

International Travel Insurance 2024-2025 Plan Benefit Brochure



Insurance Provided By:

24/7 Travel Assistance Services Provided By:



Zurich Policy Number: **GPT 5564009**

International SOS Membership Number: **399GDA1018486IT**

The following is a brief description of the 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, staff on a recognized study abroad program or other student, faculty, 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
Post-Departure Trip Interruption Benefit Return Air Only Benefit	Up to 100% of Trip Cost to a maximum of \$2,000
Travel Delay Benefit Waiting period of six (6) hours or more	\$2,000 (subject to \$200 per day)
Emergency Evacuation and Repatriation Benefit	\$1,000,000
Transportation Expenses to the place of hospitalization for one person chosen by the Insured	\$5,000 one round-trip ticket maximum
Visiting Person's Lodging and meals	\$500 per day for a maximum of 10 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	\$150,000
Accidental Death Benefit	\$25,000
Accidental Dismemberment Benefit Covered Loss of:	\$25,000 Percentage of Maximum Amount:
Both Hands or Both Feet	100%
One Hand and One Foot	100%
One Hand or One Foot plus the loss of Sight of One Eye	100%

Sight of Both Eyes	100%
Speech and Hearing	100%
Speech or Hearing	50%
One Hand; One Foot; or Sight of One Eye	50%
Thumb and Index Finger of the same Hand	25%
Hearing in One Ear	25%
Covered Loss of Use Benefit	\$25,000
Covered Loss of Use of:	Percentage of Maximum Amount
Four Limbs	100%
Three Limbs	75%
Two Limbs	67%
One Limb	25%
Plegia Benefit	\$25,000
Plegia of:	Percentage of Maximum Amount
Quadriplegia (total paralysis of all four Limbs)	100%
Triplegia (total paralysis of three Limbs)	75%
Paraplegia (total paralysis of both lower Limbs)	67%
Hemiplegia (total paralysis of upper and lower Limbs on one side of the body)	50%
Uniplegia (total paralysis of one Limb)	25%
Exposure and Disappearance Benefit	\$25,000
Out of Country Travel Medical Expense Benefit	\$500,000 Maximum Covered Amount per Insured
Daily Hospital Room and Board	The Average Semi-Private Room Rate per Day
Outpatient Surgical Room	Maximum Covered Amount shown in the Medical Expense Benefit
Physician's Surgical Procedures	Maximum Covered Amount shown in the Medical Expense Benefit
Physiotherapy Limit of sixty (60) visits	Maximum Covered Amount shown in the Medical Expense Benefit
Ambulance Expenses	Maximum Covered Amount shown in the Medical Expense Benefit
Prescription Drugs	Maximum Covered Amount shown in the Medical Expense Benefit
Emergency Dental	\$1,000
Emergency Dental (Sudden Relief of Pain)	\$500

Mental or Nervous Disorders – Inpatient	Maximum Covered Amount shown in the Medical Expense Benefit
Mental or Nervous Disorders - 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
Home Country Extension Benefit	\$25,000 (This Benefit is Excess)
Hospital Admission/Medical Expense Guarantee	\$10,000
Pre-Existing Conditions	The Maximum Covered Amount shown in the Medical Expense Benefit
Important International SOS Travel Assistance Contact Information	
Contact 24/7 for: <ul style="list-style-type: none"> • Emergency Medical and Repatriation • Book a doctor’s appointment • General travel assistance questions 	Phone: +1-215-942-8226 Fax: +1-215-942-8175 e-mail: Philadelphia@internationalsos.com website: www.internationalsos.com
Important Health Special Risk Claim Reporting Information	
Zurich American Insurance Company You must submit a completed claim form for any benefits to be paid.	To Request a Claim Form, Contact Health Special Risk at Phone: 972-512-5600 Toll free number: 866-409-5734 Fax: 972-512-5818 Email: GallagherZurich@hsri.com

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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