



Student Health & Special Risk



# International Travel Insurance Plan 2026–2027 Plan Benefit Brochure

Underwritten by:



24/7 travel assistance services provided by:



Broker services provided by:



Insurance | Risk Management | Consulting

Policy Coverage Dates:

5/1/26–5/1/27

International SOS membership number:

398GDA967198IT

# Table of Contents

24/7 Travel Assistance Services – International SOS .....	3
Reimbursement Claims .....	3
Schedule of Benefits .....	4
Definitions.....	6
Description of Benefits .....	13
General Exclusions and Limitations.....	24
Claims Provisions .....	25
General Provisions.....	27

## 24/7 Travel Assistance Services – International SOS

You have access to 24/7 global medical, security and emotional support assistance through International SOS. This program is designed to keep You healthy, safe and secure while traveling abroad. We strongly encourage You to take advantage of the services and online resources available to You. Travelers can conveniently dial one phone number to connect with International SOS's network of medical professional service teams, which operate 24/7 all over the world. Rest assured that no matter the problem, International SOS will give expert advice to take care of any medical or security need while You are abroad. You simply carry the International SOS membership card with You at all times — or take and save a picture of it on Your phone — to use the services.



**Before You travel** outside Your Home Country, You should prepare yourself by logging onto the [International SOS website](#), where You can sign up for health and security email alerts or review Country-specific reports to make You an informed traveler. We highly recommend You also download the International SOS app, too.



**While abroad**, International SOS will help locate a qualified healthcare provider, receive a prescription or simply answer any general medical or security concern You may have, so You get quality medical care and advice.



**In an emergency**, International SOS can ensure You get immediate care, whether it requires evacuating You to a center of medical excellence or closely monitoring Your condition with local Doctors. Keep in mind that International SOS can also take care of all the details associated with Your situation, such as arranging travel for family members, so You can focus on getting better.

### How can You contact International SOS?

By phone at **+1.215.942.8478** or through the mobile app. Your International SOS membership number is **398GDA967198IT**.

## Reimbursement Claims

In the event You paid out of pocket for a medical claim and are seeking reimbursement:

1. Fill out the Claim Form provided by UMass.
2. Please email Your completed claim form, as well as copies of all Doctors' bills and proof of payment (receipts), to [gallagher@hsri.com](mailto:gallagher@hsri.com).

# Schedule of Benefits

## Eligible Travelers

<b>Class 1*</b>	All employees, including directors, officers and trustees of UMass who are in Active Service.
<b>Class 2</b>	All chaperones, guests, volunteers or students who are traveling on behalf of UMass or engaged in UMass study or educational travel.
<b>Class 3*</b>	All persons accepted into and attending UMass's program as a J visa, F visa or exchange visitor status.

\*Dependents of Classes 1 and 3 are eligible for coverage under this Policy.

## Medical Benefits

Total Maximum per Covered Accident or Sickness	\$500,000
Preexisting Conditions	Treated as any other medical condition
Deductible	\$0 per Covered Accident or Sickness
Co-Insurance Rate	100% of the Usual and Customary Charges
Maximum for Dental Treatment (Injury Only)	\$2,500 (Injury)/\$500 (Pain)
Emergency Medical Treatment of Pregnancy	Treated as any other medical condition
Maximum for Room and Board Charges	Average rate of a semi-private room
Maximum for ICU Room and Board Charges	Two (2) times the average rate of a semi-private room
Personal Deviation	Up to seven (7) days
Mental and Nervous Disorders:	
1. Inpatient	1. \$500,000
2. Outpatient	2. \$500,000
Prescription Drugs:	
1. Inpatient Co-Insurance	1. 100% of Covered Expenses
2. Outpatient Co-Insurance	2. 100% of Covered Expenses
Emergency Medical Evacuation Benefit	100% of Covered Expenses
Repatriation of Remains Benefit	100% of Covered Expenses
Home Country Extension	\$500,000 up to 60 days
Quarantine	\$2,000 per traveler per trip
Emergency Reunion Benefit:	
1. Benefit Maximum	1. \$10,000
2. Daily Benefit Maximum	2. \$500
3. Maximum Number of Days	3. 20 days
4. Benefit Maximum Repatriation of Remains	4. \$500

Trip Cancellation and Interruption Benefits	
Benefit Maximum	\$1,500 each
Trip Delay	
Benefit Maximum	\$1,500 (12-hour delay, \$200 per day, 5 days)
Security Evacuation Expense Benefit	
Benefit Maximum	\$100,000
Accident Death and Dismemberment (AD&D) Benefits	
Class 1 and Spouse/Dependents	\$50,000/\$25,000/\$10,000
Class 2	\$50,000
Class 3 and Spouse/Dependents	\$10,000/\$10,000/\$10,000
Seatbelt and Airbag	
Seatbelt Maximum	10% of the Covered Person's principal sum up to \$10,000
Airbag Maximum	10% of the Covered Person's principal sum up to \$10,000
Default Maximum	\$1,500
Rehabilitation	
Benefit Maximum	10% of the Covered Person's principal sum up to \$10,000
Home Alteration and Vehicle Modification	
Benefit Maximum	10% of the Covered Person's principal sum up to \$10,000
Coma	
Benefit Maximum	Benefits are payable initially as 1% of the principal sum per month up to 11 months and thereafter in a lump sum of 100% of the principal sum
Carjacking	
Benefit Maximum	10% of the Covered Person's principal sum up to \$10,000
Bereavement and Trauma	
Benefit Maximum	\$250 per session, up to 10 sessions

