

# World Class Coverage Plan

*designed for*

## Yale University

### International Students & Scholars



2025-2026

Policy # CC015052

**Administered by**

Cultural Insurance Services International

**Underwritten by**

Crum & Forster SPC



MEDICAL



EMERGENCY



SECURITY

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## CONTACT INFORMATION

### CISI Claims Department (9-5 EST, M-F):

**Phone:** (800) 303-8120 (toll-free) | (203) 399-5130

**Email:** [inquiries@mycisi.com](mailto:inquiries@mycisi.com)

### Team Assist (24/7/365) – Robin Assist:

**Phone:** (888) 505-2474 | (743) 244-2474

**Whatsapp:** (743) 244-2474 | **Email:** [CISIAssist@RobinAssist.com](mailto:CISIAssist@RobinAssist.com)

### Aetna Provider Search Link:

<https://www.culturalinsurance.com/aetna-provider-search>

### Download FREE Pharmacy Discount Card:

<https://www.wellrx.com/prescription-discount-card/>

### Call-A-Doc – Telehealth Services (FREE):

**Minor/non-urgent medical care:** [click here](#) for more information

**Mental Health Services:** [click here](#) for more information

## FAQS (FREQUENTLY ASKED QUESTIONS)

### HOW WILL I RECEIVE MY INSURANCE DOCUMENTS?

You'll receive them via email once you are enrolled from CISI Enrollments ([enrollments@culturalinsurance.com](mailto:enrollments@culturalinsurance.com)), with subject line: 'CISI Materials'. The email will contain:

- Insurance ID Card: You will need this if you need to seek treatment
- Policy Brochure: This outlines the coverage under your plan
- Claim Form: If you seek treatment and need to submit a claim
- Link to download the **CISI Traveler App** and create a **myCISI** login. (This will allow you to access your plan documents at all times.)

### PARTICIPANT PORTAL & CISI TRAVELER APP

Once you are enrolled you can access the CISI Traveler App and Participant Portal by creating a login. This gives you access to:

- Your Insurance Documents (save your ID card to your phone)
- Provider Search (Aetna Provider Search)
- Medical Emergency Information
- Submit Claim(s) and Claim Information
- CISI & Team Assist Contact Information

## UNDERSTANDING YOUR INSURANCE CARD

### This is for the Medical Provider:

Your Preferred  
Provider Network

#### FOR THE MEDICAL PROVIDER

Do **NOT** call this number on the front. This information is for the Medical Provider.

#### Pharmacy Discount Information

#### In-Network Copay Information

**aetna** PPO/NAP

**CISI**  
CULTURAL INSURANCE  
SERVICES INTERNATIONAL

GROUP SPONSOR: Program/School Name

Subscriber Name: EXAMPLE, PARTICIPANT

Group #: 0863971-021-00100

Member ID: 001234567

Coverage Dates: 12-Sep-2025 to 14-Oct-2025

**Aetna Provider Services Phone #:** 1-800-414-0596

**Submit claims to:** Aetna, P.O. Box 981543, El Paso, TX 79998-1543

**For Electronic submissions:** Electronic Payer ID# 60054

**No Routine Vaccination nor Routine Care Coverage**

**ScriptSave WellRxID# MSC53233536, Group # 8602, RxBin**

**006053, RxPCN MSC**

**In-Network Co-Pay:**

ER COPAY \$300

STUDENT HEALTH CENTER COPAY \$0

DR VISIT COPAY \$25

MRI CT SCAN COPAY \$100

RX COPAY \$0

**For Member information see back of card**

### This is for you, and if the Medical Provider needs to call CISI to verify benefits:

#### Policy Number

#### CISI Claims Department Information

#### Emergency Contact Information

#### Call-A-Doc Number

#### Out-of-Network Copay Information

KEEP THIS CARD WITH YOU AT ALL TIMES  
MEMBER INFORMATION AND CONTACT INFORMATION

**Plan Policy #:** 25 CC000000

Underwritten by CRUM & FORSTER SPC, Administered by  
CISI (Cultural Insurance Services International)

#### Coverage and/or Claim Questions?

Contact CISI by:

Phone: 1-203-399-5130

Email: [inquiries@mycisi.com](mailto:inquiries@mycisi.com)

**FOR EMERGENCIES (24/7/365) – Contact Team Assist**

**(Inpatient or Emergency Care)**

Call ROBIN ASSIST at (888) 505-2474 (in U.S.), +1 (743) 244-2474 (call collect from outside the U.S.), Email: [CISIASSIST@ROBINASSIST.COM](mailto:CISIASSIST@ROBINASSIST.COM)

