

# STETSON UNIVERSITY

## Summary of Overseas Accident, Illness and Evacuation Benefits 2022-2023 Academic Year

Please contact the Office of Risk Management with specific questions about limits and coverage.

Enrolled students and all other participants who are participating in educational programs outside of the United States and their Home Country are covered under this policy. 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;
2. the scheduled Trip return date; or
3. the date the Covered Person makes a Personal Deviation (unless otherwise provided by the Policy). "Personal Deviation" means an activity that is not reasonably related to the Covered Activity and Not incidental to the purpose of the Trip.

Benefits	Coverage Limits
<b>Accidental Death &amp; Dismemberment Benefits</b>	\$50,000
<b>Total Maximum per Covered Accident or Sickness</b>	\$100,000
<b>Maximum for Dental Treatment</b>	Injury Only - \$2,500 Alleviation of Pain - \$1,000
<b>Maximum for Mental and Nervous Disorders</b>	\$100,000
<b>Emergency Medical Benefit Maximum</b>	Up to \$10,000
<b>Emergency Medical Evacuation Benefit</b>	100% of the Covered Expenses
<b>Repatriation of Remains Benefit</b>	\$2,000
<b>Emergency Reunion Benefit</b>	Benefit Maximum - \$12,500 Daily Benefit Maximum - \$300 Maximum Number of Days - 10
<b>Security Evacuation Expense Benefit</b>	\$100,000 / \$250,000 Aggregate
<b>Quarantine Benefit</b>	\$2,000

Medical Expense Benefits are only payable for Usual and Customary Charges incurred after the Deductible, if any, has been met; for those Medically Necessary Covered Expenses that you incur; and for charges incurred for services rendered to you while on a covered Trip.

In the event of a medical emergency call Europ Assistance immediately and reference plan code: **01AH585**

**24-Hour Access**

**1-800-243-6124 toll free in the USA or Canada**

**1-202-659-7803 collect outside of the USA**

**Insured Organization: Stetson University**

**Policy #: GLMN18209548**

When calling Europ Assistance, please be prepared with the following information:

1. Name of caller, phone no., fax no., relationship to Covered Person;
2. Covered Person's name, age, sex and policy number;
3. A description of the Covered Person's condition;
4. Name, location, and telephone number of hospital;
5. Name and telephone numbers for the treating doctor; where and when the doctor can be reached;
6. Health insurance information, worker's compensation, or automobile insurance information if the Covered Person had an accident.

The Office of Risk Management shall be notified if any claims are benefits are utilized through this policy at [riskmanagement@stetson.edu](mailto:riskmanagement@stetson.edu) or (386) 822-7701. The Office of Risk Management will be responsible for verifying eligibility for submitted claims.