

The following is a brief description of the Student Travel Insurance Plan. The benefits described are subject to certain limitations and exclusions as described in the certificate of insurance. For specific definitions of terms used below as well as further details and information about this Plan, please see the certificate of insurance.

Eligibility

All full-time students, faculty and staff on a recognized study abroad program or other student or staff travel approved by the Policyholder outside the Insured's country of Primary Residence and outside the United States. Coverage applies while participating in a study abroad program or other student or staff travel approved by the Policyholder outside the Insured's country of Primary Residence and outside the United States including travel directly to the program location, and side trips taken in relation to the program. Such side trips will only be covered up to fourteen days in duration and must occur directly before, after or during the program. Coverage for an Insured shall not exceed 365 days.

Benefits	Maximum Benefit Amount
Pre-Departure Trip Cancellation Benefit	Up to 100% of Trip Cost to a maximum of \$1,500
Post-Departure Trip Interruption Benefit	Up to 100% of Trip Cost to a maximum of \$1,500
Baggage and Personal Effects Benefit Per Item Limit Deductible	\$500 \$250 per item limit \$0 per occurrence per Covered Trip
Baggage Delay Benefit Per Day Limit:	\$300 \$100
Emergency Evacuation and Repatriation Benefit	\$1,000,000
Transportation Expenses to the place of hospitalization for one person chosen by the Insured	\$10,000 one round-trip ticket maximum
Visiting Person's Lodging and meals	not to exceed \$500 per day for a maximum of 7 days
Return of Remains Benefit	The Maximum Covered Amount shown in the Emergency Evacuation and Repatriation Benefit
Return of Child Benefit (per Child)	The Maximum Covered Amount shown in the Medical Expense Benefit
Return of Baggage following Evacuation or Return of Remains	The Maximum Covered Amount shown in the Medical Expense Benefit
Security Evacuation Benefit	\$100,000
Accidental Death Benefit	\$25,000

<p>Accidental Dismemberment Benefit</p> <p>Covered Loss of:</p> <p>Both Hands or Both Feet</p> <p>One Hand and One Foot</p> <p>One Hand or One Foot plus the loss of Sight of One Eye</p> <p>Sight of Both Eyes</p> <p>Speech and Hearing</p> <p>Speech or Hearing</p> <p>One Hand; One Foot; or Sight of One Eye</p> <p>One Hand; One Foot; or Sight of One Eye</p> <p>Hearing in One Ear</p>	<p>\$25,000</p> <p>Percentage of Maximum Amount:</p> <p>100%</p> <p>100%</p> <p>100%</p> <p>100%</p> <p>100%</p> <p>50%</p> <p>50%</p> <p>25%</p> <p>25%</p>
<p>Covered Loss of Use Benefit</p> <p>Covered Loss of Use of:</p> <p>Four Limbs</p> <p>Three Limbs</p> <p>Two Limbs</p> <p>One Limb</p>	<p>\$25,000</p> <p>Percentage of Maximum Amount</p> <p>100%</p> <p>75%</p> <p>66.67%</p> <p>50%</p>
<p>Plegia Benefit</p> <p>Plegia of:</p> <p>Quadriplegia (total paralysis of all four Limbs)</p> <p>Triplegia (total paralysis of three Limbs)</p> <p>Paraplegia (total paralysis of both lower Limbs)</p> <p>Hemiplegia (total paralysis of upper and lower Limbs on one side of the body)</p> <p>Uniplegia (total paralysis of one Limb)</p>	<p>\$25,000</p> <p>Percentage of Maximum Amount</p> <p>100%</p> <p>75%</p> <p>66.67%</p> <p>50%</p> <p>25%</p>
<p>Exposure and Disappearance Benefit</p>	<p>\$25,000</p>
<p>Out of Country Travel Medical Expense Benefit</p>	<p>\$250,000</p> <p>Maximum Covered Amount per Insured</p>
<p>Daily Hospital Room and Board</p>	<p>The Average Semi-Private Room Rate per Day</p>
<p>Outpatient Surgical Room</p>	<p>Maximum Covered Amount shown in the Medical Expense Benefit</p>
<p>Physicians Surgical Procedures</p>	<p>Maximum Covered Amount shown in the Medical Expense Benefit</p>
<p>Physiotherapy</p>	<p>Maximum Covered Amount shown in the Medical Expense Benefit</p>
<p>Ambulance Expenses</p>	<p>Maximum Covered Amount shown in the Medical Expense Benefit</p>
<p>Prescription Drugs</p>	<p>Maximum Covered Amount shown in the Medical Expense Benefit</p>

Emergency Dental	\$1,000
Emergency Dental (Sudden Relief of Pain)	\$500
Mental or Nervous Disorders (Inpatient or Outpatient)	Maximum Covered Amount shown in the Medical Expense Benefit
Treatment of Complications of Pregnancy	Maximum Covered Amount shown in the Medical Expense Benefit
Newborn Nursery Care	\$1,000
Medical Expenses Resulting from Sports Activities	Maximum Covered Amount shown in the Medical Expense Benefit
Hospital Admission/Medical Expense Guarantee	\$10,000
Home Country Extension	\$25,000 (this benefit is Excess Coverage)
Pre-Existing Conditions	Maximum Covered Amount shown in the Medical Expense Benefit
On Call International Travel Assist Contact Information	
Contact 24 hours a day for: <ul style="list-style-type: none"> • Emergency Medical and Repatriation • Book a doctor's appointment • General travel assistance questions 	Toll-free from U.S. or Canada: 1-833-808-0251 Collect from anywhere in the world: +1-978-651-9219 e-mail: mail@oncallinternational.com SMS Text: +1-844-302-5131
Important Health Special Risk (HSR) Claim Reporting Information	
Health Special Risk, Inc. You must submit a completed claim form for any benefits to be paid. Refer to Plan Number GPT 4850913 EDI Payor ID# 22384	Claim forms can be obtained by calling 972-512-5600 Toll-Free Number: 966-409-5734 e-mail: GallagherZurich@hsri.com Fax: 972-512-5818

Zurich

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The terms and conditions of the Plan described in this brief summary are governed by the individual Plan document that contains the complete terms. In the event of any discrepancy between the information in this brief summary and the Plan document, the Plan document shall govern.

Insurance coverages underwritten by member companies of Zurich in North America, including Zurich American Insurance Company. Certain coverages not available in all states. Some coverages may be written on a nonadmitted basis through licensed surplus lines brokers.

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