**For Non-Life Threatening Care use Call-A-Doc Its FREE**

You will be connected with a Physician right away. Phone: 925-732-4701

**Out-of-Network Copay:**

ER COPAY \$600

DR VISIT COPAY \$50

MRI CT SCAN COPAY \$200

## NEED TO GO TO THE DOCTOR?

### TELEHEALTH SERVICES 24/7/265

Your plan includes access to a **FREE** virtual telemedicine service. If you have a **minor or non-urgent medical need**, you can use **24/7 Call-A-Doc** to see a doctor or get a prescription from anywhere, at any time using your phone or computer. [Click here](#) for more information. In addition Call-A-Doc also has **mental health services**. [Click here](#) for more information.

### NEED TO SEEK TREATMENT IN PERSON?

#### STEP 1: LOCATE A MEDICAL PROVIDER

Use Aetna's Preferred Provider Network website:

<https://www.culturalinsurance.com/aetna-provider-search>

#### STEP 2: SCHEDULE AN APPOINTMENT

If the Medical Provider is not a walk-in clinic, call the Medical Provider and Schedule an Appointment. If you need assistance, contact CISI or Team Assist.

#### STEP 3: AT YOUR APPOINTMENT

- **Make sure you have your Insurance ID card** (either printed, or saved on your phone (this can be done through the **CISI Traveler App**).
- **Present your card at your visit**
- Medical Providers can contact CISI directly, toll-free at (800) 303-8120 to verify eligibility and/or benefits, from 9AM to 5PM EST.

### What is Medical Provider?

Medical Provider refers to a doctor, urgent care, hospital, or other medical facility.

### Who is my PPO?

Aetna is your Preferred Provider (PPO) Network and allows access to over 1.2 million medical providers throughout the United States.

### What is 'In-Network' and 'Out-of-Network'?

The providers within Aetna's network are known as 'In-Network' Providers. If you go to a Medical Provider Out-of-Network, you may be required to pay more out of pocket. Arranging services through a preferred provider is not required, but will help reduce any potential out-of-pocket expenses.

### Do I have to pay at the time of my appointment?

You may have a copay depending on your type of visit. If you have a copay, it will appear on the front of your insurance card under 'In-Network Copay'.

### What is a Copay or Coinsurance?

This is the amount of money you will have to pay out-of-pocket for covered medical services.

### What is a Deductible and does my plan have one?

The Deductible is the amount you have to pay before your benefits 'kick-in' (before insurance pays). Please see your plan's Schedule of Benefits to see if you have any Deductible(s) on page 5.

### Will this insurance cover the purpose of my visit?

If you are unsure if this insurance will cover your appointment, view your plan's coverage provided on pages 5-15. If you have specific questions that you are unsure of, call CISI.

## PHARMACY-RELATED QUESTIONS

### Who pays when picking up a prescription at a pharmacy?

Prescription medication will be an out-of-pocket expense. Download the pharmacy discount card or present your insurance ID card at the pharmacy to receive a discount when paying. As long as the medication is for a covered illness or injury, you submit a claim for reimbursement. See the following page for claim submission questions.

### What is a prescription receipt?

This is usually stapled to the outside of your pharmacy bag when you pick up your medication. If it has the following information, it's a prescription receipt:

- Your Name
- Your Doctor's Name
- Name of the Medication
- Dosage of medication
- Date medication filled
- Amount of medication

### They are asking for my BIN Rx number. What is this?

Present your insurance ID card and the information is provided on the left side "ScriptSave WellRx" (see below). You can also access this information by downloading the Well Rx discount card: <https://www.wellrx.com/prescription-discount-card/>.

**aetna** PPOINAP

**CISI**  
CULTURAL INSURANCE  
SERVICES INTERNATIONAL

GROUP SPONSOR: Program/School Name

Subscriber Name: EXAMPLE, PARTICIPANT  
Group #: 0863971-021-00100  
Member ID: 001234567  
Coverage Dates: 12-Sep-2025 to 14-Oct-2025

Aetna Provider Services Phone #: 1-800-414-0596  
Submit claims to: Aetna, P.O. Box 981543, El Paso, TX 79998-1543  
For Electronic submissions: Electronic Payer ID# 60054  
No Routine Vaccination nor Routine Care Coverage

**ScriptSave WellRxID# MSC53233536, Group # 8602, RxBin 008053, RxPCN MSC**

## WHAT DO I DO IN CASE OF INPATIENT CARE/SERIOUS ACCIDENT?

For all emergencies, seek help without delay at the nearest facility and then, after admittance, open up a case with Robin Assist (our 24/7 assistance provider). Opening a case for inpatient care will allow us to monitor your case, provide regular updates to your program and family and address any concerns you may have. In addition depending on your condition, if deemed medically necessary, the medical evacuation benefit will apply.

