

THE UNIVERSITY *of* TEXAS SYSTEM  
**2019**

# Student International Travel Accident & Sickness Insurance

Underwritten by: ACE American Insurance Company  
(Herein referred to as "We," "Our," "Us.")



THE UNIVERSITY *of* TEXAS SYSTEM  
FOURTEEN INSTITUTIONS. UNLIMITED POSSIBILITIES.

GLMN04969340

## Eligibility

All students who are United States citizens, permanent residents of the United States or international students, who are engaged in educational activities sponsored by the Participating Organization while outside of the United States.

## Period of Coverage

Coverage will begin at 12:01 am Local Time on the latest for the following: a) your departure from the United States or b) the date on which your Trip begins. Coverage ends at the earlier of the following: a) the date you return to the United States or your Home Country, except as specifically provided in the Home Country Extension Benefit, b) when you are no longer engaged in a Covered Activity or Personal Deviation, or c) the termination date of the Policy.

## Medical Expense Benefits

Total Maximum per Covered Accident or Sickness, per Covered Person \$200,000 ( <i>Other Limitations may apply as shown in the Policy.</i> )	
Preexisting Conditions	\$25,000 Maximum
Dental Treatment (Injury Only) (Alleviation of Pain)	\$250 per tooth Maximum \$500 per tooth Maximum
Emergency Medical Treatment of Pregnancy	Treated as any other medical condition
Room & Board Charges	100% of the average semi- private room rate Maximum
ICU Room & Board Charges	200% of the average semi- private room rate Maximum
Chiropractic Care	\$50 per visit, up to 10 visits Maximum
Mental and Nervous Disorders* (Inpatient) (Out Patient)	\$25,000 Maximum \$25,000 Maximum
<small>*See Page 10 for additional Emotional Support services provided via ISOS</small>	
Maximum for Prescription Drugs Inpatient Co-Insurance Out Patient Co-Insurance Prescription Replacement	100% of Covered Expenses 100% of Covered Expenses \$2,500 Maximum
Deductible	\$0 per Covered Accident or Sickness
Co-Insurance Rate	100% of the Usual and Customary Charges
Incurral Period	90 days after the date of Covered Accident or Sickness
Maximum Benefit Period	The earlier of the date the covered person's trip ends or 52 weeks from the date of a Covered Accident or Sickness
Period of Coverage	365 days Maximum

**Description of Benefits** – We will pay Medical Expense Benefits for Covered Expenses that result directly, and from no other cause, from a Covered Accident or Sickness. These benefits are subject to the Deductible, Co-insurance Rate, Maximum Benefit Period, Benefit Maximum, and other terms or limits shown in the *Policy*. Medical Expense Benefits are only payable:

1. for Usual and Customary Charges incurred after the Deductible, if any, has been met;
2. for those Medically Necessary Covered Expenses that the Covered Person incurs;
3. for charges incurred for services rendered to the Covered Person while on a covered Trip; and
4. provided the first charge is incurred within the Incurral Period.

## Covered Medical Expenses

- Hospital semi-private room and board (or room and board in an intensive care unit); Hospital ancillary services (including, but not limited to, use of the operating room or emergency room)
- Services of a Doctor or a registered nurse (R.N.)
- Ambulance service to or from a Hospital
- Laboratory tests
- Radiological procedures
- Anesthetics and their administration
- Blood, blood products, artificial blood products, and the transfusion thereof
- Physiotherapy
- Chiropractic expenses on an inpatient or outpatient basis
- Medicines or drugs administered by a Doctor or that can be obtained only with a Doctor's written prescription
- Dental charges for Injury to sound, natural teeth
- Emergency medical treatment of pregnancy
- Therapeutic termination of pregnancy
- Artificial limbs or eyes (not including replacement of these items)
- Casts, splints, trusses, crutches, and braces (not including replacement of these items or dental braces)
- Oxygen or rental equipment for administration of oxygen
- Rental of a wheelchair or hospital-type bed
- Rental of mechanical equipment for treatment of respiratory paralysis
- Mental and Nervous Disorders: limited to one treatment per day. **"Mental and Nervous Disorders"** means neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder of any kind
- Pregnancy and childbirth