## Definitions

Please note: Certain words used in this document have specific meanings. These terms will be capitalized throughout the document. The definition of any word, if not defined in the text where it is used, may be found either in this Definitions section or in the Benefit Schedule.

**Active Service** – A Covered Person is either:

1. Actively at work performing all regular duties at their employer's place of business or someplace the employer requires them to be;
2. Employed, but on a scheduled holiday, vacation day or period of approved paid leave of absence; or
3. If not employed, able to engage in substantially all of the usual activities of a person in good health of like age and sex and not confined in a Hospital or Rehabilitation or rest facility.

**Appropriate Authority or Appropriate Authorities** – The U.S. State Department, the government authority/authorities in the Covered Person's Home Country or Country of Residence or the government authority/authorities of the Host Country.

**Automobile** – A self-propelled, private passenger motor vehicle with four or more wheels that is of a type both designed and required to be licensed for use on highways of any state or Country. Automobile includes, but is not limited to, a sedan, station wagon, sport utility vehicle and a motor vehicle of the pickup, panel, van, camper or motorhome type. Automobile does not include a mobile home or any motor vehicle used in mass or public transit.

**Carjacking** – A person other than the Covered Person taking unlawful possession of an Automobile by means of force or threats against the person(s) then rightfully occupying such Automobile.

**Coma or Comatose** – A person is deemed Comatose or in a Coma if they are in a profound stupor or state of complete and total unconsciousness, as the result of a Covered Accident.

**Country** – Country includes any political jurisdiction that independently regulates the licensing of insurance companies.

**Covered Accident** – An accident that occurs while coverage is in force for an Insured and results directly and independently of all other causes in a loss or Injury covered by this Policy for which benefits are payable.

**Covered Expenses** – Expenses actually incurred by or on behalf of an Insured for services covered by this Policy. A Covered Expense is deemed to be incurred on the date such service or supply, that gave rise to the expense or the charge, was rendered or obtained.

**Covered Loss or Covered Losses** – An accidental death, dismemberment or other Injury covered under this Policy.

**Covered Person** – Any eligible person, including Dependents, if eligible for coverage under the Policy, for whom the required premium is paid. If the cost for this insurance is paid for by the Policyholder, individual applications are not required for an eligible person to be a Covered Person.

**Deductible** – The dollar amount of Covered Expenses that must be incurred as an out-of-pocket expense by the Insured on a per Covered Accident or Sickness basis before medical expense benefits and any other additional benefits, paid on an expense-incurred basis, are payable under this Policy.

**Dependent** – An Insured's lawful spouse or an Insured's unmarried child, from the moment of birth to age 19 — or 25 if a full-time student — who is chiefly dependent on the Insured for support. A child, for eligibility purposes, includes an Insured's natural child; adopted child, beginning with any waiting period pending finalization of the child's adoption; or a stepchild who resides with the Insured or depends on the Insured for financial support. A Dependent may also include any person related to the Insured by blood or marriage and for whom the Insured is allowed a deduction under the Internal Revenue Code.

Insurance will continue for any Dependent child who reaches the age limit and continues to meet the following conditions:

1. The child is handicapped;
2. The child is not capable of self-support; and
3. The child depends mainly on the Insured for support and maintenance.

The Insured must send Us satisfactory proof that the child meets these conditions when requested. We will not ask for proof more than once a year.

**Dependent** – Also means an Insured's Domestic Partner.

**Designated Security Consultant** – An employee of a security firm under contract with Us or Our assistance provider who is experienced in security and measures necessary to ensure the safety of the Covered Person(s) in their care.

**Doctor** – A licensed healthcare provider acting within the scope of their license. It will not include an Insured or an Insured's Immediate Family Member.

**Domestic Partner** – A person of the same or opposite sex of the Insured who:

1. Shares the Insured's primary residence;
2. Has resided with the Insured for at least 12 months prior to the date of enrollment and is expected to reside with the Insured indefinitely;
3. Is financially interdependent with the Insured in each of the following ways:
  - a. By holding one or more credit or bank accounts, including a checking account, as joint owners;

- b. By owning or leasing their permanent residence as joint tenants;
  - c. By naming, or being named by, the other as a beneficiary of life insurance or under a will;
  - d. By each agreeing in writing to assume financial responsibility for the welfare of the other;
4. Has signed a Domestic Partner declaration with Insured, if recognized by the laws of the state in which they reside with the Insured;
  5. Has not signed a Domestic Partner declaration with any other person within the last 12 months;
  6. Is 18 years of age or older;
  7. Is not currently married to another person;
  8. Is not in a position as a blood relative that would prohibit marriage.