## CLAIMS QUESTIONS

### HOW TO SUBMIT A CLAIM?

If you seek medical treatment for an Injury or Illness while abroad and pay out-of-pocket, you are eligible to submit a claim. Claims should be submitted for processing as soon as possible (and no later than one year after treatment was received, if possible). *Claims can be submitted by email, mail, fax or online.*

#### TO SUBMIT A CLAIM ONLINE:

**Step 1:** Online Portal: <https://www.mycisi.com/ParticipantPortal>

- If you created a login already, select I am "Insured". Then enter your Username and Password.
- If you *have not* created a login, click on the "click here" button and follow the prompts.

**Step 2:** Go to Claim Info & Submission Tab.

**Step 3:** Click on Submit a Claim and follow the prompts. Make sure to upload itemized bills for all amounts being claimed and documentation.

#### TO SUBMIT A CLAIM EMAIL, MAIL or FAX:

**Step 1:** Fully complete and sign the medical claim form for each occurrence, indicating whether the Doctor/Hospital has been paid.

**Step 2:** Attach itemized bills for all amounts being claimed and documentation. \*We recommend you provide us with a copy and keep the originals for yourself.

**Step 3:** You can submit claims by mail: 1 High Ridge Park, Stamford, CT 06905, email: [submityourclaim@mycisi.com](mailto:submityourclaim@mycisi.com), or by fax: (203) 399-5596.

Approved reimbursements will be paid to the provider of the service unless otherwise indicated on the form. For claim submission questions or status, call (800) 303-8120, or email [inquiries@mycisi.com](mailto:inquiries@mycisi.com).

### How long will it take to be reimbursed for eligible medical expenses paid out-of-pocket?

Turnaround for claim payments is generally 15 business days from receipt date. To check the status of your claim, contact CISI at (800) 303-8120 from 9AM to 5PM EST.

### Where can I access additional claim forms?

The claim form is provided at the end of your brochure, attached to your welcome email, our website [mycisi.com](http://mycisi.com) & on the myCISI Participant Portal.

### I received a bill from a medical provider. What do I do?

1. Does the bill include your insurance information? If not, you may just have to provide it to them.
2. On the back of the bill or by logging into their website, there is room for you to fill in your insurance information and send it back to them.
3. Once the medical provider has this information, they can send

CISI a bill.

4. The bill may be for your deductible or copay. Review the charges and see if CISI made a payment on your behalf. The balance may be your responsibility.

### Can I send the bill to CISI?

Yes, but you should also give your insurance information to your medical provider. Email a copy to us at [claimhelp@mycisi.com](mailto:claimhelp@mycisi.com) and complete the insurance information and send back to the medical provider.

### I got a letter from CISI asking for an itemized bill - What is this and do I have to do anything?

This means that we need a certain type of bill from the medical provider. If you received the letter, we have sent one to the medical provider as well. However, it does speed things up if you call to request an itemized bill and forward it to CISI. This should ensure that we get what is needed to pay your claims.

### I got an Explanation of Benefits - What is this?

This is a statement that CISI sends you when we make a claim payment on your behalf. This shows how much your policy covers and what, if any, cost you should pay to the medical provider.

## Team Assist Plan (TAP)

The Team Assist Plan is 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 Person in the event of any emergency during the term of coverage. The Team Assist Plan complements the insurance benefits provided by the Medical Plan. The Team Assist Plan provides the non-insurance services, and Crum & Forster SPC. Pays expenses up to the amount shown in the *Schedule of Benefits* for:

- Emergency Medical Evacuation
- Repatriation/Return of Mortal Remains

All services must be arranged through the Assistance Provider.

## The TAP Offers These Services

*(Non-Insurance Benefits and Services are not provided by Crum & Forster SPC)*

## 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.

**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 world-wide.

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

**Lost/Delayed Luggage Tracing:** The AP will assist the Insured whose baggage is lost, stolen or delayed while traveling on a common carrier. The AP will advise the Insured of the proper reporting procedures and will help travelers maintain contact with the appropriate companies or authorities to help resolve the problem.

**Replacement of Lost or Stolen Airline Ticket:** One telephone call to the provided 800 number will activate the AP's staff in obtaining a replacement ticket.

## TECHNICAL ASSISTANCE

**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 or consulate.

**Locating Legal Services:** The AP will help the Insured contact a local attorney or the appropriate consular officer when an Insured is arrested or detained, is in an automobile accident, or otherwise needs legal help. The AP will maintain communications with the Insured, family, and business associates until legal counsel has been retained by or for the Insured.