**Emergency Medical Benefits** – We will pay Emergency Medical Benefits up to the \$10,000 Benefit Maximum for Covered Expenses incurred for emergency medical services to treat a Covered Person. Benefits are payable if the Covered Person: 1) suffers a Medical Emergency during the course of the Trip; and 2) is traveling on a covered Trip.

**Covered Expenses**: 1) **Medical Expense Guarantee**: expenses for guarantee of payment to a medical provider. 2) **Hospital Admission Guarantee**: expenses for guarantee of payment to a Hospital or treatment facility.

Benefits for these Covered Expenses will not be payable unless: 1) the charges incurred are Medically Necessary and do not exceed the charges for similar treatment, services, or supplies in the locality where the expense is incurred; and 2) 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.

## Emergency Medical Evacuation Benefit

We will pay Emergency Medical Evacuation Benefits up to 100% of the Covered Expenses incurred for the medical evacuation of a Covered Person. Benefits are payable, if the Covered Person: 1) suffers a Medical Emergency during the course of the Trip; 2) requires Emergency Medical Evacuation; and 3) is traveling on a covered Trip.

**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's 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 under age 18 to his or her 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. **"Immediate Family Member"** means a Covered Person's spouse, child, brother, sister, parent, grandparent, or in-law.

Benefits for these Covered Expenses will not be payable unless: 1) the Doctor ordering the Emergency Medical Evacuation certifies 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) 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. 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.

**Repatriation of Remains Benefit** – We will pay Repatriation Benefits up to 100% of the Covered Expenses for preparation and return of a Covered Person's body to his or her home if he or she dies as a result of a Medical Emergency while traveling on a covered Trip. 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 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.

## Emergency Hotel Convalescence Benefit

– We will pay the Emergency Hotel Convalescence Benefit, up to a maximum of \$100 per day for a Maximum of 7 days for hotel room convalescence should the Covered Person's Doctor determine this to be necessary immediately following a Hospital confinement during the Covered Person's Trip and prior to his or her return home.

**Emergency Reunion Benefit** – We will pay up to a Benefit Maximum of \$12,500 for expenses incurred to have a Covered Person's Family Member accompany him or her to the Covered Person's Home Country or the Hospital where the Covered Person is confined if the Covered Person is: 1) 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 Covered Person to have a Family Member at his or her side; or 2) the victim of a Felonious Assault. The Family Member's travel must take place within 7 days of the date the Covered Person is confined in the Hospital, or the date of the occurrence of the Felonious Assault.

**"Felonious Assault"** means a violent or criminal act reported to the appropriate 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.

In the event that a Covered Person dies as a result of a covered Injury or Sickness, We will pay the expenses incurred for emergency travel arrangements, up to \$12,500 Benefit Maximum

for a Family Member to accompany the mortal remains of the deceased Covered Person. Covered expenses include an economy airline ticket and other travel related expenses not to exceed the \$12,500 Benefit Maximum.

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.

**"Family Member"** means a Covered Person's parent, sister, brother, husband, wife, child, grandparent, or immediate in-law.

**Family Reunion Benefit** – We will pay up to a maximum of \$5,000 for expenses incurred to have a Covered Person's Family Member join the Covered Person if: 1) the Covered Person is confined in a Hospital for at least 5 consecutive days or 2) if the Covered Person is medically evacuated to another Hospital in another location. Covered expenses include an economy airline ticket and other travel related expenses. 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 designated 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.

**"Family Member"** means a Covered Person's parent, sister, brother, spouse or child.

## Financial Instrument Reimbursement

**Benefit** – We will reimburse expenses incurred on behalf of a Covered Person for loss or damage to a Financial Instrument during a Covered Activity up to the \$1,000 Benefit Maximum. The Covered Person must take all reasonable precautions for the safety of any covered Financial Instrument.

