



Summary of International Travel Accident Insurance

Insurance Company:

ACE America Insurance Company – A++ IV (Superior)

Policy Effective Dates:

July 1, 2017 to June 30, 2018

Policy Number: N06564665

Policyholder's Name and Address:

Board of Supervisors of Louisiana State University and Agricultural and Mechanical College

Covered Persons: All persons on official university travel enrolled in "My Trips" and falls within one of the following classes:

- Class 1 All U.S. Faculty and Staff of the University who are in Active Service.
- Class 2 All students and program participants who are United States citizens, permanent residents of the United States, or international students.
- Class 3 Official Guests* of the University

*Guests means individuals invited and authorized ([AS516](#) or campus specific form) to participate in a Covered Activity that is under the control of the University

DESCRIPTION OF COVERAGE:

Covered Activities:

The insurance company will pay all benefits according to their policy and described in this summary only if a Covered Person suffers a loss or incurs a Covered Expense as the direct result of a Covered Accident or Sickness while traveling:

1. outside of his or her Home Country or Country of Permanent Assignment;
2. up to 365 days;
3. on official university travel; and
4. in the course of University business or participating in a University activity

This coverage does not include commuting between home and the place of work.

Term of Coverage:

This coverage will start on the actual start of the Trip. It does not matter whether the Trip starts at the Covered Person's home, place of work, or other place. It will end on the first of the following dates to occur:

1. The date the Covered Person returns to his or her Home Country or Country of Permanent Assignment
2. The date the Covered Person makes a Personal Deviation for more than 14 day(s).

POLICY DEFINITIONS:

"Home Country" means a country from which the Covered Person holds a passport. If the Covered Person holds passports from more than one country, his or her Home Country will be the country that he or she has declared to Us in writing as his or her Home Country.

"Country of Permanent Assignment" means a country, other than a Covered Person's Home Country, in which the Policyholder requires a Covered Person to work for a period of time that exceeds 180 continuous days.

“Personal Deviation” means:

1. An activity that is not reasonably related to the University official business; and
2. Not incidental to the purpose of the trip.

SCHEDULE OF BENEFITS:

Medical Expense Benefits

Total Maximum per Covered Accident or Sickness, per Covered Person:	\$250,000
Maximum for Pre-existing Conditions:	Treated as any other medical condition
Maximum for Dental Treatment (Injury Only):	\$1,000
Maximum for Emergency Medical Treatment of Pregnancy:	Treated as any other medical condition
Maximum for Room & Board Charges:	The average semi-private room rate
Maximum for ICU Room & Board Charges:	Two (2) times the average semi-private room rate
Deductible	\$0 per Covered Accident or Sickness
Co-Insurance Rate:	100% of the Usual and Customary Charges
Incurral Period:	30 days after the date of Covered Accident or Sickness
Maximum Benefit Period:	The earlier of the date the Covered Person returns to his or her Home Country or Country of Permanent Assignment, or 365 days from the date of a Covered Accident or Sickness
Maximum Period of Coverage:	365 Days

Emergency Medical Benefits

Benefit Maximum: Up to \$10,000

Emergency Medical Evacuation Benefit

Benefit Maximum: 100% of Covered Expenses
\$250,000 for Antarctica

Repatriation of Remains Benefit

Benefit Maximum: 100% of Covered Expenses

Emergency Reunion Benefit

Benefit Maximum: \$5,000
Daily Benefit Maximum: \$300
Maximum Number of Days: 10

Trip Cancellation Benefit

Benefit Maximum: \$2,500

Trip Delay Benefit

Benefit Maximum: \$2,500
Time Period: 12 hours
Daily Benefit Limit: \$500

Trip Interruption Benefit

Benefit Maximum: \$5,000

Accidental Death & Dismemberment Benefits

Benefit Maximum:

Class 1	\$100,000
Class 2	\$25,000
Class 3	\$25,000
Aggregate Limit per Occurrence:	\$1,000,000

Schedule of Covered Losses

Covered Loss	Benefit Amount
Life	100% of the Principal Sum
Two or more Members	100% of the Principal Sum
Quadriplegia	100% of the Principal Sum
Loss of Use of Four Limbs	100% of the Principal Sum
Loss of Use of Three Limbs	75% of the Principal Sum
Loss of Use of Two Limbs	67% of the Principal Sum
One Member	50% of the Principal Sum
Hemiplegia	50% of the Principal Sum
Paraplegia	50% of the Principal Sum
Loss of Use of One Limb	50% of the Principal Sum
Thumb and Index Finger of the Same Hand	25% of the Principal Sum
Uniplegia	25% of the Principal Sum

EXCLUSIONS:

The Insurance Company will not pay benefits for any loss or Injury that is caused by, or results from:

- Intentionally self-inflicted Injury.
- Suicide or attempted suicide.
- A Covered Accident that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon our receipt of proof of service, we will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.
- 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 AD&D Benefits Only)
- Piloting or serving as a crewmember in any aircraft (except as provided by the Policy).
- Commission of, or attempt to commit, a felony.
- The Covered Person being legally intoxicated as determined according to the laws of the jurisdiction in which the Injury occurred.
- Riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline.
- Commission of or active participation in a riot or insurrection.
- An accident if the Covered Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license.
- Injury or loss contributed to the use of any drug or narcotic, except as prescribed by a Doctor.

Additional Exclusions and Limitations:

In addition to the Policy Exclusions, we will not pay medical expense benefits for any loss, treatment, or services resulting from or contributed to by:

- Routine physicals and care of any kind.
- Routine dental care and treatment.
- Cosmetic surgery, except for reconstructive surgery needed as the result of an Injury.
- Routine nursery care.
- Eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof; eyeglasses, contact lenses, and hearing aids.

- 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.
- Treatment or service provided by a private duty nurse.
- Treatment by any Immediate Family Member or member of the Insured's household.
- Expenses incurred during holiday travel, or travel for purposes of seeking medical care or treatment, or for any other travel that is not in the course of the Policyholder's business (unless Personal Deviations are specifically covered).
- Covered medical expenses for which the Covered Person would not be responsible for in the absence of the Policy.
- Any expense paid or payable by any other valid and collectible group insurance plan.
- Injury or sickness for which benefits are paid or payable under any workers' compensation or occupational disease law or act, or similar legislation, whether United States federal or foreign law.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit the insurance company from providing insurance, including, but not limited to, the payment of claims. All other terms and conditions of policy remain unchanged.

The above is a summary of the policy details; please contact Risk Management for the policy and specific coverage, terms and conditions.

Notice of Claim:

A claimant must give the Office of Risk Management or Our authorized representative (International SOS) written (or authorized electronic or telephonic) notice of claim within 60 days after any loss covered by the Policy occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible.