

# Georgia Institute of Technology

Study Abroad Insurance • GPT 4152921



The following is a brief description of the Study Abroad 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, including spouses and dependent children, who are on a recognized study abroad program or other student or staff travel approved by the Policyholder outside the Insured's country of Primary Residence and outside the United States. 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 and outside the United States 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 Benefits

### Benefits

### Maximum Benefit Amount:

<b>Pre-Departure Trip Cancellation Benefit</b> .....	Up to 100% of Trip Cost to a maximum of \$5,000
<b>Post-Departure Trip Interruption Benefit</b> .....	Up to 100% of Trip Cost to a maximum of \$2,000
<b>Travel Delay Benefit</b> (Waiting Period of 6 Hours or More) .....	\$2,000 (Subject to \$250 per day)
<b>Baggage and Personal Effects Benefit</b> .....	\$500 (Per Item Limit: \$250 per item / Deductible: \$50 per occurrence)
<b>Baggage Delay Benefit</b> (Waiting Period of 12 Hours or More) .....	\$300 (Per Day Limit: \$100)
<b>Chaperone Replacement Benefit</b> .....	\$5,000

## Emergency Evacuation and Repatriation Plan

### Emergency Evacuation and Repatriation Plan

### Benefit Amount:

Call On Call International:

Phone: 833-808-0251 (U.S. and Canada) • +1-978-651-9219 (Collect – anywhere else in the world)

Emergency Evacuation and Repatriation .....	Up to a maximum of \$2,000,000
Emergency Evacuation and Repatriation for Participants to Antarctica .....	Up to a maximum of \$250,000
Family Member's Round-Trip Economy Class Air Fare .....	Up to a maximum of \$5,000
Family Member's Lodging and Meals .....	\$500 a day for a maximum of 10 days
Return of Remains .....	Up to a maximum of \$2,000,000
Return of Baggage .....	Up to a maximum of \$2,000,000
Companion Escort Services .....	Up to a maximum of \$2,000,000

**Security Evacuation Benefit** ..... Per Covered Person: \$100,000  
Subject to a maximum Aggregate Limit of Liability of \$2,500,000.

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:

Students, Faculty, Staff and Spouses: ..... \$25,000

Dependent Child(ren): ..... \$10,000

Covered Loss of:	Benefit Amount
Life.....	100% of benefit amount
Both hands or both feet .....	100% of benefit amount
One hand and one foot .....	100% of benefit amount
One hand and one foot plus sight of one eye .....	100% of benefit amount
Sight of both eyes .....	100% of benefit amount
Speech and Hearing .....	100% of benefit amount

Covered Loss of Use of:	Benefit Amount
Four Limbs .....	100% of benefit amount
Three Limbs .....	75% of benefit amount

Plegia:	Benefit Amount
Quadriplegia .....	100% of benefit amount
Triplegia .....	75% of benefit amount
Paraplegia .....	67% of benefit amount

Covered Loss of:	Benefit Amount
Speech or Hearing .....	50% of benefit amount
One hand, one foot, or sight of one eye .....	50% of benefit amount
Thumb and index finger of the same hand .....	25% of benefit amount
Hearing in One Ear .....	25% of benefit amount

Covered Loss of Use of:	Benefit Amount
Two Limbs .....	67% of benefit amount
One Limb .....	25% of benefit amount

Plegia:	Benefit Amount
Hemiplegia .....	50% of benefit amount
Uniplegia .....	25% of benefit amount

## Extra Coverage

Out of Country Travel Medical Expense Benefit.....	Benefit Amount: .....	Deductible
Medical Expense Benefit .....	\$500,000 .....	\$0

#### Benefit Sublimits:

Hospital Room and Board .....	The average semi-private room rate per day .....	\$0
Emergency Dental .....	Maximum Benefit Amount shown in the Medical Expense Benefit .....	\$0
Emergency Dental – Sudden Relief of Pain .....	\$500 .....	\$0
Mental or Nervous Disorders – Inpatient .....	Maximum Benefit Amount shown in the Medical Expense Benefit .....	\$0
Mental or Nervous Disorder – Outpatient .....	Maximum Benefit Amount shown in the Medical Expense Benefit .....	\$0
Treatment of Complication of Pregnancy .....	Maximum Benefit Amount shown in the Medical Expense Benefit .....	\$0
Newborn Nursey Care .....	\$1,000 .....	\$0
Continuation of Coverage Benefit .....	\$25,000 (This Benefit is Excess Coverage) .....	\$0
Home Country Extension Benefit .....	\$25,000 (This Benefit is Excess Coverage) .....	\$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

On Call International	Phone: 833-808-0251 (Toll-Free in 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: <a href="mailto:mail@oncallinternational.com">mail@oncallinternational.com</a>	Website: <a href="http://www.oncallinternational.com">www.oncallinternational.com</a>

## Health Special Risk, Inc. Claim Contact Information

Health Special Risk, Inc.	Phone: 972-512-5600
P.O. Box 250649	Toll-Free Number: 866-409-5734
Plano, TX 75025-0649	Fax: 972-512-5818
	e-mail: <a href="mailto:GallagherZurich@hsri.com">GallagherZurich@hsri.com</a>

## Aggregate Limit of Liability

The **Aggregate Limit of Liability** per **Covered Loss** arising under the Security Evacuation Benefit is \$2,500,000.

## Important

This is a brief description of the coverage provided through the Study Abroad 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.

## General Exclusions

We will not pay for any loss under the Policy, arising directly or indirectly out of, or as a result of, or from, or that occur to, or are as a result of the actions of, the Insured or the Insured's Family Member, or Traveling Companion for the following:

- a. suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane (while sane in CO and MO);
- b. Normal Pregnancy, resulting childbirth, and elective abortion;
- c. participation as a professional in athletics while on a Covered Trip;
- d. riding or driving in any motor competition;
- e. declared or undeclared war, or any act of war;
- f. service in the armed forces of any country;
- g. operating or learning to operate any aircraft, as pilot or crew;
- h. bungee jumping, skydiving, Parachuting, free falling, cliff diving, B.A.S.E. or base jumping, hang gliding, parasailing, or travel on any air supported device, other than on a regularly scheduled airline or air charter company;
- i. the Insured's commission of or attempt to commit a felony;
- j. elective medical or holistic treatment or procedures; or
- k. a loss that results from a sickness, disease, or other condition, event or circumstance, that occurs at a time when the Policy is not in effect for the Insured.

Zurich

1299 Zurich Way, Schaumburg, Illinois 60196-1056  
800-382-2150 [www.zurichna.com](http://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.

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