

Muhlenberg College

Student Travel Insurance • GPT 4153107



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 full-time students, faculty and staff on a recognized study abroad program or other student or staff travel approved by the Policyholder outside the Insured’s country of Primary Residence. Coverage applies while participating in a study abroad program or other student or staff travel approved by the Policyholder outside the Insured’s country of Primary Residence including travel directly to and from the program location and home, and side trips taken in relation to the program. Such 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.

Travel Inconvenience Plan

Benefits

Maximum Benefit Amount:

Pre-Departure Trip Cancellation Benefit	Up to 100% of Trip Coast to a maximum of \$2,000
Post-Departure Trip Interruption Benefit	Up to 100% of Trip Cost to a maximum of \$2,000
Travel Delay Benefit (Waiting Period of 3 Hours or More).....	\$750 (Subject to \$250 per day)
Baggage and Personal Effects Benefit	\$500 (Per Item Limit: \$100 per item / Deductible: \$0 per occurrence) Electronic and Professional Equipment: \$600 maximum / \$0 per occurrence
Baggage Delay Benefit (Waiting Period of 12 Hours or More)	\$300 (Per Day Limit: \$100)

Emergency Evacuation and Repatriation Plan

Emergency Evacuation and Repatriation Benefit

We will pay you an Emergency Evacuation And Repatriation Benefit, for the following Covered Expenses incurred by you, up to the corresponding Maximum Covered Amount shown in the Schedule, subject to the following: (i) health care related Covered Expenses will only be payable at the Usual and Customary level of payment; Covered Expenses not related to health care will only be payable at the reasonable and customary level of payment; (ii) benefits will be payable only for Covered Expenses resulting from a Sickness, or a Covered Injury; (iii) you must receive treatment during your Covered Trip.

Benefit Amount:

Medical Evacuation	Up to a maximum of \$500,000
Medical Repatriation.....	Up to a maximum of \$500,000
Non-Medical Repatriation	Up to a maximum of \$500,000
One Round-Trip Economy Class Air Fare.....	Up to a maximum of \$2,500
Hotel Convalescence.....	\$250 a day for a maximum of 10 days
Return of Remains.....	Up to a maximum of \$500,000
Visit to Hospital	Up to a maximum of \$500,000

Return of Child.....Up to a maximum of \$500,000 per Dependent Child
 Return of Companion Up to a maximum of \$500,000
 Accompaniment Services Benefit..... Up to a maximum of \$500,000

Security Evacuation Benefit Per Covered Person: \$50,000
 Subject to a maximum Aggregate Limit of Liability of \$500,000.

If, as a result of an Event that takes place while you are on a Covered Trip, you require extrication from a location in which you are traveling due to an Imminent Physical Danger, We or Zurich Travel Assist will arrange for and pay on your behalf a Security Evacuation Benefit, for the Transport and Related Costs (including hotel/lodging, meals and, if necessary, physical protection for you; but excluding personal comfort and convenience items) of you to the Nearest Place of Safety, up to the corresponding Maximum Covered Amount.

Accident Plan

Accidental Death and Accidental Dismemberment and Plegia Benefit

If you have a covered accident that results in any of the following losses within 365 days of the date of the covered accident, we may pay certain benefit amounts shown to you or your designated beneficiary. If the covered accident results in more than one of these losses, only the loss with the largest benefit will be payable. The amounts are based on the benefit amount shown in the schedule.

Maximum Benefit: \$15,000

Covered Loss of:	Benefit Amount	Covered Loss of:	Benefit Amount
Life.....	100% of benefit amount	Speech or Hearing.....	50% of benefit amount
Both hands or both feet	100% of benefit amount	One hand, one foot,	
One Hand and One Foot	100% of benefit amount	or sight of one eye.....	50% of benefit amount
One hand or one foot		Thumb and index finger	
plus sight of one eye	100% of benefit amount	of the same hand	25% of benefit amount
Sight of both eyes	100% of benefit amount	Hearing in one ear.....	25% of benefit amount
Speech and Hearing	100% of benefit amount		
Plegia:	Benefit Amount	Plegia:	Benefit Amount
Quadriplegia	100% of benefit amount	Hemiplegia.....	50% of benefit amount
Triplesia	100% of benefit amount	Uniplegia.....	25% of benefit amount
Paraplegia	75% of benefit amount		

Exposure and Disappearance Coverage

Maximum Benefit: \$15,000

If you are exposed to weather because of an accident and this results in a covered loss; or if the conveyance in which you are riding disappears, is wrecked, or sinks and you are not found within 365 days of the event, we will pay your benefit amount.

Extra Coverage

Out of Country Travel Medical Insurance	Benefit Amount:	Deductible
Medical Expense Benefit	\$250,000.....	\$0
Benefit Sublimits:		
Hospital Room and Board	The average semi-private room rate per day	\$0
Emergency Dental.....	\$2,500.....	\$0
Emergency Dental – Sudden Relief of Pain	\$1,000.....	\$0

Mental or Nervous Disorders – Inpatient.....	Maximum Benefit Amount shown in the Medical Expense Benefit	\$0
(For Inpatient treatment, the benefit is payable for a maximum of 30 days)		
Mental or Nervous Disorder – Outpatient.....	Maximum Benefit Amount shown in the Medical Expense Benefit	\$0
Newborn Nursey Care.....	\$1,000.....	\$0
Hospital Admission Guarantee Charge or		
Medical Expense Guarantee Charge Benefit.....	\$10,000.....	\$0
Pre-Existing Conditions Benefit	Maximum Benefit Amount shown in the Medical Expense Benefit	\$0

We will pay the Reasonable and Customary expenses incurred by the covered person for medically necessary medical services or treatments resulting from a covered accident or an illness while such covered person is traveling outside his or her country of principal residence, while on the business of the policyholder including personal deviations and side trips.

On Call International Travel Assistance Contact Information

Providing access to emergency medical, informational, legal, security and personal assistance while traveling away from your principal residence. When calling, please identify yourself as an insured of Zurich North America.

On Call International	Phone: 833-808-0251 (U.S. and Canada)
11 Manor Parkway	+1-978-651-9219 (Collect – anywhere else in the world)
Salem, NH 03079	SMS Text: +1-844-302-5131
Email: mail@oncallinternational.com	Website: www.oncallinternational.com

Administrative Concepts, Inc. (ACI) Claim Contact Information

Claim Forms can be obtained by going online at: www.acipa.com
Toll-Free Number: 888.585.9033

Important

This is a brief description of the coverage provided through the Student Travel Plan. If any conflict should arise between the contents of this handout and the master policy or if any point is not covered herein, the terms of the master policy shall govern in all cases.

Zurich
1299 Zurich Way, Schaumburg, Illinois 60196-1056
800-382-2150 www.zurichna.com

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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