If you need Medical, Security or Travel assistance or Tele-Counseling, regardless of the nature or severity of your situation, contact the On Call Global Response Center 24 hours a day, 7 days a week:

**Call collect from anywhere in the world:** +1 978-651-9722  
**Call toll free from US or Canada:** 1-833-328-1091  
**Text only number:** +1 844-302-5131  
**Email:** mail@oncallinternational.com  
**24/7 Live Chat:** [www.oncallinternational.com/chat/direct](http://www.oncallinternational.com/chat/direct)

Plan ID can be viewed [HERE](http://www.oncallinternational.com) (click from your mobile phone to save to your home screen!)

You will be connected directly with an Assistance Coordinator ready to assist you with your inquiry or problem. On Call provides you with a resource experienced in navigating through any crisis and making sure you can continue your trip or get home safely. On Call assists during critical emergencies such as illness or injury that may require an evacuation or during a political or natural disaster event that may threaten your safety. On Call also assists with smaller problems you may not realize you have a resource for. Review a listing of services on the following pages.

Coverage period begins upon departure from the US. Up to 14 days personal travel can be coverage before and after your trip. Coverage is not applicable within the US. US is defined as the 50 states and Washington D.C. for this policy.

Global Assistance Services must be paid and arranged by On Call; no claims for reimbursement of transportation will be considered.

**Tele-counseling is included in this program, learn more [HERE](http://www.oncallinternational.com).**

The following Plan Description is a summary of coverage for insured participants. This is not a contract of insurance. Coverage is governed by an insurance policy issued to University of Texas System. The policy is underwritten by HDI Global Ltd. Complete information on the insurance is contained in the Certificate of Insurance on file with University of Texas System. If there is a difference between this program description and the certificate wording, the certificate controls.
## SERVICE AND BENEFIT SUMMARY

<table>
<thead>
<tr>
<th>BENEFIT TABLE</th>
<th>LIMITS PER INSURED PERSON</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Expenses and Hospitalization</td>
<td>$250,000 per Insured Person</td>
</tr>
<tr>
<td>Deductible: All Cause / Co-Insurance</td>
<td>0 / 100%</td>
</tr>
<tr>
<td>Emergency Pain relieving Dental Treatment</td>
<td>100% of customary charges up to $3,000 for accidental injury and $500 for pain relief</td>
</tr>
<tr>
<td>Prescribed Medicines by a doctor or specialist</td>
<td>100% of customary charges if in connection with covered injury/illness</td>
</tr>
<tr>
<td>Prescription Replacement Benefit</td>
<td>100% of customary</td>
</tr>
<tr>
<td>Maternity</td>
<td>Treated as any medical condition</td>
</tr>
<tr>
<td>Outpatient treatment by a doctor or specialist</td>
<td>100% of customary charges if in connection with covered injury/illness</td>
</tr>
<tr>
<td>Treatment by physiotherapists and chiropractors as prescribed by an authorized physician</td>
<td>100% of customary charges if in connection with covered injury/illness</td>
</tr>
<tr>
<td>Acute Onset of Pre-existing condition Clause</td>
<td>Up to a maximum of $25,000 per lifetime</td>
</tr>
<tr>
<td>Ambulance transportation</td>
<td>100% of customary charges if in connection with covered injury/illness</td>
</tr>
<tr>
<td>Mental Health Disorder</td>
<td>Up to a maximum of $25,000 inpatient / outpatient</td>
</tr>
<tr>
<td>Personal Accident Accidental death, loss of sight, loss of limb(s), permanent total disablement</td>
<td>$15,000</td>
</tr>
<tr>
<td>Personal Liability Physical injury and property damage</td>
<td>$100,000</td>
</tr>
<tr>
<td>Medical Evacuation and Repatriation</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>Repatriation of Remains or Burial</td>
<td>$100,000</td>
</tr>
<tr>
<td>Security Evacuation</td>
<td>$100,000 for evacuation</td>
</tr>
<tr>
<td>Emergency Travel Expenses (Reunion)</td>
<td>$12,500 when in hospital for more than 24 hours</td>
</tr>
<tr>
<td>Bereavement Reunion</td>
<td>$5,000</td>
</tr>
<tr>
<td>Return Home due to Felonious Assault</td>
<td>$5,000</td>
</tr>
<tr>
<td>Emergency Travel Expenses due to Felonious Assault</td>
<td>$5,000</td>
</tr>
<tr>
<td>Return of Dependent Children</td>
<td>$5,000</td>
</tr>
<tr>
<td>Return of Traveling Companion</td>
<td>$2,500</td>
</tr>
<tr>
<td>Emergency Bail Bond</td>
<td>$1,500</td>
</tr>
<tr>
<td>Catastrophe Coverage</td>
<td>100% of customary costs up to $1,000</td>
</tr>
<tr>
<td>Search and Rescue</td>
<td>100% of customary costs up to $10,000</td>
</tr>
<tr>
<td>Loss Of Personal Belongings</td>
<td>Up to $1,000, $100 maximum per article</td>
</tr>
<tr>
<td>Loss of Checked in Luggage</td>
<td>$500</td>
</tr>
<tr>
<td>Luggage Delay</td>
<td>$200</td>
</tr>
<tr>
<td>Lost Documents, Equipment or Money</td>
<td>$1,000</td>
</tr>
<tr>
<td>Trip Interruption</td>
<td>$2,500</td>
</tr>
<tr>
<td>Travel Delay</td>
<td>$100 a day; Max 5 days</td>
</tr>
<tr>
<td>Quarantine</td>
<td>Up to $5,000 combined single limit (CSL) annual aggregate per insured person/traveler:</td>
</tr>
<tr>
<td></td>
<td>-Return of travel companion: Up to $1,500 included under CSL</td>
</tr>
<tr>
<td></td>
<td>-Hotel Stay: Up to 14 days or $2,500 included under CSL</td>
</tr>
<tr>
<td></td>
<td>-Food Costs: Up to $50 per day for 14 days included under CSL</td>
</tr>
<tr>
<td></td>
<td>-Change Fee/Airfare: Up to $1,000 included under CSL</td>
</tr>
</tbody>
</table>
ADDITIONAL MEDICAL, TRAVEL AND SECURITY ASSISTANCE

You also have access to the following assistance services; there are no monetary benefits associated with these services:

<table>
<thead>
<tr>
<th>MEDICAL ASSISTANCE</th>
<th>TRAVEL &amp; SECURITY ASSISTANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Trip Planning</td>
<td>Pre-Trip Information &amp; Active Travel Advice</td>
</tr>
<tr>
<td>Medical, Dental and Pharmacy Referrals</td>
<td>Translator and Interpreter Assistance</td>
</tr>
<tr>
<td>Medical Monitoring</td>
<td>Emergency Travel Funds Assistance</td>
</tr>
<tr>
<td>24 Hour Nurse Help Line</td>
<td>Legal Consultation and Referral</td>
</tr>
<tr>
<td>Dispatch of Medicine</td>
<td>Lost/Stolen Document Replacement</td>
</tr>
<tr>
<td>Coordination of Benefits</td>
<td>Emergency Message Forwarding</td>
</tr>
</tbody>
</table>

**Description of Benefits:**

**Medical Expenses and Hospitalization**

We will pay up to the amount stated in the Benefits Table if You sustain an Injury or suffer from an Illness which results in You being charged by a Hospital for services that are Usual, Reasonable and Customary and relate to services and supplies that are Medically Necessary for:

1. A semi private room and board including daily room and board and nursing services in an Intensive Care Unit, and other necessary services and supplies while confined in a Hospital for medical reasons.
2. Surgery at an Outpatient surgical facility, including services and supplies, the use of operating, treatment or recovery room, dressings, sutures, casts or other supplies which are Medically Necessary and administered by or under the supervision of a Physician.
3. Charges made by a Physician for professional services, including Surgery and reconstructive Surgery when it is directly related to Surgery which is covered hereunder.
4. Artificial limbs, eyes or larynx, breast prosthesis or basic functional artificial limbs, but not the replacement or repair thereof.
5. Prescription drugs which require prescription by a Physician for treatment of a covered Injury or Illness.
6. Prescription drugs which require prescription by a Physician to replace a lost or stolen prescription.
7. Care in a licensed Extended Care Facility upon direct transfer from an acute care Hospital.
8. Home Nursing Care provided by a qualified licensed professional, provided by a Home Health Care Agency upon direct transfer from an acute care Hospital and only in lieu of Medically Necessary Inpatient hospitalization.
10. Emergency Dental Treatment and dental Surgery necessary to restore or replace sound natural teeth lost or damaged in an Accident which was covered under this insurance.
11. Emergency Dental Treatment necessary to resolve the Acute Onset of Pain.
12. Physical therapy if prescribed by a Physician who is not affiliated with the physical therapy practice providing the physical therapy, provided that it is necessary, to continue...
recovery from a covered Injury or Illness.

13. Charges for the treatment of an Acute Onset of a Pre-existing Medical Condition up to a maximum benefit of USD 25,000 limit. You are not covered for any claims that you make that related to a Pre-existing Medical Condition over this limit.

Exclusions for Medical Expenses: We will not be liable for any expense arising directly or indirectly from:

a. Charges for a Pre-existing Medical Condition over the maximum benefit of USD 25,000 limit. You are not covered for any claims that you make that related to a Pre-existing Medical Condition over this limit. This exclusion applies only to Medical Expenses.

b. Treatment for or related to any congenital condition, as defined herein.

c. Charges for a Mental Health Disorder over the maximum benefit of USD 25,000 limit. You are not covered for any claims that you make that related to a Mental Health Disorder over this limit. This exclusion applies only to Medical Expenses.

d. Weight modification or surgical treatment of obesity, including wiring of the teeth and all forms of intestinal bypass Surgery, modifications of the physical body in order to improve Your psychological, mental or emotional well-being such as sex-change Surgery, Surgeries, treatments, services or supplies for cosmetic or aesthetic reasons, except for reconstructive Surgery when such Surgery is directly related to and follows a Surgery which was covered hereunder.

e. Treatment or procedure that either promotes or prevents conception or procedure that either promotes, enhances or corrects impotency or sexual dysfunction.

f. Eyeglasses, contact lenses, hearing aids, hearing implants, eye refraction, visual therapy, and any examination or fitting related to these devices, and all vision and hearing tests and examinations for eye surgery, such as radial keratotomy, when the primary purpose is to correct near-sightedness, farsightedness or astigmatism. Immunizations and Routine Physical Exams.

g. Any services or supplies performed or provided by a Close Relative of Yours or any other family member of Yours or any person who ordinarily resides with You.

h. The supply of medications commonly available without prescription.

Emergency Medical Evacuations
The cost of transporting the Insured Person by air and/or surface transportation if the Insured Person’s medical condition warrants immediate transportation (due to inadequate medical facilities) by Our Emergency Medical Assistance Provider from the place where the Insured Person is located to the nearest adequate medical facility where medical treatment can be obtained, including the costs of all medical care and ancillary costs associated with that transportation.

Repatriation
After being treated at a local medical facility, and following the advice of Our Emergency Medical Assistance Provider and if the Insured Person’s medical condition warrants it, the costs of transporting the Insured Person by air and/or surface transportation and with a qualified medical attendant to their Country of Domicile to obtain further medical treatment or to recover, or both.

Repatriation of Remains or Burial
Following Your death and with the agreement of Your executors or administrators We will pay up to the amount stated in the Benefits Table for the Repatriation of Your remains following Your death, including costs of preparation of the remains necessary for transportation, or for the cost of preparing Your remains for cremation or burial and a burial plot in the Host Country where Your death occurred.
Emergency Security Evacuation and Repatriation Expenses

We will pay up to the amount stated in the Benefits Table if You require emergency evacuation to the nearest place of safety and repatriation to either Your Home Country following evacuation as a result of an Insured Event as shown hereunder. Onward travel arrangements to an alternate study or work location will be made upon request by the Participating Organization if alternative arrangements will not delay Evacuation or Repatriation,

**Insured Event**

a. Your Appropriate Authority issues travel advices for the Host Country You are staying in, recommending that certain categories of person which includes You should leave that country or region.

- or -

b. The recognized Government in Your Host Country:
   a) Declares a state of emergency necessitating immediate evacuation or
   b) Formally recommends or instructs that You should leave that country or region for safety or
   c) Expels You or declares You “persona non grata”.

c. Natural Disaster within Your Host Country which puts Your life in Imminent Physical Danger.

d. The political or military events in the Host Country put Your life in Imminent Physical Danger.

e. Following a verified physical attack or threat of physical attack on You.

For benefits to be payable under this section:

1. You must contact Our Emergency Security Company as soon as reasonably practicable after You became aware of any situation that may give rise to an Insured Event or as soon as reasonably possible after the occurrence of the Insured Event. If the Emergency Security Company is not so contacted, Our liability to pay any subsequent claim under this section will cease.

2. You must provide the Emergency Security Company with all reasonable assistance and information requested in a timely manner.

3. You must follow the reasonable advice of the Emergency Security Company at all times.

4. If You are entitled to any refund on unused tickets or returnable deposits or advanced payments We are entitled to deduct these from the value of any claim.

5. You must be able to reasonably prove that there is Imminent Physical Danger to Your Life with either physical or documented evidence.

6. You must be able to prove that in the event of physical attack or threat of physical attack, such attack or threat occurred by either physical or documented evidence.

**The following exclusions are applicable to Emergency Security Evacuation Expenses:** We will not pay any expense arising directly or indirectly from:

a. Your failure to reasonably prove that there is any Imminent Physical Danger to Your Life

b. Your taking part in any political activity or operations of any security or armed forces unless declared to and agreed by Us.

c. Your failure to maintain and possess duly authorised and issued required immigration, work, residence or similar visas or permits or other relevant documentation required in Your Host Country.

d. Any evacuation expenses or costs incurred more than 30 days after the event giving rise to your evacuation.

e. Any expense attributable in whole or in part to debt insolvency, commercial failure, the repossession of any property by any title holder or lien holder, or any other financial cause.

f. Any Losses incurred by You or claim costs
that have been unnecessarily increased by Your unreasonable failure to follow the reasonable advice of Our Emergency Security Company

Emergency Travel Expenses
We will pay up to the amount stated in the Benefits Table for the following Emergency Travel Expenses. The cost of an economy round-trip air or ground transportation ticket for one relative or friend to visit You if You are or are to be hospitalized for more than 24 hours; and
1. Reasonable expenses for lodging and meals for that relative or friend to remain while You are hospitalised, for a period not to exceed 15 days.
2. The cost of any additional Hotel charges You incur following discharge but during any convalescence period with the relative or friend prior to Your return to Your Home Country, for a period not exceeding 15 days.

Bereavement Reunion
In the event of the death of the Insured Person while on an Insured Journey We will indemnify the Insured Person’s estate for the cost of economy round trip transportation up to the amount stated in the Benefits Table for an assigned advocate to travel to the location of the Insured Person’s death to accompany the remains back to the Country of Domicile.

Emergency Travel Expenses due to Felonious Assault
We will pay the reasonable cost of economy round trip transportation and accommodation up to the amount stated in the Benefits Table incurred by any one relative or friend who has to travel to remain with or escort You home to Your Country of Domicile following a Felonious Assault.

Return Home due to Felonious Assault
We will pay the reasonable cost of economy transportation up to the amount stated in the Benefits Table Reasonable incurred by You to travel home to Your Country of Domicile following a Felonious Assault.

Return of Dependent Children
In the event of the death or hospitalization of the Insured Person while on an Insured Journey which leaves dependent children traveling with the Insured Person unattended, We will indemnify the Insured Person’s estate for the cost for transportation, and escort as required, to return dependent(s) to a designated advocate.

Return of Traveling Companion
If an Insured Person’s traveling companion loses previously made travel arrangements due to a delay caused by the Insured Person’s medical emergency or death, We will indemnify the cost of economy airfare to return the companion to his or her original departure point. A travel companion must be traveling on the same itinerary as the Insured Person.

Emergency Bail Bond
We will make the arrangement of a Bail Bond up to the amount stated in the Benefit Table if You have been arrested following a car Accident.

We will only arrange for payment of this benefit following confirmation from You that: You can confirm that the financial guarantee of any payment required by Us has been secured through Your credit card or personal assets and that no benefit will be made for payment due to any shortage of funds, error or omission, currency fluctuation or loss of value or any exclusion included under general exclusions.

Catastrophe Coverage
We will pay up to the amount stated in the Benefits Table if You are forced to move from Your pre-booked accommodation as a result of fire, lightning, explosion, earthquake, avalanche, storm, tempest, tsunami, hurricane, flood, medical epidemic or local government directive which is confirmed in writing by local or national authority for irrecoverable travel or accommodation costs necessarily incurred for You to continue with the trip or, if the trip cannot be continued, for Your return to Your Home Country.

The following exclusions are applicable to Catastrophe Coverage: We will not pay any expense arising directly or indirectly from:
a. Any costs incurred following Your decision not to remain in Your booked accommodation when official directives from local or national authorities state that it is acceptable to do so.
b. Any costs or expenses payable by or recoverable from the tour operator, airline, hotel or other provider of services.

Search and Rescue
We will pay up to the amount stated in the Benefits Table for all reasonable and necessary costs incurred by the authorities in searching for You and bringing You to a place of safety You are either (1) reported missing and it is known or reported that You may have sustained Accidental Bodily Injury or suffered illness, or (2) the weather conditions are such that to in order to prevent Accidental Bodily Injury or the suffering of illness the police or rescue authorities instigate a search and rescue for You.

For benefits to be payable under this section:

1. You must comply at all times with local safety advice that is offered to all members of the public and You must comply with all recommendations and restrictions prevalent at the time.
2. You must agree that the chargeable proportion of any search and rescue made by Us will be limited to the amount stated in the Benefit Table.
3. You must agree that expenses will only be made by Us to the time where You are recovered by Our search and rescue team and no additional payment will be made by Us if we decided that continuing the search is no longer viable.
4. You must obtain an additional written report from the authorities and provided it to Us before an expense can be paid.

The following exclusions are applicable to Search and Rescue: We will not pay any expense arising directly or indirectly from:

1. Any circumstances where You were knowingly endangering Your life.
2. Any activities where Your experience or skill level falls below those reasonably required to participate in such activities.

Loss of Personal Belongings
We will pay You up to the amount stated in the Benefit Table in relation to Loss of Personal Belongings if Your Personal Belongings are lost or stolen less a consideration, if applicable, for wear, tear and depreciation. For benefits to be payable under this section:

1. You must ensure that any Valuables are locked in a suitable sized safe or safety deposit box provided by Your accommodation provider, or if safe or safety deposit box are not available, in Your locked accommodation and there is evidence that entry into the accommodation was affected by violent and forcible means.
2. You must report the theft of Your Personal Belongings or Luggage to the Police (and the hotel management if it is stolen in a hotel) as soon as is reasonably practicable and a written report is obtained from the appropriate authorities and provided by You to Us.
3. You must provide proof of ownership of any Valuables.
4. You must provide proof of purchase of replacement items of clothing or toiletries.
5. Any loss or damage occurring in the custody of an airline or other transport carrier must be reported immediately upon discovery and in the case of an airline a Property Irregularity Report must be obtained by You and provided to Us.
6. You must take all reasonable precautions for the safety of any insured article.
7. We are entitled to take and keep possession of any valuable and to manage all aspects of any salvage in a reasonable manner.
8. We will decide, based on our own opinion, whether we repair or replace any valuable for which a benefit it paid to You under this section.

The following exclusions apply to Loss of Personal Belongings: We shall not be liable for any expense arising directly or indirectly from:
a. Any amount within the Deductible, as shown in the Benefits Table.
b. Any Personal Belongings stolen from an Unattended vehicle unless
   i. They were in the locked boot of the vehicle or concealed by a parcel shelf in the fixed position in a hatchback or estate vehicle or in the case of campervans and motorhomes locked away and out of public view.
   ii. There is evidence that entry was affected by violent and forcible means.
   iii. Other than between the hours of 8.00pm and 8.00am.
c. Any Valuables stolen from an Unattended vehicle.
d. Any Valuables left unattended by You in Your accommodation if the accommodation is left unlocked or the valuables were not left in a suitable sized safe or safety deposit box. However, this exclusion will not apply if a suitable sized safe or safe deposit box was not available and there is evidence that entry into the accommodation was affected by violent and forcible means.
e. Loss of or damage to Valuables contained in baggage while such baggage is in the custody of an airline or other carrier and outside Your control.
f. Loss or corruption of or damage to software, information or data contained in any computer, tapes or recording equipment or any consequential loss arising there from.
g. Loss or damage due to:
   i. Moth, vermin, wear and tear, atmospheric or climatic conditions or gradual deterioration.
   ii. Inherent mechanical or electrical failure, breakdown or derangement.
   iii. Any process of cleaning, restoring, repairing or alteration.
h. More than a reasonable proportion of the total value of a pair or set where the lost or damaged article is part of a pair or set.
i. Loss of or damage to pedal or motor cycles, watercraft, prams, buggies, pushchairs and wheelchairs.
j. Loss of or damage to stamps, documents (other than Passports), contact or corneal lenses, dentures, hearing-aids, fragile articles or business goods and samples.
k. Loss due to confiscation or detention by customs or any other authority.
l. Loss of or damage to sports equipment while in use.
m. Any article more specifically insured or recoverable under any other insurance.
n. Loss or damage to mobile phones or lap tops or tablets or other similar devices arising from any coverage under the manufacturer’s warranty or, unexplained disappearance or, any loss of airtime or, loss or damage due to moisture or, superficial damage due to chipping or cracking screen or damage due to any theft not reported to the police within 24 hours.

Loss of checked in Luggage
We will pay You the amount stated in the Benefit Table in relation to Loss of Checked in Luggage if You are temporarily deprived of Your Luggage for at least 12 hours by the loss or miss-direction of Your Luggage by an International Airline Carrier subject to:

1. The Lost Checked Luggage must have been checked by You in accordance with routine luggage checking procedures, for transportation on board a regularly scheduled commercial airline or cruise line, upon which You are a fare-paying passenger; and
2. You must file a formal claim for lost luggage with the transportation provider, and follow all instructions and take all measures as directed by the transportation provider to locate and retrieve the Lost Checked Luggage; and
3. You must provide Us with copies of all documentation of the claim filed with
the transportation provider, and a written statement from the transportation provider confirming that the luggage was checked and after careful search, the luggage remains missing; and

4. Any expense will only be paid by Us 10 days after the items have been lost.

**Luggage Delay**

We will pay up to the amount stated in the Benefits Table if the common carrier on which You are booked to travel on Your outward or return trip has delayed your Luggage due to strike, industrial action, adverse weather conditions, traffic flow congestion or mechanical breakdown for at least 24 hours. Prior to payment by Us, You must provide original written details from the airline, shipping company, coach or train operators detailing the length of and reason for the delay or, in respect of mechanical breakdown, a garage or motoring organization report confirming the date, cause and time of the breakdown.

