

University of New Orleans

Student Travel Insurance • GPT 4851222



The following is a brief description of the Student 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 students, faculty, visiting faculty, staff (full-time and part-time), scholars, interns, chaperones, volunteers, alumni, dependents, and guests of the Policyholder while traveling outside of the United States or to U.S. Territories on Policyholder sponsored trips, study abroad programs, research, independent study and internship on file with the Policyholder. 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
Pre-Departure Trip Cancellation Benefit	Up to 100% of Trip Cost to a maximum of \$1,500
Post-Departure Trip Interruption Benefit	Up to 100% of Trip Cost to a maximum of \$2,500
Travel Delay Benefit (Waiting period of five (5) hours or more)	\$2,000 (subject to \$200 per day)
Emergency Evacuation and Repatriation Benefit	\$500,000
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	\$100,000
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	66.67%
One Limb	50%
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)	66.67%
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	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)	\$1,000
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
Continuation of Coverage Benefit	\$10,000
Home Country Extension Benefit	\$10,000 (This Benefit is Excess Coverage)
Hospital Admission/Medical Expense Guarantee	\$10,000
Pre-Existing Conditions	The Maximum Covered Amount shown in the Medical Expense Benefit
On Call International Important Travel Assist 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 	Toll-free from U.S. or Canada: 1-833-808-0251 Call collect from anywhere in the world: +1-978-651-9219 e-mail: mail@oncallinternational.com SMS Text: +1-844-302-5131
Health Special Risk, Inc. Important Claim Reporting Information	
Health Special Risk, Inc. You must submit a completed claim form for any benefits to be paid. EDI Payor ID# 22384	Claim forms can be obtained by calling Phone: 972-512-5600 or Toll-Free Number: 866-409-5734 E-mail: GallagherZurich@hsri.com Refer to Plan Number GPT 4851222

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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