



Temple University

Blanket Travel Insurance Policy: STP 273802

Policy Term: July 1, 2021 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, please refer to the policy.

CLASSES OF ELIGIBLE PERSONS:

CLASS	Description
Class 1	All Staff, Faculty, Contractors, University Officials and Board Members of the Policyholder
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.
Class 3	Spouse and Dependent Children of Eligible Persons in Class 1 or Class 2

COVERAGE PERIOD AND ACCIDENTAL DEATH & DISMEMBERMENT PRINCIPAL SUM

Class	Hazards	Principal Sum
Class 1	24 Hour Business Travel	\$200,000
	Covered Activity	
Class 2	Specified Trip	\$200,000
	Covered Activity	
Class 3	Family Accompanying	\$50,000
	Covered Activity	

Travel Assistance Provider: International SOS

DESCRIPTION OF COVERAGE

Business Travel Coverage (24 Hour Coverage)

The Covered Accident or Sickness must take place while:

1. traveling or making a short stay of twelve months or less; and
2. on business for the Policyholder; and
3. in the course of the Policyholder’s business.

This coverage will start at the actual start of the business 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 a Covered Person returns to his or her home;
2. the date a Covered Person returns to his or her place of work; or
3. the date a Covered Person makes a Personal Deviation.

Personal Deviation Travel Coverage

This benefit will be payable if all of the following conditions are met:

1. the Covered Accident takes place while on a business trip requested, authorized or consented to by the Policyholder, for the purpose of furthering the business of the Policyholder
2. the Personal Deviation is no longer than 14 days;

“Personal Deviation” means:

1. an activity that is not reasonably related to the Policyholder’s business/activities; and
2. not incidental to the purpose of the business trip.

COVERED ACTIVITY

To be covered under this Hazard, subject to the terms and conditions of this Policy, a Covered Person must be participating in a Covered Activity; to the extent of the Personal Deviation:

- a. Coincides with the Covered Person’s otherwise Covered Trip; and
- b. is limited to any consecutive period of 14 days immediately prior to, during or immediately following the otherwise Covered Trip.

Exposure and Disappearance

Coverage under this Hazard includes exposure to the elements after the forced landing, stranding, sinking, or wrecking of a vehicle in which the Covered Person was traveling. A Covered Person is presumed dead if:

1. he or she is in a vehicle that disappears, sinks or is stranded or wrecked on a trip covered by the Policy and
2. the body is not found within one year of the Covered Accident.

Family Accompanying the Insured Coverage

The Covered Accident must take place while a Covered Person’s Dependent:

1. is accompanying the Insured or on his or her way to join the Insured; and
2. when the trip is authorized by and/or paid for in whole or in part by the Policyholder; and
3. while the Insured is covered during the course of the coverage described in the Policy.

Family Relocation Trip Coverage

The Covered Accident of an Insured’s Dependent must take place during the course of the Family Relocation Trip, meaning a trip made by an Insured’s Dependent in connection with the Insured’s transfer or proposed transfer by the Policyholder to a new worksite. Such trip must be authorized by, or taken at the direction of, the Policyholder and/or must be paid for in whole or in part by the Policyholder.

dates to occur:

1. the date a Covered Person returns to his or her home;
2. the date a Covered Person returns to his or her place of work; or
3. the date a Covered Person makes a Personal Deviation (as defined in the Policy).

SPECIFIED TRIP COVERAGE/SPONSORED TRIP (24 HOUR COVERAGE)/

A Primary Insured shall be covered under this Hazard while on the Specified Trip listed below:

This coverage will start at 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 a Covered Person returns to his or her home;
2. the date a Covered Person returns to his or her place of work; or
3. the date a Covered Person makes a Personal Deviation; except to the extent that the Personal Deviation:
 - a. coincides with the Covered Person’s otherwise covered travel; and
 - b. is limited to any consecutive period of 14 days immediately prior to, during or immediately following the otherwise covered travel.

BASE BENEFITS: ACCIDENTAL DEATH AND DISMEMBERMENT & PARALYSIS:

If Injury to the Covered Person results, within the Time Period for Loss from date of Accident shown in the Schedule of Benefits, in any one of the losses shown below, We will pay the Benefit Amount shown below for that loss. The Principal Sum is shown in the Schedule of Benefits. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Accident.