**"Financial Instrument"** means coins, banknotes, postal and money orders, signed travelers and other checks, letters of credit, travel tickets, and credit cards. It does not mean the devaluation of currency or shortages due to errors or omissions during monetary transactions.

In addition to the Policy Exclusions, We will not pay Financial Instrument Reimbursement Benefits for:

- any loss not reported to either the police or transport carrier within 24 hours of discovery
- any loss or damage due to confiscation or detention by customs or any other authority
- any loss not reported to Our designated assistance provider

**Home Country Extension Benefit** – We will pay benefits for Covered Medical Expenses up to the Benefit Maximum shown in the schedule of benefits if the Covered Person

obtains treatment of a covered Injury or Sickness while he or she is in his or her Home Country provided treatment is rendered within the Incurral Period shown in the Schedule of Benefits. These benefits are limited to the benefits that would be otherwise payable under the Medical Expense Benefit if the Covered Person were outside of his or her Home Country. Benefits are payable under the Policy only to the extent that Covered Expenses are not payable under any other domestic health care plan

Coverage under this benefit begins on the date the Covered Person arrives in his or her Home Country. It ends the later of: 1) the 30 day Maximum Benefit Period, or 2) the date the Covered Person leaves his or her Home Country. This benefit is payable only once in any Policy Term.

In order for this benefit to be payable, coverage for the Covered Person must remain continuously in force and the required premium must be paid.

Home Country Extension Benefit payments are subject to the Deductible, Coinsurance Rate, and Benefit Maximum shown in the Schedule of Benefits for Medical Expense Benefits.

**Legal Expense Benefits** – We will reimburse legal fees incurred by a Covered Person, up to the \$5,000 Benefit Maximum, in defense of a legal action taken against that Covered Person arising from his or her participation in a Covered Activity. Coverage must be in-force under the Policy at the time the incident causing the legal action occurs. Covered Expenses include reasonable attorney's fees to defend, mediate or arbitrate a claim, court costs, other fees, costs and expenses resulting from the investigation or defense of a suit or proceeding in which the Covered Person is a named party. This benefit does not cover bail, fees or expenses of an independent adjuster, damages, settlements or any salaries, office expenses or incidental expenses incurred by the Policyholder, the Covered Person, or anyone related to the Covered Person.

## Prescription Replacement Benefit –

We will reimburse expenses incurred for the coordination and dispatch of prescriptions for a Covered Person intended to replace any lost, damaged or locally unavailable prescriptions when possible and legally permissible. Benefits will be payable up to the \$2,500 Maximum Benefit.

Benefits will not be paid for any prescription or replacement medication not prescribed or authorized by a Doctor. All expenses must be authorized in advance by Our designated assistance provider to be covered under this benefit.

**Return Ticket Benefit** – We will reimburse the cost of a round trip ticket of a Covered Person's trip, up to the \$2,500 Benefit Maximum, if his or her trip is interrupted as the result of any one of the following events: 1) the death of a Family Member; or 2) the unforeseen Injury or Sickness of the Covered Person's Family Member, provided at least 30 days remain in the Covered Person's Term of Coverage at the time he or she notifies Us of the event.

The Covered Person must return to the educational program within 30 days of arrival in the Home Country. 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.

**Security Evacuation Expense 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 his or her Term of Coverage; and
2. while he or she is traveling outside of his or her Home Country.

Benefits will be subject to the \$100,000 Benefit Maximum per person and \$2,500,000 Aggregate Limit Per Occurrence.

Benefits will be paid for:

1. the Covered Person's Transportation and Related Costs to the Nearest Place of Safety necessary to ensure his or her safety and well-being as determined by the Designated Security Consultant.
2. the Covered Person's Transportation within 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 1) coverage remains in force under the Policy; and 2) 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 condition of this benefit.

**"Appropriate Authority(ies)"** means the U.S. State Department, the government authority(ies) in the Covered Person's Home Country or Country of Residence or the government authority(ies) of the Host Country.

**"Designated Security Consultant"** means 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 his or her care.

**"Evacuation Advisory"** means a formal recommendation issued by the Appropriate Authority(ies) that the Covered Person or citizens of his or her Home Country or Country of Residence or citizens of the Host Country leave the Host Country.

**"Host Country"** means any country, other than an OFAC excluded country, in which the Covered Person is traveling while covered under the Policy.

**"Missing Person"** means a Covered Person who disappeared for an unknown reason and whose disappearance was reported to the Appropriate Authority(ies).

**"Natural Disaster"** means storm (wind, rain, snow, sleet, hail, lightning, dust or sand), 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"** means a location determined by the Designated Security Consultant where:

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

**"Occurrence"** means 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(ies) issue an advisory stating that citizens of the Covered Person's Home Country or 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, his or her safety and/or well-being are in question within seven days.

**"Related Costs"** means 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"** means the extrication of a Covered Person from the Host Country due to an Occurrence which could result in grave physical harm or death to the Covered Person.

**"Transport"** or **"Transportation"** means 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.

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:
  - a. violation of the laws of the country in which the Covered Person is traveling while covered under the Policy; or
  - b. violation of the laws of the 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 or endemic or epidemic diseases or global Pandemic disease 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, the 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(ies) 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.

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**Travel Documents Benefit** – We will reimburse expenses incurred on behalf of a Covered Person for replacement of a Covered Person's passport or visa if lost or stolen during the Covered Person's Trip up to the \$500 Maximum Benefit.

Benefits will not be paid for:

- any loss not reported to either the police or transport carrier within 24 hours of discovery
  - any loss or damage is due to confiscation or detention by customs or any other authority
  - any replacement not coordinated by Our designated assistance provider.
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**Trip Delay Benefit** – We will reimburse Covered Expenses up to the Daily Benefit Maximum per person per day subject to the 7 day Maximum Benefit Period and the \$500 Benefit Maximum, if a Covered Person's trip is delayed for more than the 12 hour Time Period.

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: (a) Injury, Sickness or death to either the Covered Person, Family Member or traveling companion that occurs during the Trip; (b) carrier delay; (c) lost or stolen passport, travel documents or money; (d) Quarantine; (e) Natural Disaster; (f) the Covered Person being delayed by a traffic accident while en route to a departure; (g) hijacking; (h) unpublished or unannounced strike; (i) civil disorder or commotion; (j) riot; (k) inclement weather which prohibits Common Carrier departure; (l) a Common Carrier strike or other job action; (m) equipment failure of a Common Carrier; or (n) the loss of the Covered Person's and/or traveling companion's travel documents, tickets or money due to theft.

**"Quarantine"** means the Covered Person is forced into medical isolation by a recognized government authority, their authorized deputies, or medical examiners due to the Covered Person either having, or being suspected of having, a contagious disease, infection or contamination while the Covered Person is traveling outside of their Home Country.

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 Trip Delay.

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**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 \$2,500 Maximum Benefit, if his or her Trip is interrupted as the 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 his or her Home Country or to the area from which he or she was 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.

**"Family Member"** means a Covered Person's parent, sister, brother, spouse, child, grandparent, or in-law.

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## Accidental Death and Dismemberment

**Benefits** – If Injury to the Covered Person results in any one of the losses shown below within 365 days from the date of a Covered Accident, We will pay the Benefit Amount shown below for that loss. The Principal Sum is \$15,000. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Covered Accident.