**Assistance in Posting Bond/Bail:** The AP will arrange for the bail bondsman to contact the Insured or to visit at the jail if incarcerated.

**Worldwide Inoculation Information:** Information will be provided if requested by an Insured for all required inoculations relative to the area of the world being visited as well as any other pertinent medical information.



# Welcome to Call-A-Doc

Courtesy of your sponsoring organization, you have access to medical care anytime day or night. If you have a minor or non-urgent medical need, you can use 24/7 Call-A-Doc to see a doctor or get a prescription from anywhere, at any time using your phone or computer.

## What Is Call-A-Doc?

With Call-A-Doc, you can visit with licensed U.S. doctors from anywhere – the comfort of your home, office door room or even hotel room – at your convenience, 24 hours a day, 7 days a week. And because the consultation is free, you'll avoid costly urgent care or ER visit bills.

## When Can I Use Call-A-Doc?

Call-A-Doc is for non-emergency issues when you can't get in to see your primary care physician. (Call-A-Doc does not take the place of your regular primary care physician.)

Give us a call:

- You need care right now
- You're thinking about visiting the ER or urgent care for a non-emergency health concern
- You need a short-term prescription refill
- You're out of town on business or pleasure

## Care Is There When You Need It

Our highly qualified doctors can help you feel better fast by treating:

- Ear infections
- Cold and flu symptoms
- Urinary tract infections
- Pink eye (conjunctivitis)
- Allergies and sinus problems
- Respiratory infections
- Acne and skin rashes
- Plus so much more!

## Want to keep your primary care physician in the loop?

With your consent, Call-A-Doc will provide a record of your consultation to your PCP. Just ask!

**(925) 732-4701**

C&F CALL-A-DOC is not an insurance provider. C&F CALL-A-DOC does not supersede your association with your primary physician. You must submit the entire electronic medical record (EMR) before your consultation. C&F CALL-A-DOC does not guarantee a prescription will be written. C&F CALL-A-DOC does not prescribe controlled substances or any other drugs with a high risk for abuse.

**TELEHEALTH  
COUNSELING  
PROVIDES USERS  
WITH SECURE,  
UNLIMITED ACCESS  
TO LICENSED &  
EXPERIENCED  
MENTAL HEALTH  
CLINICIANS.**

## Behavioral Telehealth

24/7 Call-A-Doc provides unlimited access, around the clock, to licensed mental health clinicians who provide immediate care plus coordination to external resources (i.e., benefit plan, community resource, EAP, etc.) if ongoing support is necessary.

### Benefits of Counseling Include:



#### ACCESS

Members in rural areas or underserved regions as well as those with mobility programs, have an alternative for accessing care.



#### CONFIDENTIALITY

Members can access counseling from the privacy of their own home or office.



#### ASSURANCE

Every call, around the clock, is answered directly by an independently licensed mental health clinician.



#### ASSESSMENT

Our clinical process provides a comprehensive assessment with in-the-moment support, guidance and advocacy when members need it the most..



#### CONVENIENCE

By connecting to telehealth care, rather than traveling to a local practitioner, members will reduce out-of-pocket expenses and save time.

**All Care Advocates have earned a Master's or PhD degree in mental health discipline, are independently licensed, (LMFT, LCPC, LCSW) and have specialized cultural competence training.**

C&F CALL-A-DOC is not an insurance provider. C&F CALL-A-DOC does not supersede your association with your primary physician. C&F CALL-A-DOC does not guarantee a prescription will be written. C&F CALL-A-DOC does not prescribe controlled substances or any other drugs with a high risk for abuse.

**Find Out More By Calling**

**24/7 Call-A-Doc at 925-732-4701**

## International Students & Scholars

2025-2026

Policy # CC015052

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

This plan is underwritten by Crum & Forster SPC

### SCHEDULE OF BENEFITS

COVERAGE AND SERVICES	MAXIMUM LIMITS	
TRAVEL ACCIDENT INDEMNITY INSURANCE		
Accidental Death and Dismemberment Per Insured Person	\$10,000	
ACCIDENT AND SICKNESS INSURANCE		
Medical Expenses (Per Covered Accident Or Sickness):	In-Network	Out-of-Network
Benefit Maximum	\$250,000	\$250,000
Annual Deductible	\$100	\$200
Coinsurance	90%	70%
Out-of-Pocket Expense Maximum	\$5,000	\$10,000
Student Health Center Copay	\$0	\$0
Office Visit Copay	\$25	\$50
Hospital Copay	\$100	\$200
Emergency Room Copay	\$300	\$600
MRI/Cat Scan Copay	\$100	\$200
Rx Copay	\$0	\$0
TRAVEL ASSISTANCE INSURANCE		
Emergency Medical Reunion	\$2,500 (incl. hotel/meals, max \$250/day)	
EVACUATION AND REPATRIATION INSURANCE		
Emergency Medical Evacuation	\$250,000	
Repatriation of Mortal Remains	\$100,000	
NON-INSURANCE SERVICES*		
Team Assist Plan (TAP): 24/7 medical, travel, technical assistance		