Quadriplegia	100% of the Principal Sum
Two or more Members.....	100% of the Principal Sum
One Member	50% of the Principal Sum
Hemiplegia.....	50% of the Principal Sum
Paraplegia.....	75% of the Principal Sum
Uniplegia.....	25% of the Principal Sum
Thumb and Index Finger of the Same Hand	25% of the Principal Sum

“Quadriplegia” means total Paralysis of both upper and lower limbs

“Hemiplegia” means total Paralysis of the upper and lower limbs on one side of the body

“Uniplegia” means total Paralysis of one lower limb or one upper limb.

“Paraplegia” means total Paralysis of both lower limbs and both upper limbs.

“Paralysis” means total loss of use. A Doctor must determine the loss of use to be complete and not reversible at the time the claim is submitted.

“Member” means Loss of Hand or Foot, Loss of Sight, Loss of Speech, and Loss of Hearing.

“Loss of Hand or Foot” means complete Severance through or above the wrist or ankle joint.

“Loss of Sight” means the total, permanent Loss of Sight of one eye.

“Loss of Speech” means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means.

“Loss of Hearing” means total and permanent Loss of Hearing in both ears that is irrecoverable and cannot be corrected by any means.

“Loss of a Thumb and Index Finger of the Same Hand” means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). “Severance” means the complete separation and dismemberment of the part from the body.

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; 12 hours ; 14 days benefit max

BAGGAGE DELAY BENEFIT:

If a Covered Person is on a Covered Trip and sustains a Baggage Delay, We will reimburse the Covered Person for the emergency purchase of essential items that he or she needs at a destination; subject to all of the following:

1. The Covered Person must be a ticketed passenger on a Common Carrier Conveyance. All claims must be verified by the Common Carrier who must certify the Baggage Delay and receipts for the purchase or replacement of necessary personal effects must accompany any claim;
2. The most We will pay under this benefit for purchases each day is the Daily Baggage Delay Maximum Benefit shown in the Schedule of Benefits;

3. For each Baggage Delay occurrence, the maximum number of days for which We will pay Baggage Delay Benefit is the Baggage Claim Benefit Period shown in the Schedule of Benefits;
4. The Baggage Delay Benefit Amount is excess over any other insurance (including homeowners) or indemnity (including any reimbursements by the Common Carrier) available to the Covered Person;
5. We will not pay more under this benefit than the Baggage Delay Maximum Benefit Amount shown in the Schedule of Benefits in any twelve (12) consecutive month period regardless of the number of Baggage Delay occurrences that may arise during the period; and
6. The following items are not covered under the Baggage Delay Benefit:
 - a. contact lenses, eyeglasses or hearing aids;
 - b. artificial teeth, dental bridges or prosthetic devices;
 - c. tickets, documents, money, securities, checks, traveler's checks and valuable papers;
 - d. business samples;
 - e. jewelry and watches; or
 - f. cameras, video recorders, computers, cell phones, tablets and other electronic equipment.

For purposes of this benefit:

Baggage Delay means a delay or misdirection of the Covered Person's Baggage by a Common Carrier for more than forty-eight (48) hours from the time the Covered Person arrives at the destination on the Covered Person's ticket. Baggage Delay does not include any delay or misdirection in baggage when the destination is the Covered Person's primary residence.

EMERGENCY MEDICAL EVACUATION BENEFIT:

If, due to a Medical Emergency, a Covered Person requires an Emergency Medical Evacuation, We will pay the expenses incurred for the Emergency Medical Evacuation, including medical expenses incurred to prepare the Covered Person for the Emergency Medical Evacuation, subject to all of the following:

1. the Covered Person is more than 100 miles from his or her primary residence or is traveling on a Covered Trip;
2. the Physician ordering the Emergency Medical Evacuation certifies that the severity of the Covered Person's medical condition requires an Emergency Medical Evacuation;
3. all transportation arrangements made for the Emergency Medical Evacuation are by the most direct and economical Conveyance and route possible;
4. all transportation arrangements are made by ISOS; and
5. the charges incurred are Medically Necessary and do not exceed the Usual and Customary Charges.
6. We will not pay for charges that would not have been made in the absence of insurance.
7. The most We will pay under this benefit is the Maximum Emergency Medical Evacuation Benefit stated in the Schedule of Benefits.
8. Benefits will not be payable unless We authorize in writing or by an authorized electronic or telephonic means all expenses in advance.