The following exclusions are applicable to **Luggage Delay**: We will not pay any expense arising directly or indirectly from:

- a. Your failure to check in for departure before the scheduled departure time and in accordance with the travel operator’s ticket itinerary.
- b. Your departure or arrival was delayed as a result of strike or industrial action that was public knowledge when Your travel arrangements were first booked.
- c. Your failure to obtain written confirmation from Your carriers or the handling agents of the total time of the Luggage delay and the reason for such delay.
- d. Compensation is recoverable from the common carrier.

**Lost Documents or Money**

We will pay up to the amount stated in the Benefits Table if Your personal Documents or Money are lost or stolen: For benefits to be payable under this section:

1. You must ensure your documents or monies are in a locked safe or safety deposit box provided by Your accommodation provider and there must be evidence of forcible and violent entry for any benefit to be paid.
2. You must report the loss to the police or equivalent local law enforcement authority as soon as reasonably practicable after discovery and a written police report obtained and sent to Us.

The following exclusions are applicable to **Lost Documents or Money**: We will not be liable for any expense arising directly or indirectly from:

- a. Any amount within the Deductible, as shown in the Benefits Table.
- b. Loss due to confiscation or detention by customs or any other authority.
- c. Loss due to devaluation of currency or shortage due to error or omission during monetary transaction.
- d. Loss of promotional vouchers or awards or any goods or services obtained through the conversion of such voucher or awards.
- e. Loss of travelers’ checks where the issuing company provides a replacement service.
- f. Loss of travelers’ checks or checks not reported to the local bank or agent of the supplier as soon as reasonably practicable.
- g. Any loss resulting from loss or theft of credit cards.
- h. Money and/or documents left unattended by You in Your accommodation if the accommodation is left unlocked or the money and/or documents were not left in a suitable sized safe or safety deposit box. However, this exclusion will not apply if a suitable sized safe or safety deposit box was not available and there is evidence that entry into the accommodation...
was affected by violent and forcible means.

i. Money and/or documents in the custody of a person who does not have official responsibility for the safekeeping of the property

Trip Interruption
We will pay up to the amount shown in the Benefit Table following receipt by Us of proof of the cost to You of an economy one-way air or ground transportation ticket for Your to return to Your Home Country as the direct and necessary result of Your Accidental Bodily Injury or Illness or the death or Accidental Bodily Injury or Illness of Your Partner, Dependents or Close Relative or the destruction of your Principal Residence by fire or storm following departure from Your Home Country.

Travel Delay
We will pay up to the amount stated in the Benefits Table if the common carrier on which You are booked to travel on Your outward or return trip is delayed due to strike, industrial action, adverse weather conditions, traffic flow congestion or mechanical breakdown for at least 24 hours. Prior to payment by Us, You must provide original written details from the airline, shipping company, coach or train operators detailing the length of and reason for the delay or, in respect of mechanical breakdown, a garage or motoring organization report confirming the date, cause and time of the breakdown.

The following exclusions are applicable to Travel Delay: We will not pay any expense arising directly or indirectly from:

a. Your failure to check in for departure before the scheduled departure time and in accordance with the travel operators ticket itinerary.

b. Your departure or arrival was delayed as a result of strike or industrial action that was public knowledge when Your travel arrangements were first booked.

c. Your failure to obtain written confirmation from Your carriers or the handling agents of the total time of the delay and the reason for such delay

d. Your failure to accept alternative means of transport within the time delay period where and when offered to You on reasonable terms.

e. Compensation is recoverable from the common carrier

Quarantine Benefit
We will pay Additional Costs up to the amount as stated in the benefits table if You or someone booked to travel with you are held in Quarantine by order or other requirement of a government or public authority, based on their qualified belief that you or someone booked to travel with you have been exposed to a contagious disease (including an epidemic or a pandemic disease such as COVID19). (This assessment by a government of public authority needs to be written in order to claim)

We will also pay if You or someone booked to travel with you are refused boarding of the public transport on which you are booked to travel, on the order of government, public authority or carrier, due to you or someone booked to travel with you displaying symptoms of a contagious disease (including an epidemic or a pandemic disease such as COVID-19).

The following definitions are applicable to Quarantine Coverage

Quarantine: Mandatory confinement intended to stop the spread of a contagious disease to which you or someone booked to travel with you has been exposed.

Additional Costs: The benefits provided herein are reasonable and necessary costs in additional to costs already incurred by You or Your travelling companion

Additional Isolation Accommodation: Accommodation costs in excess of the Hotel Stay benefit as shown in the schedule of benefits
The following exclusions are applicable to Quarantine Coverage: We will not pay any expense arising directly or indirectly from:

a. Any trip delay caused by Quarantine on the cruise ship due to a contagious disease.

b. Travel arrangements and Additional Costs that were neither coordinated by nor approved by the Assistance Company in advance.

c. The cost of any Additional Isolation Accommodation requirements imposed by Your country of destination upon arrival or your country of origin upon return regardless of whether you have tested positive or negative for Covid 19.

d. This benefit excludes any Quarantine that applies generally or broadly to some or all of a population, vessel, geographical area, or that applies based on where you are travelling to, from or through.

