



## Foreign Travel Insurance Program (FTIP) Coverage Summary

<b>Insurance Company</b>	Chubb Insurance Co.
A.M. Best Rating	A++ XV
Standard & Poor's Rating	AA
State Covered Status	Admitted
<b>Policy/Coverage Term</b>	July 1, 2023 – July 1, 2024
<b>Policy #</b>	GLMN04950872R

**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  
Email: [medassist-usa@axa-assistance.us](mailto:medassist-usa@axa-assistance.us)

### Member Action Required:

- Members are required to report all foreign travel directly through the CSURMA website [www.csurma.org](http://www.csurma.org). Click the Request Foreign Travel link and complete the Travel Request Form
- Alliant will process the Travel Request Form and confirm that coverage is in place as well as confirm the premium for trip
- Policy is auditable quarterly

### 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 (including its territories and possessions), Puerto Rico and except as otherwise limited or extended by this insurance
- Any country or jurisdiction which is the subject of trade or economic sanctions imposed by the laws or regulations of the United States of America
- The Covered Person's Country of Permanent Assignment / Residence
- The Covered Person's Home Country
- Belarus, North Korea, Russia, Ukraine**

### Covered Parties (Eligible Persons):

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

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**Covered Activities:**

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

**Limits /Sub-Limits / Deductible:**

**Primary General Liability**

Bodily Injury/Property Damage Each Occurrence	\$ 5,000,000
General Aggregate	\$ 2,000,000
Aggregate Limit/Products/Completed Ops	\$ 2,000,000
Premises Damage Limit	\$ 1,000,000
Personal Injury & Advertising Injury	\$ 1,000,000
Medical Expense Limit (any one person)	\$ 25,000

**Employee Benefits Liability - Claims Made**

Each Claim	\$ 1,000,000
Annual Aggregate	\$ 1,000
Deductible per Claim	

**Contingent Auto Liability (Excess)**

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

**Employers Responsibility Coverage Voluntary Compensation**

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

**Contingent Employers Liability**

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)	\$ 1,000,000

**Executive Assistance Services (including Repatriation)**

Policy Limit for Medical Assistance Services	\$ 1,000,000
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**Primary Accident or Sickness Expense Benefit**

primary travel accident/sickness expense benefit	\$ 250,000
maximum dental treatment (injury only)	\$ 1,000
dental alleviation of pain only	\$ 500
preexisting conditions – treated as any other medical condition	
emergency medical treatment of pregnancy - treated as any other medical condition	
maximum for room & board charges – average semi-private room rate	
ICU room & board Charges - two (2) times the average semi-private room rate	
maximum for <i>therapeutic termination</i> of pregnancy	\$ 2,000
Deductible	\$ 0
<b>maximum period of coverage</b>	<b>365 days</b>
incurral period after the date of the covered accident or sickness	60 days
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	

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### **Emergency Medical Benefits**

Emergency Medical Benefit maximum (up to): \$ 10,000

### **Emergency Medical Evacuation**

Covered expenses for guarantee of payment to a medical provider hospital or treatment facility – **limited to \$250,000 from Antarctica and Greenland** 100% Of Covered Expense

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**

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 100% Of Covered Expense

- expenses for embalming or cremation
- the least costly coffin or receptacle adequate for transporting the remains
- transporting the remains
- escort services

### **Emergency Reunion Benefit**

benefit maximum \$ 5,000  
 daily benefit maximum \$ 300  
 maximum number of days round trip ticket to fly to injured participant included in maximum benefit 10 days  
 benefit maximum of repatriation of remains \$ 2,000

### **Emergency Hotel Convalescence Benefit**

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 Up to \$100 per day up to seven (7) days

### **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**

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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 Up to \$2,500

**Trip Interruption Benefit**

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 Up to \$2,500

**Trip Cancellation/Interruption Benefit (Self-Funded)**

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 Up to \$2,500

**Trip Delay Benefit**

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 Up to \$200 per person per day up to 5 days \$1,000 Benefit Maximum

**Accidental Death & Dismemberment Benefit**

For employee/student – injury/sickness that results in an <b>accidental</b> death	\$ 100,000
For others – injury/sickness that results in an <b>accidental</b> death	\$ 50,000
Aggregate limit/benefit maximum for all accidental death & dismemberment losses per covered accident	\$ 3,000,000

**Exclusion (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

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- 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 are 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 active participation in a riot or insurrection
- 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)
- quarantine expenses due to country/USA requirements prior to entry/departure to foreign territory/to USA
- COVID testing

**Questions:**

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