For purposes of this benefit:

Emergency Medical Evacuation means:

1. The Covered Person's transportation from the place where he or she suffers a Medical Emergency to the closest Hospital or other medical facility where appropriate medical treatment can be obtained;
2. the Covered Person's transportation to his or her current place of primary residence to obtain further medical treatment in a Hospital or other medical facility or to recover after the Medical Emergency; or
3. both 1 and 2 above.

Emergency Reunion Benefit

If a Covered Person is confined in a Hospital outside of his or her Home Country due to a Medical Emergency or the Covered Person requires an Emergency Medical Evacuation, We will pay the expenses incurred for one of the Covered Person's Immediate Family Members to accompany him or her prior to or after such Emergency Medical Evacuation subject to all of the following:

1. for amounts to be paid under this benefit, the Emergency Medical Evacuation Benefit must be payable under the Policy;
2. the expenses eligible for payment under this benefit are:
 - a. the cost of a round-trip economy airfare ticket and other local travel related expenses; and
 - b. the reasonable expenses incurred for lodging and meals for a period of 14 days;
3. We must authorize all expenses in advance and travel arrangements must be made by ISOS; and
4. the most We will pay under this benefit is the Emergency Reunion Benefit Maximum shown in the Schedule of Benefits.

For purposes of this benefit:

Emergency Medical Evacuation means:

1. The Covered Person's transportation from the place where he or she suffers a Medical Emergency to the closest Hospital or other medical facility where appropriate medical treatment can be obtained;
2. the Covered Person's transportation to his or her current place of primary residence to obtain further medical treatment in a Hospital or other medical facility or to recover after the Medical Emergency; or
3. both 1 and 2 above.

Family Reunion Benefit

If, while the Covered Person is traveling, he or she suffers a Medical Emergency and must be confined in a Hospital for at least 3 consecutive days, We will pay expenses incurred to have one of the Covered Person's Immediate Family Members join the Covered Person at the Hospital subject to all of the following:

1. the expenses eligible for payment under this benefit are:
 - a. the cost of a round-trip economy airfare ticket and other local travel related expenses;
 - b. the reasonable expenses incurred for lodging and meals for a period of 7 days;
2. We must authorize all expenses in advance and travel arrangements must be made by ISOS; and
3. the most We will pay under this benefit is the Family Reunion Benefit Maximum shown in the Schedule of Benefits.

Natural Disaster Evacuation Expense Benefit

If a Covered Person is on a Covered Trip and a Natural Disaster Condition occurs, We will pay the Covered Person for Evacuation Covered Expenses incurred in leaving his or her location, subject to all of the following:

1. The Covered Person must be traveling more than 100 miles outside of his or her permanent place of residence or college campus enrolled as student.
2. The Natural Disaster Evacuation must be approved and arranged by ISOS.
3. The most We will pay for each Covered Person is the Natural Disaster Evacuation Expense Maximum Benefit listed in the Schedule of Benefits.

For purposes of this benefit:

Evacuation Covered Expenses means the actual expenses incurred for:

1. the Covered Person's Transportation and Related Costs to the Nearest Place of Safety, necessary to ensure his or her safety. Natural Disaster Evacuation Expense Benefit is payable only once for any one Natural Disaster Condition.
2. Related Costs in the Nearest Place of Safety for up to fourteen (14) days;
3. the Covered Person's Transportation from the Nearest Place of Safety within fourteen (14) days of the Natural Disaster Evacuation to one of the following locations chosen by the Covered Person:
 - a. the Covered Person's permanent place of residence; or
 - b. the place in which the Covered Person was traveling if there is no travel warning from the United States Department of State governing such place on the date the Covered Person is scheduled to return.

Repatriation of Remains Benefit:

If a Covered Person suffers a loss of life due to a Covered Injury or Covered Sickness while traveling a 100 mile radius from his or her current place of residence while on a Covered Trip, We will pay the Repatriation Costs incurred to return his or her body to the place of his or her primary residence; subject to all of the following:

1. The most We will pay for Repatriation Costs is the Repatriation of Remains Maximum Benefit listed in the Schedule of Benefits.