**Evacuation Advisory** – A formal recommendation issued by the Appropriate Authority/Authorities that the Covered Person or citizens of their Home Country, Country of Residence or citizens of the Host Country leave the Host Country.

**Family Member** – A Covered Person’s parent, sister, brother, husband, wife, child, grandparent or immediate in-law.

**Felonious Assault** – A violent or criminal act reported to the local authorities which was directed at the Covered Person during the course of, or an attempt of, a physical assault resulting in serious Injury, kidnapping or rape.

**Hemiplegia** – Total Paralysis of the upper and lower limbs on one side of the body.

**Home Country** – A Country from which the Covered Person/Insured holds a passport. If the Covered Person/Insured holds passports from more than one Country, their Home Country will be that Country that the Covered Person/Insured has declared to Us in writing as their Home Country.

**Hospital** – A short-term, acute, general Hospital, which:

1. Is primarily engaged in providing, by or under the continuous supervision of Doctors, to inpatients diagnostic services and therapeutic services for diagnosis, treatment and care of injured or sick persons;
2. Has organized departments of medicine and major surgery;
3. Has a requirement that every patient must be under the care of a Doctor or dentist;
4. Provides 24-hour nursing service by, or under the supervision of, a registered professional nurse (R.N.);

5. If located in New York state, has in effect a hospitalization review plan applicable to all patients that meets at least the standards set forth in section 1861(k) of United States Public Law 89-97 (42 U.S.C.A. 1395x(k));
6. Is duly licensed by the agency responsible for licensing such Hospitals; and
7. Is not, other than incidentally, a place of rest, a place primarily for the treatment of tuberculosis, a place for the aged, a place for drug addicts or alcoholics or a place for convalescent, custodial, educational or rehabilitative care.

**Host Country** – Any Country, other than an OFAC-excluded Country, in which the Covered Person is traveling while covered under the Policy.

**Immediate Family Member** – A person who is related to the Covered Person/Insured in any of the following ways: spouse; parent (includes stepparent); child age 18 or older (includes legally adopted and stepchild); brother or sister (includes stepbrother or stepsister); mother- or father-in-law; son- or daughter-in-law; brother- or sister-in-law; grandchild; or grandparent.

**Injury** – Accidental bodily harm sustained by an Insured that results directly and independently from all other causes from a Covered Accident. The Injury must be caused solely through accidental means. 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.

**Insured** – The person who applies for coverage and pays the required premium.

**License or Licensed** – Licensed with respect to any Country, authorized or otherwise permitted in accordance with applicable law to conduct the business of accident and Sickness insurance in such Country.

**Loss of Hand or Foot** – Complete Severance through or above the wrist or ankle joint.

**Loss of Hearing** – Total and permanent Loss of Hearing in both ears that is irrecoverable and cannot be corrected by any means.

**Loss of Sight** – The total, permanent Loss of Sight of one eye.

**Loss of Speech** – Total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means.

**Loss of Thumb and Index Finger of the Same Hand** – Complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand).

**Medical Emergency** – A condition caused by an Injury or Sickness that manifests itself by symptoms of sufficient severity that a prudent layperson 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.

**Medically Necessary** – A treatment, service or supply that is:

1. Required to treat an Injury;
2. Prescribed or ordered by a Doctor or furnished by a Hospital;
3. Performed in the least costly setting required by the Covered Person's condition; and
4. Consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered.

Purchasing or renting the following is not Medically Necessary:

1. Air conditioners;
2. Air purifiers;
3. Motorized transportation equipment;
4. Escalators or elevators in private homes;
5. Eyeglass frames or lenses;
6. Hearing aids;
7. Swimming pools or supplies for them; and
8. General exercise equipment.

A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may consider the cost of the alternative to be the Covered Expense.

**Member** – In regard to dismemberment, Loss of Hand or Foot, Loss of Sight, Loss of Speech and Loss of Hearing.

**Missing Person** – A Covered Person who disappeared for an unknown reason and whose disappearance was reported to the Appropriate Authority/Authorities.

**Natural Disaster** – A storm (wind, rain, snow, sleet, hail, lightning, dust or sand), hurricane, tornado, blizzard, 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 the Covered Person's 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** – A location determined by the Designated Security Consultant where the Covered Person:

1. Can be assumed safe from the Occurrence that precipitated the Covered Person's Security Evacuation; and
2. Has access to Transportation; and
3. Has the availability of temporary lodging, if needed.

**Occurrence** – Any of the following situations involving a Covered Person 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/Authorities issue an advisory stating that citizens of the Covered Person's Home Country, 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. Deliberate physical harm of the Covered Person confirmed by documentation or physical evidence or a threat against the Covered Person's health and safety as confirmed by documentation and/or physical evidence;
5. The Covered Person had been deemed kidnapped or a Missing Person by local or international authorities, and, when found, their safety and/or wellbeing are in question within seven (7) days.

