Travel Insurance Program
Summary of Benefits
Policy Dates: 5/1/21 - 4/30/22

Carrier: Cigna Global  |  Policy# 08932Y

Travel Medical

• Sickness & Accident Medical Expense: $500,000
• Emergency Dental (includes accident & alleviation of sudden pain): $1,000

AD&D

• Accidental Death & Dismemberment: $10,000, $500,000 aggregate per any one loss

Medical Evacuation and Repatriation

• Medical Evacuation: $500,000
• Repatriation of Mortal Remains: $500,000
• Return of Dependent Children: Included in evacuation benefit, if insured is evacuated

Carrier: Lloyd’s  |  Policy# EQX2019003

Travel Benefits

• Trip Interruption: $2,000  Lost Baggage: $250
• Visit by Family Member or Friend: $20,000 and meals & accommodations not to exceed $500 per day if the insured is expected to be hospitalized 3 or more days.
• Visit by Family Member or Friend due to Felonious Assault: $5,000 and meals & accommodations not to exceed $500 per day, max of 5 days.
• Necessary Repatriation due to Felonious Assault: $500,000

Security Evacuation

• Political Evacuation: $100,000
• Natural Disaster Evacuation: $100,000
• Aggregate Benefit for any one occurrence: $500,000

Program Highlights

• No deductible and 100% coinsurance
• Pre-existing conditions covered
• Mental health covered up to medical max
• Prescription drugs covered up to medical max

International SOS Travel Assistance

For medical assistance, call International SOS collect. Staffed by doctors, logistics coordinators and security experts, they can provide medical advice, local assistance, or arrange evacuation. To familiarize yourself with International SOS, go to www.internalsos.com and enter Arcadia’s membership number at the top of the page under “Member Login.”

For questions about the benefits please call the insurance program manager, University Health Plans.

+1 800.437.6448

Insurance ID cards are not issued. Benefits are activated by calling International SOS or submitting a claim form provided by the school. The policy is intended to cover medically necessary services. Preventative care, including routine physicals, women’s wellness, and travel immunizations, is not covered.
In addition to any benefit specific exclusion, benefits will not be paid for any Covered Medical Illness or Injury which directly or indirectly, in whole or in part, is caused by or results from any of the following:

1. General Limitations: No payment will be made for expenses incurred for the Insured or any Dependent of the Insured:
   a. to the extent that payment is unlawful where the person resides when the expenses are incurred.
   b. for charges which would not have been made if the person had no insurance.
   c. To the extent that they are more than Maximum Reimbursable Charges.
   d. Medical treatments or procedures deemed not Medically Necessary as determined by the Company.
   e. Treatment or care of a person by a Physician or Nurse, if the Physician or Nurse is a member of the Insured’s immediate family or ordinarily resides with the Insured.

2. Injury or Sickness which results from or in the course of an Insured’s regular occupation for wage or profit. (This does not apply to a corporate officer, partner or sole proprietor who is not insured under Workers’ Compensation Employer’s Liability Law or similar law).

3. Flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth’s surface:
   a. except as a fare-paying passenger on a regularly scheduled commercial or charter airline;
   b. being flown by the Covered Person or in which the Covered Person is a member of the crew;
   c. being used for:
      i. crop dusting, spraying or seeding, giving and receiving flying instruction, firefighting, sky writing, skydiving or hang-gliding, pipeline or power line inspection, aerial photography or exploration, racing, endurance tests, stunt or acrobatic flying; or
      ii. any operation that requires a special permit from the FAA, even if it is granted (this does not apply if the permit is required only because of the territory flown over or landed on);
   d. designed for flight above or beyond the earth’s atmosphere;
   e. an ultra–light or glider;
   f. being used by any military authority, except an Aircraft used by the Air Mobility Command or its foreign equivalent;
   g. being used for the purpose of parachuting or skydiving;

4. Injury or Sickness, dismemberment or death for which an Insured is entitled to benefits under Workers’ Compensation Law, Employer’s Liability Law or similar law.

5. Travel in or on any off-road motorized vehicle not requiring licensing as a motor vehicle

6. Expenses incurred during participation in any motorized race or contest of speed with the exception of school sponsored activities

7. An accident if the Covered Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator’s license; except while participating in Driver’s Education Program;

8. Travel in any Aircraft owned, leased or controlled by the Policyholder, or any of its subsidiaries or affiliates. An Aircraft will be deemed to be ‘controlled’ by the Policyholder if the Aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year;

9. Injury or Sickness, dismemberment or death occurring while the Insured is serving on full-time active duty in the Armed Forces of any country or international authority;

10. Hospital confinement, surgery, treatment, service or supply for which:
    a. the charge is payable or reimbursable by or through a plan or program of any governmental agency;

11. Injury as a result of a commission of a felony.

12. Eyeglasses, contact lenses, hearing aids, unless lost or stolen, or examinations for prescription or fitting thereof.

13. Cosmetic or plastic surgery except:
    a. when necessary as a result of an Injury or Sickness occurring while Insured; or
    b. reconstructive surgery when such service is incidental to or follows surgery resulting from Injury or Sickness.

14. Hospital confinement, care or treatment which is not recommended and approved by a Physician.

15. Private Duty Nursing.


17. Physical examinations unless required because of Injury or Sickness.

18. Dental Expenses unless the result of an accident to sound natural teeth or alleviation of sudden unexpected dental pain, then the benefit is unlimited per calendar year up to the medical maximum.

19. Operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the Covered Person has been provided a written warning against operating a vehicle while taking it. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the law of the state and or country in which the Covered Accident occurred.

20. Expenses incurred during vacation travel when not in conjunction with a business trip unless specified on the Insurance Schedule.

21. Claim payments which are illegal under applicable law.

22. Any and all expenses incurred for medical services or treatment in the Insured’s country of permanent residence

23. Expenses incurred if the original or ancillary purpose of your trip is to obtain medical treatment;

24. Injury or Sickness caused by war, or an act of war, whether declared or undeclared, riot, civil commotion or police action.


26. For or in connection with experimental, investigational and unproven services and medical, surgical, diagnostic, psychiatric, students use disorder or other health care technologies, supplies, treatments, procedures, drug or biologic therapies or devices that are determined by the utilization review Physician to be:
    a. Not approved by the U.S. Food and Drug Administration (FDA) or other appropriate regulatory agency to be lawfully marketed; or
    b. Not demonstrated, through existing peer-reviewed, evidence based, scientific literature to be safe and effective for treating or diagnosing the condition or Sickness for which it is proposed. Please see the policy for an explanation of how a drug or therapy will be evaluated.

27. Abortions, unless a Physician certifies in writing that the pregnancy would endanger the life of the mother or the expenses are incurred to treat medical complications due to abortion.