Exclusions

The following exclusions apply to all sections

We will not pay any expenses resulting indirectly or directly from:

a. Your claim for any losses that are not directly covered by the terms and conditions of this Policy.

b. Your claim for additional expense(s) or fee(s) arising from errors or omissions in your booking arrangements or your failure to obtain relevant visa or passport documents.

c. Your claim occurring because you act illegally or break any government prohibition, travel warning or regulation including visa requirements.

d. Your claim occurring if You fail to be in compliance with all conditions and provisions of this insurance

e. Your claim occurring from You being in control of or a motor cycle or vehicle without a current motorcycle or vehicle license valid for the country you are travelling in or You being a passenger travelling on a motorcycle or in a motor vehicle that is in the control of a person that does not hold a current motorcycle or motor vehicle license valid for the country you are travelling in.

f. Your claim arising because You did not follow advice of Your Home Country government or Appropriate Authorities or other official body’s warning against travel to a particular country or parts of a country, unless such travel has been declared and accepted by Us. (any UT System IOC approved travel is not excluded).

g. Your claim arising from any act of war, whether war is declared or not, or from any rebellion, revolution, insurrection or taking of power by the military, any nuclear reaction or contamination from nuclear weapons or radioactivity, biological and or chemical materials, substances, compounds or the like used directly or indirectly for the purpose to harm or to destroy human life and or create public fear or as a result of your service in the military, naval or air service of any country or Acts of Terrorism (other than for personal accident, medical expenses, Emergency Medical Evacuation, Repatriations, Repatriation of Remains and Burial and Emergency Reunion, Emergency Security Evacuation and Repatriation, Trip Interruption and Cancellation of trip where You have no direct or indirect involvement in the Act of Terrorism).

h. Your claim arising from an Injury sustained while participating in intercollegiate, professional or semi-professional sports.

i. Your claim arising because you dive underwater using an artificial breathing apparatus, unless you are PADI or NAUI certified or hold an open water diving license issued in the USA or you were diving under licensed instruction.

j. Your claim arising from treatment of Substance Abuse.

k. Your claim occurring out of you flying other than as a passenger in a licensed passenger carrying aircraft or charter company.

l. Your claims arising from Your failure to comply with the current safety rules and regulations in place for the sport or activity You are undertaking.

m. Your claim arising from Your engaging in any form of Physical Manual Work as defined herein
unless such activities are a usual and necessary part of the academic curriculum.

n. Your claim arising from off-road motorcycling; scuba diving; jet, snow or water skiing; mountain climbing (where ropes or guides are used); sky diving; amateur automobile racing; automobile racing or automobile speed contests; bungee jumping; spelunking; white water rafting; surfing; or parasailing; unless such activities are a usual and necessary part of the academic curriculum.

o. We will not be liable for Medical Expenses incurred by the Insured Person for services provided by any government Hospital or agency, or government sponsored plan for which the Insured Person would not be responsible for such medical expenses in the absence of this policy.

Definitions

Certain words within your policy have special meanings which are defined as follows:

**Accident**: A sudden, unintentional and unexpected occurrence caused by external, visible means and resulting in Your physical Injury.

**Accidental Bodily Injury**: Injury which is sustained by You as the result of an Accident which solely and independently of any other cause except surgical treatment rendered necessary by the Accident results in Your death, disablement or injury that incurs Medical Expenses.

**Act of Terrorism**: means an act, including but not limited to, the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s) committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

**Acute Onset of a Pre-existing Medical Condition**: A sudden and unexpected occurrence of a pre-existing medical condition which occurs spontaneously and without such advance warning as would have caused a prudent person to seek medical or dental attention prior to the onset of pain.

**Acute Onset of Pain (Emergency Dental)**: A sudden and unexpected occurrence of pain which occurs spontaneously and without such advance warning as would have caused a prudent person to seek medical or dental attention prior to the onset of pain.

**Appropriate Authorities**: The Foreign and Commonwealth Office of the United Kingdom, The United States Department of State, the Foreign Office of Canada or similar authority of Your Home Country.

**Athletics/Amateur Athletics**: A sport or other athletic activity that is organized and/or sanctioned, involving regular or scheduled practices and/or regular or scheduled games. This definition does not include either athletic activities that are engaged in by You solely for recreational, entertainment or fitness purposes and not for wage, reward or profit.

**Children**: Any person who is unmarried and under 19 years of age or 23 years of age if in full time education and is travelling with an adult insured under this policy.

**Claims Handlers**: means On Call International whose contact details are set out in this Policy above.

**Close Relative**: Your Partner, parent(s) or parent(s) in law, grandparent(s), brother(s), brother(s) -in-law sister(s), sister(s)-in-law, Dependents, grandchild(ren).

**Common Carrier**: An airplane, bus, train or watercraft operating for commercial purposes and carrying fare-paying passengers on regularly
Complications of Pregnancy: Illnesses prior to the 26th week of Your pregnancy whose diagnoses are distinct from Pregnancy, but are adversely affected by Pregnancy or caused by Pregnancy and not associated with a normal Pregnancy. This includes: ectopic Pregnancy, spontaneous abortion, hyperemesis gravidarum, pre-eclampsia, eclampsia, missed abortion and conditions of comparable severity. Complications of Pregnancy does not include: false labor, edema, prolonged labor, prescribed rest during the period of Pregnancy, morning sickness and conditions of comparable severity associated with management of a difficult Pregnancy, and not constituting a medically distinct condition.

Coverage Period: The period of time starting on the Effective Date and ending on the End Date during which You are outside Your Home Country or travelling to or from or in the Host Country.

Custodial Care: The type of care or service, wherever furnished and by whatever name called, that is designed primarily to assist You in performing the activities of daily living. Custodial Care also includes non-acute care for the comatose, semi-comatose, paralyzed or mentally incompetent patients.

Dental Treatment: The care of teeth, gums or bones supporting the teeth, including dentures and preparation for dentures.

Dependents: Your natural or legally adopted Children or legal wards, foster or stepchild(ren) of You or those of Your Partner (where applicable) living at the same address who are no older than 19 years of age or 23 years of age if in full time education at the time of the event giving rise to a claim under this insurance Policy.

Documents: Means travel tickets, passports and driving licenses held by You for social, domestic and/or pleasure purposes.

Educational or Rehabilitative Care: Care for restoration (by education or training) of one’s ability to function in a normal or near normal manner following an Illness or Injury. This type of care includes, but is not limited to, vocational or occupational therapy and speech therapy.

