



**2018-2019 Coverage Summary
CSURMA Foreign Travel Insurance Program (FTIP)**

Policy Term: July 1, 2018 – June 30, 2019

Coverage Territory: Worldwide 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 relations of the United States of America.

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)

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
- \$2000 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



Coverages (continued):

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



Coverages (continued):

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



Coverages (continued):

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

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)



Premiums Rates

Rates are subject to change depending on the dates of travel and the international/foreign destination. Travel to high-hazard/war-risk country destinations are subject to a higher premiums and underwriter approval.

Employee/Faculty/Staff/Student/Other

- Trips 1-15 days: \$60.00 per participant / per trip
- Trips 16-31 days: \$75.00 per participant / per trip
- Trips 32-90 days: \$140.00 per participant / per trip

Contact Information

ACE Travel Assistance Program

Assistance Provider: AXA Assistance USA, Inc.

24-Hour Access

1-630-694-9764 (Direct Dial)

Email: medassist-usa@axa-assistance.us

In the event of a medical assistance, medical emergency, travel assistance, and/or security assistance, the CSU participant (SF State traveler) should contact the Travel Assist provider to initiate assistance.

SF State University – Enterprise Risk Management

(415) 338-2565

Email: riskmgmt@sfsu.edu