Schedule of Covered Losses	Covered Loss Benefit Amount
Life	100% of the Principal Sum
Two or more Members	100 % of the Principal Sum
Loss of Use of Four Limbs	100% of the Principal Sum
Loss of Use of Three Limbs	75% of the Principal Sum
Loss of Use of Two Limbs	67% of the Principal Sum
One Member	50% of the Principal Sum
Loss of Use of One Limb	50% of the Principal Sum
Thumb and Index Finger of the Same Hand	25% of the Principal Sum

**Member** means Loss of Hand or Foot, Loss of Sight, Loss of Speech and Loss of Hearing. **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 both ears 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. **Loss of Use** means total paralysis which is determined by a competent medical authority to be permanent, complete and irreversible with respect to: 1) arm, at or above the elbow joint; 2) leg, at or above the knee joint; 3) hand, at or above

the wrist joint; and, 4) foot, at or above the ankle joint.

**Hazards Insured Against** – We will pay benefits described in this Policy when a Covered Person suffers a loss or Injury as a result of a Covered Accident or Sickness during one of the Covered Activities listed below. We will only pay benefits if the Insured is engaged in one of the hazards described below when the Covered Accident occurs. Unless otherwise specified, We pay benefits only once for any one Covered Accident or Sickness, even if it is covered by more than one hazard.

**Educational Travel** – We will pay the benefits described in this Policy only if a Covered Person suffers a loss or incurs a Covered Expense as the direct result of a Covered Accident or Sickness while traveling:

1. outside of his or her Home Country;
2. up to the 365 day Maximum Period of Coverage under the Medical Expense Benefit; and
3. engaging in an educational Trip authorized by the Policyholder.

**Territories Extension** – Coverage under this Policy is extended to Covered Persons traveling to U.S. Territories. "U.S. Territories" means lands that are directly overseen by the United States Federal Government, including the United States Virgin Islands, Guam, American Samoa, Northern Mariana Islands, and Puerto Rico.

**Personal Deviation (Limited)** - The Covered Accident or Sickness must take place during a Personal Deviation not to exceed 14 days while on a Trip covered by the Policy.

**"Personal Deviation"** means:

1. An activity that is not reasonably related to the Covered Activity; and
2. Not incidental to the purpose of the Trip.

## Exclusions and Limitations

We will not pay benefits for any loss or Injury that is caused by or results from:

- 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, in the United States; the Covered Person's Home Country; the Covered Person's Country of Permanent Assignment;
- a Covered Accident that occurs while a Covered Person is on active duty service in the military, naval or air force of any country or international organization. Upon receipt of proof of service, we will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.
- piloting or serving as a crewmember in any aircraft (unless otherwise provided in the Policy).
- commission of, or attempt to commit, a felony.
- sickness, disease, bodily or mental infirmity, bacterial or viral

infection, or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food (Applicable to accident benefits only).

- medical or surgical treatment, diagnostic procedure, administration of anesthesia related to medical mishap or negligence, including malpractice.
- riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline.
- travel in any Aircraft owned, leased or controlled by the Policyholder, or any of its subsidiaries or affiliates. An Aircraft will be deemed to be "controlled" by the Policyholder, if the Aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year.
- commission of or active participation in a riot or insurrection.

In addition, We will not pay Medical Expense Benefits for any loss, treatment, or services resulting from:

- routine physicals and care of any kind.
- routine dental care and treatment.
- routine nursery care.
- cosmetic surgery, except for reconstructive surgery needed as the result of an Injury.
- 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 which 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. "**Immediate Family Member**" means a Covered Person's spouse, child, brother, sister, parent, grandparent, or in-laws.
- expenses incurred during travel for purposes of seeking medical care or treatment, or for any other travel that is not in the course of the Participating Organization's activity (unless Personal Deviations are specifically covered).
- medical expenses for which the Covered Person would not be responsible to pay for in the absence of the Policy. Expenses incurred for services provided by any government Hospital or agency, or government sponsored-plan for which, and to the extent that, the Covered Person is eligible for reimbursement.
- any treatment provided under any mandatory government program or facility set up for treatment without cost to any individual.
- custodial care.
- services or expenses incurred in the Covered Person's Home Country.
- elective treatment, exams or surgery; elective termination of pregnancy.
- expenses for services, treatment or surgery deemed to be experimental and which are not recognized and generally accepted medical practices in the United States.
- expenses payable by any automobile insurance policy without regard to fault.
- organ or tissue transplants and related services.
- Preexisting Conditions, unless otherwise provided in the Policy.
- 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.