\*Services are not insurance and are not affiliated with or provided by Crum & Forster SPC.

Benefits are provided for eligible Insured Persons. Terms and conditions are briefly outlined in this summary of coverage. This plan contains both insurance and non-insurance benefits. Complete provisions pertaining to the insurance portion of the plan are contained in the policy. In the event of any conflict between this summary of coverage and the policy, the policy will govern. The policy is a short-term limited duration policy renewable only at the option of the insurer. This is a brief description of the important features of your plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the Plan issued to your school. For a detailed plan description, exclusions, and limitations please view the plan on file with your school. This insurance is not subject to, and will not be administered as a PPACA (Patient Protection and Affordable Care Act) insurance plan. PPACA requires certain US residents and citizens obtain PPACA compliant insurance coverage. This policy is not subject to guaranteed issuance or renewal. PPO Networks are not provided by Crum & Forster SPC.

## Eligibility

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**Eligible Participant:** Eligible Participant means any person who: (1) has become a participant of a group involved in international educational activities, and (2) is temporarily located outside their home country or country of regular domicile as a non-resident alien and traveling inside the United States, and (3) has not applied for permanent residency status, and (4) for whom the required premium has been paid.

### Period of Coverage

**When an Insured's Coverage Begins:** Coverage will become effective for an Eligible Participant on the later of the following dates, but in no event shall coverage commence prior to the effective date of the Master Policy:

1. the effective date of the Policy;
2. the date requested by the Participating Organization.

**When an Insured's Coverage Ends:** Coverage will terminate for an Insured on the earliest of the following dates:

1. the date the Master Policy terminates;
2. the expiration date of the term of coverage, requested by the Participating Organization, applicable to the Insured;
3. the date the Insured ceases to meet the Eligibility Requirements described above.

## Provisions

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Benefits are payable under the Policy for Covered Expenses incurred by an Insured Person for the items stated in the *Schedule of Benefits*. All students who are enrolled as Yale University international students and scholars, and who are temporarily pursuing educational activities inside of the United States and traveling outside of their Home Country are eligible for coverage. Benefits shall be payable to either the Insured Person or the Service Provider for Covered Expenses incurred in the United States. 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 364 days 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 & Dismemberment Benefit

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**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, We will pay 100% of the Benefit 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, We will pay the percentage of the Benefit Amount shown below for that Loss:

For Loss of:	Percentage of Maximum Amount:
Life	100%
Two or more Members	100%
Speech and Hearing in Both Ears	100%
One Member	50%
Speech or Hearing in Both Ears	50%
Hearing in One Ear	25%
Thumb and Index Finger of the Same Hand	25%

"Member" means Loss of Hand or Foot and Loss of Sight. "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 an ear that is irrecoverable and cannot be corrected by any means. "Loss of a Thumb and Index Finger of the Same Hand" means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). "Severance" means the complete separation and dismemberment of the part from the body. If more than one Loss is sustained by an Insured Person as a result of the same Covered Accident, only one amount, the largest, will be paid. Maximum aggregate benefit per occurrence is \$1,000,000.

## Accident & Sickness Medical Expenses

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We 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 as listed below and subject to Exclusions. Initial 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 We will pay Reasonable and Customary medical expenses incurred, subject to the Coinsurance and Deductible shown in the *Schedule of Benefits*. In no event shall Our maximum liability exceed the Benefit Maximum stated in the *Schedule of Benefits* as to Covered Expenses during any one period of individual coverage.

## Covered Accident & Sickness Medical Expenses

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**Only such Medically Necessary expenses, incurred as the result of a covered Accident or Sickness, 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.
- 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.
- Charges for physiotherapy, if recommended by a Doctor for the treatment of a specific Disablement and administered by a licensed physiotherapist.
- Nervous or Mental Disorders are payable a) up to \$1,000, 30 visits max, for outpatient treatment; or b) up to \$5,000, 30 days max, on an inpatient basis. We shall not be liable for more than one such inpatient or outpatient occurrence under the Policy with respect to any one Insured Person.
- 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.
- Accidental dental charges for emergency dental repair or replacement to natural teeth damaged as a result of a covered Injury including expenses incurred for services or medications prescribed, performed or ordered by dentist.
- 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).
- Pregnancy, childbirth or miscarriage.
- Therapeutic termination of pregnancy is covered up to a maximum of \$500.