Emergency: A medical condition manifesting itself by acute signs or symptoms which could reasonably result in placing Your life or limb in danger if medical attention is not provided within 24 hours.

Emergency Assistance Company: means On Call International whose contact details are set out in this Policy above.

Emergency Medical Evacuation: means Your transportation by air and/or surface transportation following Your Accidental Bodily Injury or Illness.

Emergency Security Company: means On Call International

Emergency Security Evacuation: means Your extraction from the Host Country due to an Insured Event that puts You in imminent physical danger by the most efficient and available method of conveyance. In all cases and where practical, an economy ticket fare will be used and whenever possible Your common carrier tickets will be utilised.

Extended Care Facility: An institution, or a distinct part of an institution, which is licensed as a Hospital, extended care facility or rehabilitation facility by the state or country in which it operates; and is regularly engaged in providing 24-hour skilled nursing care under the regular supervision of a Physician and the direct supervision of a Registered Nurse; and maintains a daily record on each patient; and provides each patient with a planned program of observation prescribed by a
Physician; and provides each patient with active treatment of an Illness or Injury. Extended Care Facility does not include a facility primarily for rest, the aged, Substance Abuse treatment, Custodial Care, nursing care or for care of Mental Health Disorders or the mentally incompetent.

**Felonious Assault:** A violent or criminal act reported to the local authorities which was directed at You during the course of, or an attempt of, a physical assault resulting in serious injury, kidnapping, or rape.

**Geographic Location:** The country or region You have stated you are travelling to.

**Home Country:** For US Citizens, Home Country is the United States of America, regardless of the location of their principal residence. For non-US Citizens, Home Country is the country where they principally reside and receive regular mail.

**Home Health Care Agency:** A public or private agency or one of its subdivisions, which operates pursuant to law and is regularly engaged in providing Home Nursing Care under the supervision of a Registered Nurse, and maintains a daily record on each patient, and provides each patient with a planned program of observation and treatment by a Physician.

**Home Nursing Care:** Services provided by a Home Health Care Agency and supervised by a Registered Nurse, which are directed toward the personal care of a patient, provided always that such care is provided in lieu of Medically Necessary Inpatient care in a Hospital.

**Hospital:** An institution which operates as a hospital pursuant to law, and is licensed by the State or Country in which it operates; and operates primarily for the reception, care and treatment of sick or injured persons as Inpatients; and provides 24-hour nursing service by Registered Nurses on duty or call; and has a staff of one or more Physicians available at all times; and provides organized facilities and equipment for diagnosis and treatment of acute medical conditions on its premises; and is not primarily a long-term care facility, Extended Care Facility, nursing, rest, Custodial Care or convalescent home, a place for the aged, drug addicts, alcoholics or runaways; or similar establishment.

**Host Country:** Means the destination country within the Geographical Location You are traveling to.

**Illness:** A sickness, disorder, pathology, abnormality, ailment, disease or any other medical, physical or health condition. For purposes of this insurance, Illness includes Complications of Pregnancy during the first 26 weeks of Pregnancy. Illness does not include learning disabilities, attitudinal disorders or disciplinary problems.

**Imminent Physical Danger:** means You are subject to possible physical Injury or Illness that could result in Your grave physical harm or death.

**Incurred:** A charge is incurred on the date the service is provided or supply is purchased.

**Injury:** Bodily injury resulting from an Accident.

**Inpatient:** When You are an overnight resident patient of a Hospital, using and being charged for room and board.

**Incidental Travel Days** A related trip up to a maximum of 14 days taken before, during and/or immediately after the coverage period for overnight stays outside Your Home Country or Your Host Country.

**Intensive Care Unit:** A cardiac care unit or other unit or area of a Hospital that, where applicable, meets the required standards of the Joint Commission on Accreditation of Hospitals for Special Care Units.

**Investigational, Experimental or for Research**
**Purposes:** Terms used to describe procedures, services or supplies that are by nature or composition, or are used or applied, in a way which deviates from generally accepted standards of current medical practice.

**Loss of Limb:** Loss by physical separation of a hand at or above the wrist or a foot at or above the ankle and includes total and irrecoverable loss of use of hand, arm or leg.

**Loss of Sight:** Permanent and total Loss of Sight shall be considered as having occurred:

- a) in both eyes, if You are added to the Register of Blind Persons in your Home County on the authority of a fully qualified ophthalmic specialist and is without hope of improvement;
- b) in one eye, if the degree of sight remaining after correction is 3/60 or less on the Snellen Scale and is without hope of improvement.

**Luggage:** means the personal articles, which are Your property for which You are responsible and which are taken or acquired while travelling.

**Medically Necessary:** A service or supply which is necessary and appropriate for the diagnosis or treatment of an Illness or Accidental Bodily Injury based on generally accepted current medical practice. A service or supply will not be considered Medically Necessary if is provided only as a convenience to You and/or is not appropriate for Your diagnosed symptoms, and/or exceeds in scope, duration or intensity that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment of an Illness or Injury.

**Medical Practitioner:** means someone who practices medicine.

**Mental or Nervous Health Disorder:** A mental or emotional disease or disorder which generally denotes a disease of the brain with predominant behavioral symptoms; or a disease of the mind or personality, evidenced by abnormal behavior; or a disorder of conduct evidenced by socially deviant behavior. Mental Health Disorders include: psychosis, depression, schizophrenia, bipolar affective disorder, and those psychiatric illnesses listed in the current edition of the diagnostic and Statistical Manual for Mental Disorders of the American Psychiatric Association.

**Money:** Coins, bank notes, postal or money orders, signed travelers checks and other checks letters of credit, travel tickets, petrol coupons or other prepaid coupons which belong to or are in the custody and control of You and are intended for travel, meals, accommodation and personal expenditure only.

**Natural Disaster:** Any avalanche, earthquake, flood, hurricane, impact event, landslides, mudslides, tornado, tsunami, tropical cyclone, typhoon, volcanic eruption, and wildfire.

