



Proposal Specification Summary
Underwritten by: ACE American Insurance

Name of Sponsoring Organization: St. Ambrose University

Contact: Ryan Dye, Director

Address: 518 W. Locust Street
Davenport, IA 52803

Telephone: 563.333.6389

Group to be Insured:
Study/Volunteer/Intern/Exchange Abroad Program Participants &
Faculty/Staff Involved in International Education Activities

Estimated Number of Participants Per Year: 220 Dependents: -0-

Effective Date of Policy: 12 (Month) 1 (Day) 15 (Year)

Schedule of Benefits

Accidental Death	
Aggregate	\$1,000,000
Per Insured	\$10,000
Medical Expense Limit <i>(per Accident or Sickness)</i>	\$100,000 at 100%
Deductible	\$0
Extension of Benefits	30 Days (for conditions first treated overseas)
Home Country Coverage	\$10,000 (Payable as Secondary)
Emergency Medical Reunion	\$3,000 (incl. hotel/meals, \$100/day)
Dental Treatment <i>(injury only to sound natural teeth)</i>	
Accidental Dental	100% up to Policy Limit
Emergency (Palliative Dental)	\$500 Maximum (\$250 per tooth)
Pre-existing Conditions Coverage Limit	\$1,000
Mental and Nervous <i>(per lifetime)</i>	\$1,000 Outpatient/\$5,000 Inpatient
Physiotherapy	Covered if recommended by a physician and administered by a licensed physiotherapist
Specified Therapies and Spinal Manipulation	
Outpatient limit	\$500 (\$50 per visit, 10 visit max)
Prescription Drugs <i>(Inpatient/Outpatient)</i>	100% of usual and customary charges
Maternity	Covered
Alcohol / Drug-Related Injuries	Covered
Motor Vehicle Accidents	Covered
Suicide / Self- Inflicted Injuries	Covered <i>(with the exception of AD&D Benefit)</i>
Trip Delay	\$500 (\$100 per day)
Emergency Medical Evacuation	100% up to Policy Limit
Repatriation of Mortal Remains	100% up to Policy Limit
Comprehensive Security Evacuation	\$100,000 (\$1 Mill Aggregate)
24/7/365 Team Assist Package	Included



Monthly Premium Schedule

Term: Paid At Beginning of Each Program

Age Rated: Yes _____ No x

Students, Faculty & Staff	\$39.25
Spouses, Chaperones & Guests	\$58.25
Children	\$54.25

*Rate includes 5 Day Grace Period

Date _____ Accepted By _____
(On Behalf of St. Ambrose University)

Complete and Email to the Administrator:

Attn: Maggie Cardano
CISI Account Executive
Email: mcardano@mycisi.com