- Newborn Nursery Care is covered up to the maximum of \$500.
- Sports-related injuries, including club and intramural sports (intercollegiate sports-related injuries are not covered).
- Charges due to a Pre-Existing Condition are covered up to \$5,000 during the initial 6-month period of coverage. After the initial 6-month period of coverage, a Pre-Existing Condition is covered up to the Medical Expense maximum.

## Emergency Medical Reunion

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When an Insured Person is hospitalized for more than 3 consecutive days, We will reimburse for expenses incurred for travel, meals and lodging 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, subject to the Benefit Maximum and Daily Benefit shown in the *Schedule of Benefits*.

We will also pay this benefit if the Insured Person was the victim of a Felonious Assault. "Felonious Assault" means a violent or criminal act reported to the local authorities which was directed at the Insured Person during the course of, or an attempt of, a physical assault resulting in serious Injury, kidnapping or rape.

## Emergency Medical Evacuation Benefit

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We will pay Emergency Medical Evacuation Benefits as shown in the *Schedule of Benefits* for Covered Expenses incurred for the medical evacuation of an Insured Person. Benefits are payable up to the Benefit Maximum shown in the *Schedule of Benefits* if the Insured Person:

1. Suffers a Medical Emergency during the course of the Trip;
2. Requires Emergency Medical Evacuation; and
3. Is traveling outside of his or her Home Country or country of Permanent Residence.

### Covered Expenses include:

**Medical Transport:** Expenses for transportation under medical supervision to a different hospital, treatment facility or to the Insured Person's Home Country or Permanent Residence for Medically Necessary treatment in the event of the Insured Person's Medical Emergency and upon the request of the Doctor designated by Our assistance provider in consultation with the local attending Doctor.

**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, an Insured Person's condition cannot be adequately assessed to evaluate the need for transport or evacuation and a doctor or specialist is dispatched by Our assistance provider to the Insured Person's location to make the assessment.

**Return of Dependent Child(ren):** Expenses to return each Dependent child who is under age 18 to his or her principal residence if a) the Insured Person is age 18 or older; and b) the Insured Person is the only person traveling with the minor Dependent child(ren); and c) the Insured Person suffers a Medical Emergency and must be confined in a Hospital.

**Escort Services:** Expenses for an Immediate Family Member, or companion who is traveling with the Insured Person, to join the Insured Person during the Insured Person's emergency medical evacuation to a different hospital, treatment facility or the Insured Person's Home Country or Permanent Residence.

**Transportation After Stabilization:** If We have evacuated the Insured Person to a medical facility due to an emergency Medical Evacuation, We will pay the Insured Person's transportation costs to: a) his or her Home Country or Permanent Residence, or b) his or her host country, or c) to join the group if they have moved onward to a different location.

### Benefits for these Covered Expenses will not be payable unless:

1. The Doctor ordering the Emergency Medical Evacuation certifies the severity of the Insured Person's 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 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 (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.

## Repatriation of Mortal Remains Benefit

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We will pay Repatriation of Remains Benefits as shown in the Schedule of Benefits for preparation and return of an Insured Person's body to his or her home if he or she dies while traveling outside of his or her Home Country or Permanent Residence. 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, including necessary costs for government authorizations;
4. Escort Services: Expenses for an Immediate Family Member, or companion who is traveling with the Insured Person, to join the Insured Person's body during the repatriation to the Insured Person's place of residence.

All transportation arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the Usual and Customary Charges for similar transportation in the locality where the expense is incurred. Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.

## Exclusions & Limitations

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**We will not pay Accidental Death and Dismemberment Benefits for any loss or injury that is caused by or results from:**

- 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.
- Intentionally self-inflicted Injury; suicide or attempted suicide (Applicable to Accidental Death and Dismemberment benefits only).
- 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.

**In addition, 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, amateur, intercollegiate, or interscholastic athletics.
- Pre-existing conditions
- 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.

## Subrogation

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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

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**Company** shall be Crum & Forster SPC.

**Covered Accident** 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, and Reasonable and Customary charges incurred while insured under this Policy, and that 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 Us. The Deductible amount is stated in the *Schedule of Benefits*, under each stated benefit.

