blackberry with
Android OS



ACCESS LIVECHAT



Download the International SOS Assistance App v5.1



Register online



Create a profile

Choose a secure PIN



Start Chatting!



BENEFITS OF LIVECHAT



Connect to Assistance Centre over WIFI



Maintain your privacy in public using LiveChat



Source answers to quick questions in seconds



Send photos and images via LiveChat

International SOS FAQs

What is the role of International SOS? International SOS provides USC travelers and international assignees with worldwide security, quality health care and emergency assistance services 24 hours a day.

How can International SOS help? International SOS provides you with peace of mind. One phone call connects you to the International SOS network of multilingual specialists for immediate help in an emergency. International SOS services are designed to help you with medical, personal, travel, security and legal problems when away from home. Call International SOS at any time to speak with a physician or security specialist about simple or critical matters.

How does it work? Carry the International SOS membership card with you at all times. It includes the telephone numbers of the three major worldwide International SOS Assistance Centers. In the event of an emergency, call one of the emergency phone numbers listed on the card. If you do not have a card, you can print one online.

What do I need to do to use the program? In order to utilize any of the medical or travel services listed under Membership Benefits, contact any Assistance Center from anywhere in the world by calling directly, calling collect or calling the toll-free number.

To ensure a prompt response when calling, you should be prepared to provide the following:

- Your name, location, age, gender and nationality
- Your International SOS membership number: 11BSGC000010 (use this code to access the University of Southern California International SOS web site when using the web site)
- The telephone number from which you are calling (in case you are disconnected)
- Your relationship to the University of Southern California employee (if the person calling is not the employee)
- Name, location and telephone number of the hospital, clinic or treating doctor (when applicable)

What if I have pre-trip questions about my travel destination? In addition to calling the Assistance Center for any pre-trip questions you may have, you can access our Country Guides by selecting a country from the dropdown menu on the app or membership portal. These comprehensive guides provide both medical, security and general travel advice, such as information on the standard of health care, how to pay for medical care, the availability of medications, safety of the blood supply, embassy/visa information, dialing code information, cultural etiquette and financial and voltage/plug information.

Do I need to activate my membership? No, your membership is already active. Simply carry the card in your wallet at all times while traveling. Whenever you need service, contact one of the emergency phone numbers listed on the back of the card. You do not need to report specific trip dates to International SOS each time you travel.

Are my spouse and children covered under the International SOS program? Accompanying spouses/life partners and dependents are covered when accompanying the University traveler on University-related programs or business.

What are Email Alerts? You have the option to sign up for Email Alerts. You can choose to sign up for medical and/or security alerts. Medical alerts are issued when there is a unusual health risk that, in the opinion of the International SOS Medical staff, may negatively impact travelers or expatriates visiting a country. Security alerts are issued when International SOS Security professionals have identified a security risk in a specific country.

What do I do if my card is lost or stolen? You can reprint the card online.

What if I need a doctor? The International SOS Worldwide Assistance Centers are listed on the back of your card. Call the International SOS Assistance Center for a referral to a doctor who speaks your language.

What if I need a lawyer while overseas? Call the nearest International SOS Worldwide Assistance Center for legal referrals.

What if I need prescription medication? If you require a prescription that a local physician cannot obtain, or you need to replace lost, stolen or depleted medication, International SOS will, when permissible by local law, send the needed medication to you.

What if I am hospitalized? Call the nearest International SOS Worldwide Assistance Center. International SOS will immediately take steps to evaluate the care you are receiving and determine what actions must be taken to ensure your safe and speedy recovery.

What if local medical facilities are not adequate? If you are hospitalized in an area where adequate medical facilities are not available, International SOS will obtain approval from USC to evacuate you to a medical facility capable of providing the required care. A physician supervises evacuations and, when necessary, a medical specialist or nurse will accompany you during the evacuation. An air ambulance will be used when required.

What happens when I am released from the hospital and still need help? When your condition is stabilized and International SOS has determined that it is medically advisable to bring you home or to a facility near your permanent residence, International SOS will again obtain approval from USC and arrange the repatriation under medical supervision.

Will International SOS pay my medical bills? If necessary, after approval from USC, International SOS will guarantee and pay all costs associated with your medical care. International SOS will also medically monitor and evaluate your condition and ongoing medical expenses during your hospitalization.

In the event of death... International SOS will render all assistance possible to obtain clearances and arrange transportation for the return of mortal remains.

What should I do in the event of a security emergency? Contact International SOS, and a security specialist will assist you.

What is security evacuation assistance and coordination? We will assist you in the event of threatening situations such as civil and political unrest, insurrections, revolution and similar situations by providing information, guidance and resources in the event personal safety and security can no longer be assured.

How do I access up-to-the-minute information about security alerts, warnings and the latest situations? You can visit the International SOS [Online website](https://www.internationalsos.com).