**Palliative Dental** – Dental treatment that relieves pain but is not curative.

**Paraplegia** – Total Paralysis of both lower limbs or both upper limbs.

**Paralysis** – 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.

**Preexisting Condition** – An illness, disease or other condition of the Covered Person that in the three-month (3-month) period before the Covered 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.

**Quadriplegia** – Total Paralysis of both upper and lower limbs.

**Quarantine** – The period of time during which the Insured person is forced into medical isolation by a recognized government authority, their authorized deputies or medical examiners due to the Insured person either having, or being suspected of having, a contagious disease, infection or contamination while the Insured person is traveling outside of the Insured's Home Country.

**Rehabilitation Program** – A specialized, intensive program for Rehabilitation or assimilation at an accredited medical facility specializing in research, surgery and training of persons with accidental dismemberment Covered Losses, as outlined in the Schedule of Covered Losses.

**Related Costs** – Lodging and, if necessary, physical protection for the Covered Person during or while waiting for Transport to the Nearest Place of Safety. Related Costs will include temporary lodging, if necessary, while a Covered Person is waiting to be transported back to the Host Country, Home Country or other Country where the Policyholder that sponsored the Covered Person's 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** – The extrication of a Covered Person from the Host Country due to an Occurrence that could result in grave physical harm or death to the Covered Person.

**Severance** – The complete separation and dismemberment of the part from the body.

**Sickness** – An illness, disease or condition of the Insured that causes a loss for which the Insured incurs medical expenses while covered under this Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness.

**Supplemental Restraint System** – An airbag that inflates upon impact for added protection to the head and chest areas.

**Transport or Transportation** – The most efficient and available method of conveyance; where practical, economy fare will be utilized. If possible, the Covered Person's common carrier tickets will be used.

**Uniplegia** – Total Paralysis of one lower limb or one upper limb.

**Usual and Customary Charge** – The average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.

**We, Our or Us** – ACE American Insurance Company.

**You or Your** – The Insured who applies for coverage and pays the required premium.

## Description of Benefits

The following provisions explain the benefits available under this Policy.

### Accidental Death and Dismemberment (AD&D) Benefit

We will pay benefits if an Insured is injured in a Covered Accident and suffers one of the losses shown below within 365 days of a Covered Accident. If multiple losses occur, only one benefit amount, the largest, will be paid for all losses due to the same accident.

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.....	50% of the principal sum
Paraplegia .....	50% of the principal sum
Thumb and Index Finger of the Same Hand.....	25% of the principal sum
Uniplegia .....	25% of the principal sum

### Exposure and Disappearance

Coverage includes exposure to the elements after the forced landing, stranding, sinking or wrecking of a vehicle in which the Insured was traveling.

#### An Insured is presumed dead if:

1. They are in a vehicle that disappears, sinks or is stranded or wrecked on a covered trip; and
2. The body is not found within one year of the Covered Accident.

### Bereavement and Trauma Counseling Benefit

We will pay for counseling sessions, up to the benefit maximum shown in the Schedule of Benefits, subject to the following conditions, when the Covered Person and/or Immediate Family Member requires bereavement and trauma counseling because the Covered Person suffered a Covered Loss that resulted directly and independently of all other causes from a Covered Accident. Such counseling must meet all the following conditions:

1. Covered bereavement and trauma counseling expenses must be incurred within one year from the date of the Covered Accident causing the Covered Loss;

2. The expense is charged for a bereavement or trauma counseling session for the Covered Person and/or one or more of their Immediate Family Members;
3. Counseling is provided under the care, supervision or order of a Doctor; and
4. A charge would have been made if no insurance existed.

Covered bereavement and trauma counseling benefits do not include any expense for which the Covered Person is entitled to benefits under any Workers' Compensation Act or similar law.

### **Carjacking Benefit**

We will pay the benefit shown in the Schedule of Benefits if the Covered Person suffers a Covered Loss resulting directly and independently of all other causes from a Covered Accident that occurs during a Carjacking of an Automobile that the Covered Person was operating, getting into or out of or riding in as a passenger. Verification of the Carjacking must be made part of an official police report within 24 hours of the Carjacking, or as soon as reasonably possible, or be certified in writing by the investigating officer(s) within 24 hours of the Carjacking, or as soon as reasonably possible.

### **Coma Benefit**

We will pay the Coma benefit shown in the Schedule of Benefits if a Covered Person becomes Comatose within 31 days of a Covered Accident and remains in a Coma for at least 31 days.

We reserve the right, at the end of the first 31 days of Coma, to require proof that the Covered Person remains Comatose. This proof may include, but is not limited to, requiring an independent medical examination at Our expense.

We will pay this benefit in periodic payments and a lump sum as shown in the Schedule of Benefits. Periodic payments will end on the first of the following dates:

1. The end of the month in which the Covered Person dies;
2. The end of the 11th month for which this benefit is payable;
3. The end of the month in which the Insured recovers from the Coma.

### **Emergency Medical Evacuation Benefit**

We will pay emergency medical evacuation benefits as shown in the Schedule of Benefits for Covered Expenses incurred for the medical evacuation of a Covered Person. Benefits are payable up to the benefit maximum shown in the Schedule of Benefits if the Covered Person:

1. Suffers a Medical Emergency during the course of the trip;
2. Requires emergency medical evacuation; and
3. Is traveling 100 miles or more away from their place of permanent residence.

## Covered Expenses:

1. **Medical Transport** – Expenses for Transportation under medical supervision to a different Hospital, treatment facility or to the Covered Person's place of residence for Medically Necessary treatment in the event of the Covered Person's 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 or specialist's travel expenses and the medical services provided on location, if, based on the information available, a Covered Person's 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 the Covered Person's location to make the assessment.
3. **Return of Dependent Child(ren)** – Expenses to return each Dependent child who is younger than age 18 to their principal residence if:
  - a. The Covered Person is age 18 or older; and
  - b. The Covered Person is the only person traveling with the minor Dependent child(ren); and
  - c. The Covered Person suffers 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 the Covered Person, to join the Covered Person during the Covered Person's emergency medical evacuation to a different Hospital, treatment facility or the Covered Person's place of residence.
5. **Transportation After Stabilization** – If We have evacuated the Covered Person to a medical facility due to an emergency medical evacuation, We will pay the Covered Person's Transportation costs to:
  - a. Their Home Country; or
  - b. Their Host Country; or
  - c. To join the group, if they have moved on to a different location.

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

1. The Doctor ordering the emergency medical evacuation certifies that the severity of the Covered 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. Charges are not included 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. In the event the Covered Person refuses to be medically evacuated, We will not be liable for any medical expenses incurred after the date medical evacuation is recommended.

### **Emergency Reunion Benefit**

We will pay up to the benefit maximum as shown in the Schedule of Benefits for expenses incurred to have an Insured's Immediate Family Member accompany them to the Insured's Home Country or the Hospital where the Insured is confined if the Insured is 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 the Insured to have an Immediate Family Member at their side. The Immediate Family Member's travel must take place within seven (7) days of the date the Insured is confined in the Hospital.

Covered Expenses include an economy airline ticket and other travel-related expenses not to exceed the daily benefit maximum and the maximum number of days shown in the Schedule of Benefits. 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.

Covered Expenses include an economy airline ticket and other travel-related expenses not to exceed the daily benefit maximum and the maximum number of days shown in the Schedule of Benefits.

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.

### **Home Alteration and Vehicle Modification Benefit**

We will pay benefits shown in the Schedule of Benefits, subject to the following conditions, when the Covered Person suffers a Covered Loss, other than a Loss of Life, resulting directly and independently of all other causes from a Covered Accident.

This benefit will be payable if all the following conditions are met:

1. Prior to the date of the Covered Accident causing such Covered Loss, the Covered Person did not require the use of any adaptive devices or adaptation of residence and/or vehicle;
2. As a direct result of such Covered Loss, the Covered Person now requires such adaptive devices or adaptation of residence and/or vehicle to maintain an independent lifestyle;
3. The Covered Person requires home alteration or vehicle modification within one year of the date of the Covered Accident.

### **Rehabilitation Benefit**

We will pay the Rehabilitation benefits shown in the Schedule of Benefits if:

1. A Covered Person suffers an accidental dismemberment covered under the Policy; and
2. Is participating in a Rehabilitation Program due to an accidental dismemberment; and
3. The Rehabilitation Program is prescribed by a Doctor.

#### **Benefits are payable for:**

1. The facility providing the Rehabilitation Program in which the Covered Person is participating; and
2. Immediate Family Members who incur expenses for travel to and from the location at which the Covered Person is participating in a Rehabilitation Program, provided that actual receipts are submitted with the claim.

#### **Benefits will end when the first of the following events occurs:**

1. The date the Covered Person completes the Rehabilitation Program;
2. The date the Covered Person dies.

### **Repatriation of Remains Benefit**

We will pay repatriation of remains benefits as shown in the Schedule of Benefits for preparation and return of a Covered Person's body to their home if they die as a result of a Medical Emergency while traveling 100 miles or more away from their place of 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.
4. Escort services — expenses for an Immediate Family Member, or companion who is traveling with the Covered Person, to join the Covered Person's body during the repatriation to the Covered 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 Covered Expenses 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.

### **Seatbelt and Airbag Benefit**

We will pay benefits shown in the Schedule of Benefits, subject to the conditions described below, when a Covered Person dies or is dismembered directly and independently from Injury sustained while wearing a seatbelt and operating or riding as a passenger in an Automobile. An additional benefit is provided if the Covered Person was also positioned in a seat protected by a properly functioning and properly deployed Supplemental Restraint System (airbag).