- Injury sustained while participating in intercollegiate, professional or semi-professional sports.
- expenses incurred for services related to the diagnostic treatment of infertility or other problems related to the inability to conceive a child, including but not limited to, fertility testing and in-vitro fertilization.
- Injury caused by or resulting from travel in or on any off-road motorized vehicle not requiring licensing as a motor vehicle, or a motor vehicle not designed primarily for use on public streets or highways.
- birth defects and congenital anomalies, or complications which arise from such conditions.
- Injury resulting from off-road motorcycling; scuba diving; jet, snow or water skiing; mountain climbing (where ropes or guides are used); sky diving; amateur automobile racing; automobile racing or automobile speed contests; bungee jumping; spelunking; white water rafting; surfing; or parasailing; unless such activities are a usual and necessary part of the academic curriculum.

If We determine the benefits paid under this Policy are eligible benefits under any other benefit plan, We may seek to recover any expenses covered by another plan to the extent that the Insured is eligible for reimbursement.

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.

## 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 in this Definitions section.

**"Active Service"** means a Covered Person is either 1) actively at work performing all regular duties at his or her employer's place of business or someplace the employer requires him or her 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.

**"Country of Permanent Residence"** means a country or location in which the Covered Person maintains a primary permanent residence or the United States if the Covered Person holds a non-immigrant visa that permits the Covered Person to enter the United States for business or educational purposes.

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

**"Covered Activity"** means any activity in which a Covered Person must be engaged when a Covered Accident occurs in order to be

eligible for benefits under the Policy. These Covered Activities are described in the Hazards section of the Policy.

**"Covered Expenses"** means expenses actually incurred by or on behalf of a Covered Person for treatment, services and supplies covered by the Policy. Coverage under the Participating Organization's Policy must remain continuously in force from the date of the Covered Accident or Sickness until the date treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such treatment, service or supply, that gave rise to the expense or the charge, was rendered or obtained.

**"Covered Loss" or "Covered Losses"** means an accidental death, dismemberment, or other Injury covered under the Policy.

**"Covered Person"** means 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 Participating Organization, individual applications are not required for an eligible person to be a Covered Person.

**"Deductible"** means the dollar amount of Covered Expenses that must be incurred as an out-of-pocket expense by each Covered Person per Covered Accident or Sickness basis before Medical Expense Benefits and/or other Additional Benefits paid on an expense incurred basis are payable under the Policy.

**"Doctor"** means a licensed health care provider acting within the scope of his or her license and rendering care or treatment to a Covered Person that is appropriate for the conditions and locality. It will not include a Covered Person or a member of the Covered Person's Immediate Family or household.

**"Home Country"** means a country from which the Covered Person holds a passport. If the Covered Person holds passports from more than one Country, his or her Home Country will be the country that he or she has declared to Us in writing as his or her Home Country. Home Country also includes the Covered Person's Country of Permanent Residence.

**"Hospital"** means an institution that: 1) operates as a Hospital pursuant to law for the care, treatment, and providing of inpatient services for sick or injured persons; 2) provides 24-hour nursing service by Registered Nurses on duty or call; 3) has a staff of one or more licensed Doctors available at all times; 4) provides organized facilities for diagnosis, treatment, and surgery, either: (i) on its premises; or (ii) in facilities available to it, on a prearranged basis; 5) is not primarily a nursing care facility, rest home, convalescent home, or similar establishment, or any separate ward, wing, or section of a Hospital used as such; and 6) is not a place for drug addicts, alcoholics, or the aged.

