



CSURMA Foreign Travel Insurance Program (FTIP)

COVERAGE SUMMARY

QUESTIONS:

Amy Lightner
(415) 403-1457
Amy.lightner@alliant.com

Stacey Weeks
(415) 403-1448
sweeks@alliant.com

Van Rin
(415) 403-1408
vrin@alliant.com



INSURER:
Chubb / ACE
Insurance

POLICY TERM:
July 01, 2020 to
July 01, 2021

POLICY NO:
PHFD37952321006

HOW TO SEEK ASSISTANCE:

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

MEMBER ACTION REQUIRED:

1. Members are required to report all foreign travel directly through the CSURMA website. www.csurma.org. Click the Request Foreign Travel link and complete the Travel Request Form
2. Alliant will process the Travel Request Form and confirm that coverage is in place as well as confirm the premium for trip.

INSUREDS:

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

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 PARTIES (Eligible Persons):

All employees and students of the CSU and its auxiliary organizations traveling outside of the United States

COVERED ACTIVATES:

Educational Travel – university/auxiliary business, academic credit while traveling outside the United States, personal deviation limited to maximum of 14 days

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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COVERAGES:

Primary General Liability

\$5,000,000 Bodily Injury/Property Damage Each Occurrence
 \$5,000,000 Aggregate Limit/Products/Completed Ops
 \$1,000,000 Premises Damage Limit
 \$1,000,000 Personal Injury & Advertising Injury
 \$25,000 Medical Expense Limit (any one person)

Contingent Auto Liability (Excess)

\$1,000,000 Bodily Injury/Property Damage Liability each accident
 \$50,000 Hired Auto Physical Damage/any one policy period
 \$50,000 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)

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 *Therapeutic Termination* 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

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
 \$2,000 Benefit maximum of Repatriation of Remains

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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 Hotel Convalescence Benefit

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

Home Country Extension Benefit

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

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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
\$50,000 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

EXCLUSIONS (including but not limited to):

- injury resulting from off-road motorcycling; injury 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; 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
- services or expenses incurred in the Covered Person’s Home Country
- war or any act of war, whether declared or not
- commission of or active participation in a riot or insurrection
- 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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