**Doctor** as used in this 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.

**Effective Date** means the date the Insured Person's coverage under the Policy begins. An Eligible Person will be insured on the latest of: 1) the Policy Effective Date; 2) the date he or she is eligible; or 3) the date requested by the Participating Organization provided the required premium is paid.

**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 sub-mucous 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 suffered in a Covered Accident.



Elective Treatment includes, but is not limited to, treatment for acne, nonmalignant warts and moles, weight reduction, infertility, and learning disabilities.

**Eligible Benefits** means benefits payable by Us to reimburse expenses that are for Medically Necessary services, supplies, care, or treatment due to Sickness or Injury, prescribed, performed or ordered by a Doctor, and Reasonable and Customary charges incurred while insured under this 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.

**Emergency Medical Evacuation** means: a) the Insured Person's medical condition warrants immediate transportation from the place where the Insured Person is located (due to inadequate medical facilities) to the nearest adequate medical facility where medical treatment can be obtained; or b) after being treated at a local medical facility, the Insured Person's medical condition warrants transportation with a qualified medical attendant to his/her Home Country or Permanent Residence to obtain further medical treatment or to recover; or c) both a) and b) above.

**Family Member** or **Immediate Family Member** means an Insured Person's spouse, domestic partner, child, brother, sister, parent, grandparent, or immediate in-law.

**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 this 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 this Policy means bodily Injury caused solely and directly by violent, accidental, external, and visible means occurring while this Policy is in force and resulting directly and independently of all other causes in a loss covered by this 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 if any and for whom We have accepted premium.

**Medically Necessary** or **Medical Necessity** means services and supplies received while insured that are determined by Us 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, adequate, and appropriate treatment.

**Mental and Nervous Disorder** means a Sickness that is a mental, emotional or behavioral disorder.

**Permanent Residence** or **Country of 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** means an illness, disease, or other condition of the Insured Person within 365 days prior to the Insured Person's coverage became effective under the Policy: 1) first manifested itself, worsened, became acute, or exhibited symptoms that would have caused a person to seek diagnosis, care, or treatment; or 2) required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or 3) was treated by a Doctor or treatment had been recommended by a Doctor.

**Reasonable and Customary** means the maximum amount that We determine is Reasonable and Customary for Covered Expenses the Insured Person receives, up to but not to exceed charges actually billed. Our 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 We determine 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 this Policy means illness or disease of any kind contracted and commencing after the Effective Date of this Policy and covered by this Policy.

**Termination of Insurance** means the Insured Person's coverage will end on the earliest of the following date: 1) the Policy terminates; 2) the Insured Person is no longer eligible; 3) of the last day of the Term of Coverage, requested by the Participating Organization, applicable to the Insured Person; or 4) the period ends for which premium is paid.

Termination of the Policy will not affect Trip coverage, if premium for the Trip is paid prior to the actual start of the Trip.

**U.S. Territories** means lands that are directly overseen by the United States Federal Government. A list of these territories would include the United States Virgin Islands, Guam, American Samoa, Northern Mariana Islands, and Puerto Rico.

**We, Our, Us** means the insurance company underwriting this insurance.

## **DISCLOSURES**

**Note:** This insurance is not subject to and does not provide certain insurance benefits required by the United States' Patient Protection and Affordable Care Act ("PPACA"). PPACA requires certain US citizens or US residents to obtain PPACA compliant health insurance, or "minimum essential coverage." PPACA also requires certain employers to offer PPACA compliant insurance coverage to their employees. Tax penalties may be imposed on U.S. residents or citizens who do not maintain minimum essential coverage, and on certain employers who do not offer PPACA compliant insurance coverage to their employees. In some cases, certain individuals may be deemed to have minimum essential coverage under PPACA even if their insurance coverage does not provide all of the benefits required by PPACA. You should consult your attorney or tax professional to determine whether the policy meets any obligations you may have under PPACA.

**Privacy Statement:** We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. We do not disclose any non-public personal information about our insureds or former insureds to anyone, except as permitted or required by law. We maintain appropriate physical, electronic and procedural safeguards to ensure the security of your non-public personal information. You may obtain a detailed copy of our privacy policy by calling us 1-800-303-8120 or by visiting us at [https://www.culturalinsurance.com/cisi\\_privacy.asp](https://www.culturalinsurance.com/cisi_privacy.asp).

**Complaints:** In the event that you remain dissatisfied and wish to make a complaint you can do so to the Complaints team [https://www.culturalinsurance.com/cisi\\_privacy.asp#CONTACT](https://www.culturalinsurance.com/cisi_privacy.asp#CONTACT).

