



CSURMA Foreign Travel Insurance Program (FTIP)

COVERAGE SUMMARY

INSURER:

Chubb / ACE
Insurance

POLICY TERM:

July 01, 2018 to
July 01, 2019

POLICY NO:

GLMN004950872R

**QUESTIONS:****Stacey Weeks**

(415) 403-1448
sweeks@alliant.com

Van Rin

(415) 403-1408
vrin@alliant.com

Rob Leong

(415) 403-1441
rleong@alliant.com

IN THE EVENT OF A MEDICAL ASSISTANCE, MEDICAL EMERGENCY, TRAVEL ASSISTANCE, AND/OR SECURITY ASSISTANCE, THE CSU PARTICIPANT SHOULD CONTACT THE TRAVEL ASSIST PROVIDER TO INITIATE ASSISTANCE:

ACE Travel Assistance Program
Assistance Provider: **AXA Assistance USA, Inc.**
1-630-694-9764 (Direct Dial)
Email: medassist-usa@axa-assistance.us

INSUREDS:

Trustees of the California State University - California State University Risk Management Authority (CSURMA)

COVERED PARTIES (Eligible Persons):

All employees and students of the CSU and its Auxiliary Organizations traveling outside of the United States

COVERAGE TERRITORY:

ANYWHERE IN THE WORLD excluding:

- the United States of America, Puerto Rico, (including its territories and possessions); and
- any country or jurisdiction which is the subject of trade or economic sanctions imposed by the laws regulations of the United States of America

COVERED ACTIVITIES:

Educational Travel – university/auxiliary business, academic credit while traveling outside the United States

COVERAGES:**Primary General Liability**

| | |
|-------------|----------------------------------------------------------------------------------------------------------------------------------|
| \$5,000,000 | Coverage A – Bodily Injury/Property Damage Each Occurrence |
| \$5,000,000 | Aggregate Limit/Products/Completed Ops |
| \$1,000,000 | Premises Damage Limit |
| \$5,000,000 | Coverage B–Personal Injury & Advertising Injury–Aggregate Limit |
| \$ 10,000 | Coverage C – Medical Expense Limit (any one person) |
| \$1,000,000 | Employee Benefits Liability Endorsement – each claim (subject to \$1,000 deductible) (Claims Made Coverage) and Annual Aggregate |

Contingent Auto Liability (Excess)

| | |
|-------------|-------------------------------------------------------|
| \$1,000,000 | Bodily Injury/Property Damage Liability each accident |
| \$100,000 | Hired Auto Physical Damage/any one policy period |
| \$25,000 | Auto Medical Payments/each person/each accident |

Employers Responsibility Coverage Voluntary Compensation

| | |
|----------------|---------------------------------------------|
| State of Hire | North Americans – State of Hire |
| Country Origin | Third Country Nationals – Country of Origin |
| Country Origin | Local Nationals – Country of Origin |

Employers Liability

| | |
|-------------|--------------------------------------------------------------------|
| \$1,000,000 | Bodily Injury by Accident/each Accident |
| \$1,000,000 | Bodily Injury by Disease/each Employee (including Endemic Disease) |
| \$1,000,000 | Bodily Injury by Disease/Policy Limit (including Endemic Disease) |

While we believe this Summary of Insurance fairly represents the terms, conditions and exclusions found in your insurance policies, in the event of any differences between the policies themselves and this summary, the policy provision will direct any resolution. This summary is not intended to replace or supersede any of your insurance contracts.



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Primary Accident or Sickness Expense Benefit

| | |
|-----------|------------------------------------------------------------------------------|
| \$250,000 | Primary travel accident/sickness expense benefit |
| \$1,000 | Maximum Dental Treatment (Injury Only) |
| \$500 | Dental Alleviation of Pain only |
| | Preexisting conditions – treated as any other medical condition |
| | Maximum for Room & Board Charges – average semi-private room rate |
| \$2,000 | Maximum for <i>Therapeutic Termination</i> of Pregnancy |
| \$0 | Deductible |
| | 365 Maximum Period of Coverage |
| | 60 days – Incurral Period after the date of the Covered Accident or Sickness |

Emergency Medical Benefits

Up to \$10,000 Emergency Medical Benefit Maximum

Emergency Medical Evacuation

100% of Covered Expense Covered expenses for guarantee of payment to a medical provider hospital or treatment facility – **limited to \$250,000 from Antarctica and Greenland**
Benefits Covered Expenses will not be payable unless the Doctor ordering the evacuation certifies the severity of Medical Emergency – covered expenses:

- Medical Emergency
- Require Emergency Medical Evacuation
- Medical Transport for Medically Necessary treatment
- Dispatch of a Doctor or Specialist – Doctor’s assessment/evaluation made by Travel Assistant Provider
- Transportation after Stabilization – Home Country or host country or join the group if moved on to different location

Repatriation of Remains

100% of Covered Expense Covered expenses for preparation and return of remains to home country if death is a result of a Medical Emergency while traveling. Benefits will not be payable unless authorized in writing by the Travel Assistance Provider – covered expenses include

- Expenses for embalming or cremation
- The least costly coffin or receptacle adequate for transporting the remains
- Transporting the remains
- Escort Services

Emergency Reunion Benefit

| | |
|---------|-----------------------------------------------------------------------------|
| \$5,000 | Benefit Maximum |
| \$300 | Daily Benefit Maximum |
| 10 days | Maximum Number of Days |
| | Round Trip Ticket to fly to injured participant included in Maximum Benefit |

Emergency Hotel Convalescence Benefit – Enhancement FY 2018-2019

Up to \$100 per day up to seven (7) days for hotel room convalescence should the treating Doctor determine this to be necessary immediately following a Hospital confinement during travel and prior to returning home

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Home Country Extension Benefit – Enhancement FY 2018-2019

Benefits for Covered Expenses if treatment for a covered Injury or Sickness while in Home Country provided treatment is rendered within Incurral Period. Benefits limited to benefits that would be otherwise payable under the Medical Expense Benefit if outside Home Country. Benefits are payable only to the extent that Covered Expenses are **not** payable under any other domestic health care plan

Security Evacuation Expense Benefit

Up to \$50,000 and no more than \$500,000 as the result of one Security Evacuation Occurrence that takes place during the Covered Activity and while traveling outside Home Country

Trip Cancellation Benefit

Up to \$2,500 Reimbursement for a non-refundable covered expenses paid if you are prevented from taking the Trip as the result of Injury, Sickness, or you or your Family Member's death prior to the scheduled Trip departure date. The Injury or Sickness must be so disabling as to reasonably cause a Trip to be canceled, or the condition is life-threatening, or because the Family Member requires the care of the participant. Family Member means spouse, child, brother, sister, parent, grandparent or immediate in-law

Trip Interruption Benefit

Up to \$2,500 Reimbursement of cost for one-way economy air and/or ground transportation ticket, if the Trip is interrupted as the result of 1) death of a Family Member; or 2) unforeseen Injury or Sickness of the participant or a Family Member. The Injury or Sickness must be so disabling as to reasonably cause a Trip to be interrupted; or 3) Medically Necessary covered Emergency Medical Evacuation to return to Home Country or to the area from which the initial evacuation for continued treatment, recuperation and recovery of an Injury or Sickness; or 4) substantial destruction of your principal residence by fire or weather related activity. Family Member means spouse, child, brother, sister, parent, grandparent or immediate in-law

Trip Cancellation/Interruption Benefit (Self-Funded)

Up to \$2,500 Limited self-insured coverage for trip cancellation/interruption, addressing the cost of cancelling or early return from travel triggered by critical events that may not be covered under the insurance program

Trip Delay Benefit

Up to \$200 per person per day up to 5 days \$1,000 Benefit Maximum Subject to \$1,000 Benefit Maximum - Reimbursement for Covered Expenses incurred if your Trip is delayed for more than 12 hours. Covered Expenses include charges incurred for reasonable additional accommodations and traveling expenses until travel becomes possible. Benefit is payable for only one delay of your Trip

Accidental Death & Dismemberment Benefit

\$100,000 For Employee/Student – Injury/sickness that results in an **Accidental** death
For Others – Injury/sickness that results in an **Accidental** death

Aggregate Limit Benefit

\$3,000,000 Aggregate Limit/Benefit Maximum for all Accidental Death & Dismemberment losses per Covered Accident



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EXCLUSIONS (Major and not limited too):

- 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
- Injury sustained while participating in club, intramural, intercollegiate, interscholastic, professional or semi-professional sports
- 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
- Routine physicals and care of any kind
- Routine dental care and treatment
- Routine nursery care
- Services or expenses incurred in the Covered Person's Home Country
- 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 Benefit only)
- You being legally intoxicated as determined according to the laws of the jurisdiction in which the Injury occurred
- War or any act of war, whether declared or not
- 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*)

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