



**University of Dayton**

Blanket Travel Insurance Policy: STP 273798  
 Policy Term: July 1, 2021 through June 30, 2022

*The following is a brief description of the Blanket Travel Insurance Policy. The benefits described are subject to certain limitations and exclusions as described in the policy. For specific definitions of terms used below as well as further details and information about this plan, refer to the policy on file with the institution.*

<b>CLASS</b>	<b>Description/Coverage/ Accidental Death &amp; Dismemberment Principal Sum</b>
Class 1	All Staff, Faculty, Contractors, University Officials and Board Members of the Policyholder/24 Hour Business Travel & Covered Activity / \$200,000
Class 2	All Students, Subscribers approved guests under age 85, and Volunteers of the Policyholder, traveling outside their permanent country of residence, on a Policyholder's sponsored trip./Specified Trip & Covered Activity / \$200,000
Class 3	Spouse and Dependent Children of Eligible Persons in Class 1 or Class 2 / Family Accompanying & Covered Activity/ \$50,000

**Travel Assistance Provider: *International SOS***

**SCHEDULE OF BENEFITS:**

BAGGAGE DELAY BENEFIT.....	\$500 per day, Five (5) day maximum
EMERGENCY MEDICAL EVACUATION.....	(100 Miles*), 100% of Actual Cost
EMERGENCY REUNION.....	\$5,000
FAMILY REUNION.....	\$5,000
NATURAL DISASTER EVACUATION EXPENSE.....	\$500,000
REPATRIATION OF REMAINS.....	(100 Miles*) 100% of Actual Cost
RETURN OF MINOR CHILD(REN) .....	\$5,000
SECURITY EVACUATION EXPENSE.....	\$500,000
TRIP INTERRUPTION.....	\$5,000
TRIP DELAY WITH QUARANTINE.....	\$5,000
PANDEMIC EVACUATION.....	\$100,000

\*100 miles or more away from campus or permanent residence.

**OUT OF COUNTRY MEDICAL EXPENSE BENEFIT - PRIMARY**

Total Maximum for all Medical Expense Benefits .....	\$500,000
Deductible .....	\$0 per Covered Accident or Sickness
Co-insurance Rate .....	100% of all Covered Expenses
Maximum Benefit Period .....	1 Year from the date of the Covered Accident
Maximum for Dental Treatment (Injury and emergency alleviation of pain).....	\$1,000
Maximum for Physiotherapy .....	\$200 per Session; 10 Sessions Max
Maximum for Room and Board Charges .....	the average semi private room rate
Maximum for ICU Room and Board Charges .....	two times the average semi private room rate
Incurral Period .....	365 days after the date of the Covered Accident or Sickness
Extended Benefit Option.....	Yes
Home Country Extension of Benefits.....	Yes

## **GENERAL EXCLUSIONS**

1. flight in, boarding or alighting from an aircraft or any craft designed to fly above the Earth's surface except as
  - a. a fare-paying passenger on a regularly scheduled commercial or charter airline;
  - b. a passenger in a military aircraft flown by the Air Mobility Command or its foreign equivalent.
2. A Covered Person's flight in, boarding or alighting from an aircraft or any craft designed to fly above the Earth's surface that is an Owned Aircraft, Leased Aircraft or Operated Aircraft.
3. A Covered Person's commission of, or attempt to commit, a felony, an assault or other illegal activity.
4. Participation in a riot or insurrection.
5. a Covered Person's bungee-cord jumping, parachuting, skydiving, parasailing, hang-gliding, motorcycling, scuba diving, jet, snow or water skiing, mountain climbing (where ropes or guides are used), amateur racing, piloting an aircraft, spelunking, whitewater rafting, surfing, and parasailing.

### **In addition to the above exclusions, no benefits will be paid under this plan for expenses per below:**

1. Routine physical examinations and routine care of any kind, including routine childcare.
2. Routine dental care and treatment.
3. Pregnancy-related expenses that are considered preventative or routine or incidental to a pregnancy such as sonograms, lab tests, and pre-natal vitamins, except for Complications of Pregnancy.
4. Expense incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofacial pain.
5. Cosmetic surgery, except for reconstructive surgery needed as the result of a Covered Injury.
6. Any elective treatment, surgery, health treatment, or examination including any service, treatment or supplies that:  
(a) are experimental; and (b) are not recognized and generally accepted medical practices in the United States.
7. Treatment of injuries that result over a period of time (such as blisters, tennis elbow, etc.), and that are a normal, foreseeable result of participation in an activity.
8. Replacement of artificial limbs, eyes and larynx.
9. Services, supplies, or treatment including any period of Hospital Confinement that is not recommended, approved, and certified as Medically Necessary and reasonable by a Physician, or expenses that are non-medical in nature.
10. Services or treatment rendered by any person who is: a. employed or retained by the Policyholder; b. living in the Covered Person's household; c. an Immediate Family Member of either the Covered Person or his or her Spouse/Domestic Partner; or d. the Primary Insured.
11. Personal comfort or convenience items, such as but not limited to, hospital telephone charges, television rental, internet access, barber services or guest meals while confined in a Hospital.
12. Any treatment, service or supply not specifically covered by the Policy.

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