**"Injury"** means accidental bodily harm sustained by a Covered Person that results directly and independently from all other causes from a Covered Accident. The Injury must be caused solely through external, violent, and 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"** means a person in a Class of Eligible Persons for whom the required premium is paid making insurance in effect for that person.

**"Medical Emergency"** means a condition caused by an Injury or

Sickness that manifests itself by symptoms of sufficient severity that a prudent lay person 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”** means a treatment, service, or supply that is: 1) required to treat an Injury or Sickness; 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 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 are not Medically Necessary. 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.

**“Participating Organization”** means The University of Texas System.

**“Preexisting Condition”** means an illness, disease, or other condition of the Covered Person that in the three (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.

**“Sickness”** means an illness, disease, or condition of the Covered Person that causes a loss for which a Covered Person 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.

**“Trip”** means Participating Organization sponsored travel by air, land, or sea from the Covered Person’s Home Country. It includes the period of time from the start of the trip until its end provided the Covered Person is engaged in a Covered Activity or Personal Deviation if covered under the Policy.

**“Usual and Customary Charge”** means 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,” “Us”** means the insurance company underwriting this insurance or its authorized agent.

# International SOS

## 24/7 UT Dedicated Line for Students, Faculty, and Staff:

**1-215-942-8059**

(Call collect when needed outside of the US)

In addition to the insurance protection provided by the insurance plan, ACE USA has arranged with our Assistance Provider, International SOS, to provide access to its travel assistance services around the world. These services include:

**Medical Assistance.** Services include referrals to a doctor or medical specialist, emergency and routine medical advice, medical monitoring for hospitalizations, and emergency medical evacuations and repatriations. In the event of a medical emergency, call International SOS immediately.

**Security Assistance.** Services include 24/7 access to International SOS security specialists, real time safety and security information, and a web-based system for researching global health, safety, and security threats.

**Travel Assistance.** Services include pre-departure medical and security information as well as ongoing travel assistance, such as: Embassy and consular information, lost document assistance, emergency message transmission, emergency cash advance, emergency referral to a lawyer, translator or interpreter access, verification of ACE medical benefits, and assistance with the medical claims process.

**Emotional Support.** Services can include up to five (5) counseling sessions with a mental health professional. These professionals can support travelers in more than 60 languages. Counseling methods are available via phone, video-call or face-to-face at counselor's practice location. If face-to-face, International SOS will make every effort to source a counselor in your location, based on availability of counselors near your location.

**Online Tools – [www.internationalsos.com](http://www.internationalsos.com).** Use the UT membership number **11BSGC000037** to access informational country guides, sign up for email alerts, and securely store emergency records.

This information provides a brief outline of the available services. These services are not insured benefits. Reimbursement for any service expense is limited to the terms and conditions of the Policy under which you are insured. You may be required to pay for services not covered.

## Claim 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 the Policy occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible. This notice should identify you, the Policyholder (The University of Texas System) and the Policy Number (GLMN04969340).

When you are outside of the US, please always call International SOS first at:

**1-215-942-8059** (Call collect when needed outside the U.S.)

## Claims Administrator

**Chubb NA**

**Accident & Health Claims**

**P.O. Box 5124**

**Scranton, PA 18505**

**Fax: 302-476-7857**

**ACEAandHClaims@chubb.com**

This brochure is a brief description of the important features of the insurance Policy. It is not a contract of insurance. The terms and conditions of coverage are set forth in the Policy.

For further details, please contact your Study Abroad Office.

## IMPORTANT NOTICE

This policy provides travel insurance benefits for individuals traveling outside of their home country. This policy does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy a person's individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA).

For more information about the ACA, please refer to [www.HealthCare.gov](http://www.HealthCare.gov)



**THE UNIVERSITY of TEXAS SYSTEM**  
**FOURTEEN INSTITUTIONS. UNLIMITED POSSIBILITIES.**