Verification of proper use of the seatbelt at the time of the Covered Accident and that the Supplemental Restraint System properly inflated upon impact must be a part of an official police report of the Covered Accident or be certified, in writing, by the investigating officer(s) and submitted with the Covered Person's claim to Us.

If such certification or police report is unavailable, or it is unclear whether the Covered Person was wearing a seatbelt or positioned in a seat protected by a properly functioning and properly deployed Supplemental Restraint System, We will pay the default benefit shown in the Schedule of Benefits to the Covered Person's beneficiary.

In the case of a child, a seatbelt means a child restraint, as required by state law and approved by the National Highway Traffic Safety Administration, properly secured and being used as recommended by its manufacturer for children of like age and weight at the time of the Covered Accident.

### **Security Evacuation Benefit**

**We will pay Security Evacuation expense benefits to the Covered Person if:**

1. An Occurrence takes place during the Covered Activity described in the Policy and their term of coverage; and
2. While they are traveling outside of their Home Country.

Benefits will be subject to the benefit maximum shown in the Schedule of Benefits.

**Benefits will be paid for:**

1. The Covered Person's Transportation and Related Costs to the Nearest Place of Safety necessary to ensure their safety and wellbeing as determined by the Designated Security Consultant.

2. The Covered Person's Transportation within five (5) days of the Security Evacuation to either of the following locations, as chosen by the Covered Person:
  - a. Back to the Country in which the Covered Person is traveling during the Covered Activity, but only if:
    - i. Coverage remains in force under the Policy; and
    - ii. There is no U.S. State Department Travel Warning in place on the date the Covered Person is scheduled to return; or
  - b. The Covered Person's Home Country; or
  - c. Where the Policyholder that sponsored the Covered Person's trip is located.
3. Consulting services by a Designated Security Consultant for seeking information on a Missing Person or kidnapping case, if the Covered Person is considered kidnapped or a Missing Person by local or international authorities.

Security Evacuation expense benefits are payable only once for a Covered Person 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 the Covered Person until a Security Evacuation occurs.

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

**Changes in Terms and Conditions** – The terms and conditions of this benefit may be changed at any time to reflect conditions that, in Our opinion, constitute a change in the Policyholder's Security Evacuation exposure. We will give at least 31 days' advance written notice (or authorized electronic or telephonic means) to the Policyholder of any change in the terms and conditions of this benefit.

**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 the Covered Person's employer or other entity sponsoring the Covered Person's trip;
3. Arising from or attributable to an actual fraudulent, dishonest or criminal act committed or attempted by the Covered Person, acting alone or in collusion with other persons;

4. Arising from or attributable to an alleged violation of the laws of the:
  - a. Country in which the Covered Person is traveling while covered under the Policy; or
  - b. Covered Person's Home Country or Country of Residence;
5. Due to the Covered Person's failure to maintain and possess duly authorized and issued required travel documents and visas;
6. For repatriation of remains expenses;
7. For common, endemic or epidemic diseases or global pandemic diseases 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, repossession of any property by any title holder or lien holder or any other financial cause;
  - b. Non-compliance by the Covered Person with regard to any obligation specified in a contract or license;
11. Due to military or political issues, if the Covered Person's Security Evacuation request is made more than 10 days after the Appropriate Authority/Authorities advisory was issued;
12. Failure of a Covered Person 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 the Covered Person, failure to follow the directions given by Our designated security consultants during a Security Evacuation.

If a Covered Person refuses 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.

### **Right of Recovery**

If, after a Security Evacuation is completed, it becomes clear that the Insured was an active participant in the events that led to the Occurrence, the Company has the right to recover all Transportation and Related Costs from the Insured person.

### **Security Evacuation Benefit Exclusions**

1. Payable under any other provision of the Policy;
2. Those that are recoverable through the Insured's employer;

3. Arising from or attributable to an actual fraudulent, dishonest or criminal act committed or attempted by an Insured, acting alone or in collusion with others;
4. Arising from or attributable to an alleged violation of the laws of the:
  - a. Host Country by an Insured; or
  - b. Insured's Home Country; unless the Designated Security Consultant determines that such allegations were intentionally false, fraudulent and malicious and made solely to achieve a political, propaganda and/or coercive effect upon or at the expense of the Insured;
5. Due to the Insured's failure to maintain and possess duly authorized and issued required travel documents and visas;
6. Arising from an Occurrence which took place in an Excluded Country;
7. For repatriation of remains expenses;
8. For common, endemic or epidemic diseases or global pandemic diseases as defined by the World Health Organization;
9. For medical services;
10. For monies payable in the form of a ransom if a Missing Person case evolves into a kidnapping;
11. For consulting services seeking information on Missing Person or kidnapping cases;
12. Arising from or attributable, in whole or in part, to a debt, insolvency, commercial failure, the repossession of any property by any title holder or lien holder or any other financial cause;  
or
13. Arising from or attributable, in whole or in part, to non-compliance by the Insured with regard to any obligation specified in a contract or license;
14. Due to military or political issues, if the Insured's Security Evacuation request is made more than 30 days after the Appropriate Authority/Authorities advisory was issued.

### **Quarantine Benefit**

We will pay expenses incurred up to the maximum limit shown in the Schedule of Benefits, if the Insured 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 Insured person's trip for which suitable accommodations are not otherwise available. Benefits will end on the earlier of:

1. Fourteen (14) days after the Quarantine is issued; or
2. 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 Insured person's Home Country or to rejoin the group; and
3. Non-refundable travel arrangements.

### **Trip Cancellation**

We will reimburse the Covered Person for the amount of non-refundable Covered Expenses the Covered Person paid for their trip, up to the benefit maximum shown in the Schedule of Benefits, if the Covered Person is prevented from taking their trip as a result of Injury, Sickness or death to the Covered Person or a Family Member prior to the scheduled trip departure date. The Injury or Sickness must be so disabling as to reasonably cause a trip to be cancelled. If the Covered Person must cancel the trip due to Injury or Sickness of a Family Member, it must be because their condition is life-threatening or because the Family Member requires the Covered Person's care. Cancellation due to the death of a Family Member is covered only if the death occurs within 30 days of the Covered Person's scheduled trip departure date.

### **Covered Expenses:**

1. Any cancellation charges imposed by a travel agency, tour operator or other recognized travel supplier for the covered trip;
2. Any prepaid, unused, non-refundable airfare and sea or land accommodations;
3. Any other reasonable additional trip expenses for travel, lodging or scheduled events that are prepaid, unused and non-refundable.

### **Trip Interruption Benefit**

We will reimburse the cost of a one-way economy air and/or ground Transportation ticket for a Covered Person's trip, up to the maximum benefit shown in the Schedule of Benefits, if their trip is interrupted as a result of:

1. The death of a Family Member; or
2. The unforeseen Injury or Sickness of the Covered Person or a Family Member; the Injury or Sickness must be so disabling as to reasonably cause a trip to be interrupted; or
3. A Medically Necessary covered emergency medical evacuation to return the Covered Person to their Home Country or to the area from which they were initially evacuated for continued treatment, recuperation and recovery of an Injury or Sickness; or
4. Substantial destruction of the Covered Person's principal residence by fire or weather-related activity.

## **Trip Delay Benefit**

We will reimburse Covered Expenses up to the daily benefit per person per day, subject to the maximum benefit period and the benefit maximum shown in the Schedule of Benefits, if a Covered Person's trip is delayed for more than the time period shown in the Schedule of Benefits.

Covered Expenses include charges incurred for reasonable, additional accommodations and traveling expenses until travel becomes possible. Incurred expenses must be accompanied by receipts. This benefit is payable only for one delay of the Covered Person's trip. Travel Delay must be caused by one of the following reasons:

1. Injury, Sickness or death to either the Covered Person, Family Member or traveling companion that occurs during the trip;
2. Carrier delay;
3. Lost or stolen passport, travel documents or money;
4. Natural Disaster;
5. The Covered Person being delayed by a traffic accident while en route to a departure;
6. Hijacking;
7. Unpublished or unannounced strike;
8. Civil disorder or commotion;
9. Riot;
10. Inclement weather, which prohibits common carrier departure;
11. Equipment failure of a common carrier; or
12. The loss of the Covered Person's and/or traveling companion's travel documents, tickets or money due to theft.

### **The Covered Person's Duties in the Event of Loss:**

The Covered Person must provide Us with proof of the travel delay, such as a letter from the airline, cruise line or tour operator; newspaper clipping; weather report; police report or the like; and proof of the expenses claimed as a result of the trip delay.

## General Exclusions and Limitations

**In addition to the Policy Exclusions, We will not pay benefits for any loss, treatment or services resulting from or contributed to by:**

- Routine physicals and care of any kind;
- Routine dental care and treatment;
- Cosmetic surgery, except for reconstructive surgery needed as a result of an Injury;
- Routine nursery care;
- 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 that 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;
- Expenses incurred during holiday travel, or travel for purposes of seeking medical care or treatment, or for any other travel that is not in the course of the Policyholder's business (unless personal deviations are specifically covered);
- Covered medical expenses for which the Covered Person would not be responsible in the absence of the Policy;
- Any expense paid or payable by any other valid and collectible group insurance plan;
- Injury or Sickness for which benefits are paid or payable under any workers' compensation or occupational disease law or act, or similar legislation, whether United States federal or foreign law;
- While participating in or practicing intercollegiate sports.

## Claims Provisions

**Notice of claim** – A claimant must give Us or Our authorized representative written (or authorized electronic or telephonic) notice of claim within 90 days after any loss covered by this Policy occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible. This notice should identify the Insured and the policy number.

**Claim forms** – Upon receiving written notice of claim, We will send the claim forms to the claimant within 15 days. If We do not furnish such claim forms, the claimant will satisfy the requirements of written proof of loss by sending the written (or authorized electronic or telephonic) proof as shown below. The proof must describe the Occurrence, extent and nature of the loss.

**Proof of loss** – Written proof of loss must be furnished to Us at Our office in case of claim for loss for which this Policy provides any periodic payment contingent upon continuing loss within 90 days after the termination of the period for which We are liable and in case of claim for any other loss within 120 days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

**Claimant cooperation provision** – Failure of a claimant to cooperate with Us in the administration of a claim may result in the termination of a claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

**Time payment of claims** – Any benefits due will be paid when We receive written (or authorized electronic or telephonic) proof of loss.

**Payment of claims** – If the Insured dies, any death benefits or other benefits unpaid at the time of the Insured's death will be paid to the beneficiary Our records indicate the Insured designated for these plan benefits. If no named beneficiary or surviving beneficiary is on record with Us or Our authorized agent, death proceeds will be paid to the beneficiary the Insured has designated under the Group Life Insurance Policy issued to the Policyholder and in effect at the time of the Insured's death.

If there is no named beneficiary or surviving beneficiary on record under the Group Life Insurance Policy issued to the Policyholder or with Us or Our authorized agent, We pay benefits in equal shares to the first surviving class of the following:

1. Spouse;
2. Children;
3. Parents;
4. Brothers and sisters.

If there are no survivors in any of these classes, We will pay the Insured's estate.

All other benefits will be paid to the Insured. If the Insured is:

1. A minor; or
2. In Our opinion, unable to give a valid release because of incompetence.

We may pay any amount due to a parent, guardian or other person actually supporting them. Any payment made in good faith will end Our liability to the extent of the payment.

If a Covered Loss is suffered by a Covered Person who resides outside of the United States, its territories and possessions and in a Country where the company is not permitted to provide insurance without a License, the company will pay benefits under the Policy to the Policyholder, who:

1. Will hold such payment in trust for the sole use and benefit of the Insured person or their beneficiary or other person to whom such benefits are payable ("Payee"); and
2. Will remit such payment to the Payee in accordance with applicable law.

Any such payment the company makes to the Policyholder is a full discharge of the company's liability for the claim for which payment is made.

**Beneficiary** – The Insured may designate a beneficiary. The Insured has the right to change the beneficiary at any time by written (or electronic and telephonic) notice. If the Insured is a minor, their parent or guardian may exercise this right for them. The change will be effective when We or Our authorized agent receive it. When received, the effective date is the date the notice was signed. We are not liable for any payments made before the change was received. We cannot attest to the validity of a change.

**Assignment** – At the request of the Insured, medical benefits may be paid to the provider of service. Any payment made in good faith will end Our liability to the extent of the payment.

**Physical examinations and autopsy** – We have the right to have a Doctor of Our choice examine the Insured as often as is reasonably necessary when a claim is pending. We also have the right to request an autopsy in the case of death, unless the law forbids it. We will pay the cost of the examination or autopsy.

**Legal actions** – No lawsuit or action in equity can be brought to recover on this Policy:

1. Before 60 days following the date proof of loss was given to Us; or
2. After three (3) years following the date, proof of loss is required.

## General Provisions

**Entire contract; changes** – This Policy, including any riders, endorsements or amendments, is the entire contract. Only Our authorized officer can authorize a change or waive any provisions in this Policy.

To be valid, any change or waiver must be in writing (or authorized electronic or telephonic communications). It must be signed by Our President or Secretary and be attached to the Policy. The approval must be noted on or attached to this Policy. No agent has the authority to change or waive any part of this Policy.

**Policy effective date and termination date** – The Policy begins on the Policy effective date shown on page one (1) of the Policy. We may terminate this Policy by giving 31 days' advance notice in writing (or authorized electronic or telephonic means) to the Policyholder. The Policyholder may terminate this Policy on any premium due date by giving 31 days' advance written (or authorized electronic or telephonic) notice to Us. This Policy terminates automatically on the earlier of the:

1. Last day of the Policy term; or
2. Premium due date if premiums are not paid when due. Termination takes effect at 12 a.m. (midnight) at the Policyholder's address on the date of termination.

**Examination of records and audit** – We shall be permitted to examine and audit the Policyholder's books and records at any time during the term of the Policy and within two (2) years after the final termination of the Policy as they relate to the premiums or subject matter of this insurance.

**Certificates of insurance (COIs)** – Where required by law, or upon the request of the Policyholder, We will make available certificates outlining the insurance coverage and to whom benefits are payable under the Policy.

**Conformity with state laws** – On the effective date of this Policy, any provision that is in conflict with the laws in the state where it is issued is amended to conform to the minimum requirements of such laws.

**Not in lieu of workers' compensation** – This Policy is not a workers' compensation Policy. It does not provide workers' compensation benefits.

Insurance brokerage and related services provided by Arthur J. Gallagher Risk Management Services, LLC. (License Nos. 100292093 and/or OD69293) and / or its affiliate Gallagher Affinity Insurance Services, Inc. (License Nos. 1499729 and/or 0783129). 4409593691