**Nearest Place of Safety:** means a location determined by our Emergency Security Company where You can either be presumed safe from the Insured Event that precipitated Your Evacuation or a location that has available access to transportation to Your Home Country.

**Outpatient:** When You receive Medically Necessary treatment by a Physician for Accidental Bodily Injury or Illness that does not require overnight stay in a Hospital.

**Partner:** Your spouse or civil partner living at the same address as You for the last 12 months and sharing financial living expenses and where applicable is also responsible for Your Dependents.

**Permanent Total Disablement:** Disablement that has lasted for at least twelve months and which in the opinion of a Physician is beyond hope of recovery and shall in all probability continue for the remainder of Your life and result in Your inability.
to perform or give attention to gainful occupation of any and every kind.

**Personal Belongings:** means personal articles, which are Your property; or property for which You are responsible and which is taken on or acquired during Your trip.

**Physical Manual Work:** Any work involving physical labor such as but not limited to building, butchery, construction, farming, fishing, forestry, meat packing, mining, maintenance or involving the use of power tools or hazardous equipment such as explosives.

**Physician:** Means a qualified doctor of medicine lawfully licensed to practice in the place where medical services are performed but this does not include You or a relative of Yours.

**Plan Administrator:** On Call International who is the insurance advisor You or the Participating Organization arranges coverage from.

**Pre-existing Medical Condition:** Any ongoing medical or dental condition or related complication You have or which you are aware of or have symptoms of or for which You are currently being or have been investigated or treated by a health professional (including dentist or chiropractor) or for which you take prescribed medicine or for which You have had or have planned surgery.

**Pregnancy:** Routine pre-natal care, child birth, and post-natal care false labor, edema, prolonged labor, prescribed rest during the period of Pregnancy, morning sickness and conditions of comparable severity associated with the management of a difficult Pregnancy, and not constituting a medically distinct condition, and all charges related to Pregnancy other than for conditions constituting a medically distinct Complication of Pregnancy and only prior to the 26th week of Pregnancy or Abortions, except in connection with covered Complications of Pregnancy.

**Registered Nurse:** A nurse who has been registered or licensed to practice by a State Board of Nurse Examiners or other state authority, and who is legally entitled to place the letters “RN” after his or her name.

**Repatriation:** means Your transportation by air and/or surface transportation with a qualified medical attendant to Your Home Country to obtain further medical treatment or to recover or both.

**Repatriation of Remains:** The ground or air transportation of Your bodily remains or ashes to Your Home Country including the costs of preparation of the remains necessary for transportation.

**Routine Physical Exam:** Examination of the physical body by a Physician for preventative or informative purposes only, and not for the diagnosis or treatment of any condition.

**Substance Abuse:** Alcohol, drug or chemical abuse, overuse or dependency.

**Surgery or Surgical Procedure:** An invasive diagnostic procedure, or the treatment of Illness or Injury by manual or instrumental operations performed by a Physician while the patient is under general or local anesthesia.

Us, We or Our: HDI Global Specialty SE, UK Branch.

**Unattended:** Outside of Your custody, care and control and beyond the reasonable prospect of You being able to prevent unauthorized interference with it.

**Usual, Reasonable and Customary:** In relation to a charge, the most common charge for similar services, medicines or supplies within the area in which the charge is incurred, so long as those charges are reasonable. What is defined as Usual,
Reasonable and Customary charges will be determined by the following factors: the level of skill, extent of training, and experience required to perform the procedure or service; the length of time required to perform the procedure or services as compared to the length of time required to perform other similar services; the severity or nature of the Illness or Injury being treated; the amount charged for the same or comparable services, medicines or supplies in.

**Valuables:** Cameras, photographic, audio, video, computer, telecommunications and electrical equipment, telescopes, binoculars, spectacles, sunglasses, antiques, watches, jewelry, furs and articles made of precious stones and metals.

**You or Your or Insured:** means the person or persons named in the Certificate of Insurance as the insured or the insureds under this Policy.

This is a brief summary of coverage for insured participants covered under Policy Number G210430. This is not a contract of insurance. Coverage is governed by an insurance policy issued to University of Texas System. The policy is underwritten by HDI Global Specialty SE, UK Branch. Complete information on the insurance is contained in the Certificate of Insurance on file with University of Texas System. If there is a difference between this program description and the certificate wording, the certificate controls.
**Claims Provisions**

As soon as reasonably possible after the happening of any incident likely to give rise to a claim under this Policy (but in any event no later than 90 days after the date discovery of loss) You must notify Our Claims Handlers of such incident. Transportation must be paid and arranged, or approved, by On Call; no claims for reimbursement of transportation will be considered otherwise.

**tpaclaims@oncallinternational.com**

or

On Call International
Attn: TPA Claims
11 Manor Parkway, Salem, NH 03079
Tel: 603 328 1300 | Fax: 603 328-1770
www.oncallinternational.com

**Additional plan information**

Plan documents, claim forms and pre-trip departure resources:
[https://myoncallportal.com](https://myoncallportal.com)
Portal Group ID: 100143CPPD21

**Adding On Call To Your Phone Contacts**

Did you know that some smartphone operating systems are now automatically sending any calls from numbers they don’t recognize to voicemail without any notification to the user? This is to reduce spam calls for their customers, but it could have a negative effect when you are trying to get help abroad. So take a moment to complete this simple pre-trip step to ensure you are best prepared for your international travel.

**How To:** Most smartphone have a QR scanner in the phone – just open your camera and point it at the code. If you do not have a scanner, simply [CLICK HERE](#).

This will give you a link to download a digital contact card pre-loaded with On Call’s detailed contact and plan information. This is not an app - it will simply add a pre-loaded contact in your phone’s native contact app. Taking this step not only ensures that you’ll have On Call info should you need it, but also that you will recognize when On Call is contacting you.