**Data Protection:** Please note that sensitive health and other information that you provide may be used by us, our representatives, the insurers and industry governing bodies and regulators to process your insurance, handle claims and prevent fraud. This may involve transferring information to other countries (some of which may have limited, or no data protection laws). We have taken steps to ensure your information is held securely. Where sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use as set out above. Information we hold will not be shared with third parties for marketing purposes. You have the right to access your personal records.

**THIS IS A LIMITED BENEFIT POLICY.** The insurance described in this document provides limited benefits. Limited benefits plans are insurance products with reduced benefits intended to supplement comprehensive health insurance plans. This insurance is not an alternative to comprehensive coverage. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.

Insurance benefits are underwritten by Crum & Forster SPC. C&F and Crum & Forster are registered trademarks of the parent company of Crum & Forster SPC. The Crum & Forster group of companies is rated A (Excellent) by AM Best Company 2024.

By purchasing this insurance provided by Crum & Forster SPC, under the jurisdiction of the Cayman Islands, you become a member of the Fairmont Specialty Trust.

- ▶ **Group Sponsor Name:** Yale University – International Students & Scholars
- ▶ **Policy Number:** 25 CC015052
- ▶ **Participant ID Number** (from the front of your insurance card): \_\_\_\_\_

**Mailing Address:** 1 High Ridge Park, Stamford, CT 06905 | **E-mail:** [submityourclaim@mycisi.com](mailto:submityourclaim@mycisi.com) | **Fax:** (203) 399-5596

**Questions?** Call (203) 399-5130 or e-mail [inquiries@mycisi.com](mailto:inquiries@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 providing 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).

**\*\*\*IMPORTANT - MUST READ BEFORE PROCEEDING:** If your claim pertains to an Accident, SECTION 2 MUST be completed. If your claim pertains to a Sickness/Illness, SECTION 3 MUST be completed. Failure to complete one of these sections (whichever section pertains to your claim), will cause a delay as we will request that you complete this form again to include this necessary information in order to process your claim. For claims related to the Medical Reunion Benefit, see Section 5.

**SECTION 1: NAME AND CONTACT INFORMATION OF THE INSURED (REQUIRED)**

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

\*Please indicate which is your home address: ☐ U.S. Address ☐ Address Abroad

U.S. Address: \_\_\_\_\_  
street address apt/unit # city state zip code

Address Abroad: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**SECTION 2: IF IN AN ACCIDENT\*\*\***

Date of Accident: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Accident: \_\_\_\_\_ Date of Doctor/Hospital Visit: \_\_\_\_/\_\_\_\_/\_\_\_\_

Description/Details of Injury (attach additional notes if necessary): \_\_\_\_\_

**SECTION 3: IF SICKNESS/ILLNESS\*\*\***

Description of Sickness/Illness (attach additional notes if necessary): \_\_\_\_\_

Onset Date of Symptoms: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Doctor/Hospital Visit: \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you had this Sickness/Illness before? ☐ YES ☐ NO If yes, when was the last occurrence and/or doctor/hospital visit? \_\_\_\_\_

**SECTION 4: REIMBURSEMENT\*\*\***

Have these doctor/hospital bills been paid by you? ☐ YES ☐ NO

If no, do you authorize payment to the provider of service for medical services claimed? ☐ YES ☐ NO

If yes, you must include the payment receipt(s). Any eligible reimbursements will be made in U.S. currency (USD) via check. If you would like your eligible reimbursement in another currency via wire transfer, please contact CISI at 203-399-5130 or [inquiries@mycisi.com](mailto:inquiries@mycisi.com) for instructions.

**Please note if you are submitting a claim for prescription medication, you must submit the prescription receipt. This will include your name, the name of the prescribing physician, name of the medication, dosage, date and amount billed. Cash register receipts will not be considered for reimbursement.**

**SECTION 5: FOR CLAIMS RELATED TO THE MEDICAL REUNION BENEFIT:**

In order to claim monies back related to the Medical Reunion benefit, you **MUST** submit the requested documentation:

- Proof of hospitalization, or if Felonious Assault, a report.
- Flight itinerary.
- Hotel Invoice.
- Meal Receipts.

Please provide us with the relevant details of your incident below or the details and value of your loss. You may attach an additional page if necessary:

**SECTION 6: CONSENT TO RELEASE MEDICAL INFORMATION**

I hereby authorize any insurance company, Hospital or Physician or other person who has attended or examined me, including those in my home country to furnish to Cultural Insurance Services International or any of their duly appointed representatives, any and all information with respect to any sickness/illness or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical reports. A photo static copy of this authorization shall be considered as effective and valid as the original.

I certify that the information furnished by me in support of this claim is true and correct.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_