Arrangements for the repatriation must be made by ISOS. Benefits will not be payable unless We authorize in writing or by an authorized electronic or telephonic means all expenses in advance.

For purposes of this benefit:

Repatriation Costs mean the reasonable costs incurred for:

1. embalming or cremation of the Covered Person;
2. the least costly coffin or receptacle adequate for transporting the remains of the Covered Person; and
3. transporting the remains of the Covered Person by the most direct and least costly Conveyance and route possible.

Return of Minor Child(ren) Benefit:

If a Covered Person, age 18 or older, is the only person over age 18 traveling on a Covered Trip with a minor Dependent Child(ren), and such Covered Person suffers a Covered Injury or Covered Sickness and must be confined in a Hospital for at least 48 consecutive hours or if the Covered Person is medically evacuated to another location, or his or her Home Country, We will pay the transportation costs to return the Dependent Child(ren) to his or her principal place of residence, subject to all of the following:

1. Transportation shall be by the most direct and economical means and may not exceed the Usual and Customary Charges for similar transportation in the locality where the expense is incurred.
2. We will not pay more than the Maximum Return of Minor Child(ren) Benefit listed in the Schedule of Benefits, regardless of the number of Dependent Child(ren) traveling with the Covered Person.
3. All travel arrangements must be approved and arranged by ISOS.

Security Evacuation Expense Benefit:

If a Covered Person is on a Covered Trip and a Security Evacuation Condition occurs, We will pay the Covered Person for Evacuation Covered Expenses incurred in leaving his or her location, subject to all of the following:

1. The Covered Person must be traveling on a Covered Trip outside of his or her Home Country.
2. The evacuation must be approved and arranged by the Travel Services Provider listed in the Schedule of Benefits.
3. The most We will pay for each Covered Person is the Security Evacuation Maximum Benefit listed in the Schedule of Benefits.

For purposes of this benefit:

Security Evacuation Condition means that:

1. the United States Department of State issued a travel warning, due to political or civil unrest for the country where the Covered Person is traveling;
2. the government authorities in the country in which the Covered Person is traveling issued a formal recommendation that such Covered Person or citizens of the Covered Person's Home Country should leave the country because of political or civil unrest; or
3. the Covered Person expulsion from the country where the Covered Person is traveling or being declared persona non-grata on the written authority of the recognized government in the country in which the Covered Person is traveling;
4. deliberate physical harm of the Covered Person confirmed by documentation or physical evidence or a threat against the Covered Person's health and safety as confirmed by documentation and/or physical evidence;

5. the Covered Person had been deemed kidnapped or a missing person by local or international government authorities and, when found, his or her safety and/or well-being are in question within seven days;
6. ISOS recommends an evacuation due to political or civil unrest.

Evacuation Covered Expenses means the actual expenses incurred for:

1. a land, water or air Conveyance, required to transport the Covered Person from the country to the Nearest Place of Safety;
2. temporary lodging and food in the Nearest Place of Safety for up to fourteen (14) days; and
3. a land, water or air Conveyance, required to transport the Covered Person from the Nearest Place of Safety fourteen (14) days to one of the following locations:
 - a. the Covered Person's Home Country or permanent residence;
 - b. the country in which the Covered Person was traveling if return is safe as determined by local governmental authorities of competent jurisdiction, or
 - c. the place of the Covered Person's permanent assignment.
4. lodging and, if necessary, physical protection for the Covered Person during or while waiting for transport to the Nearest Place of Safety.

Trip Interruption Benefit:

If a Covered Person is prevented from continuing or resuming his or her Covered Trip, after the Covered Trip has already commenced, due to a Trip Interruption Unforeseen Event, We will pay the Covered Person's Trip Interruption Expenses, subject to the following:

1. We will not pay more than the Trip Interruption Benefit Maximum shown in the Schedule of Benefits for all of the Covered Person's Trip Interruption Expenses arising out of one or more Trip Interruption Unforeseen Events during the same Covered Trip.
2. Notwithstanding the Claims section of the Policy, all payments under this benefits shall be paid to the person who is responsible for paying the Trip Interruption Expenses.

For purposes of this benefit:

Trip Interruption Expenses means the actual costs incurred by the Covered Person for:

1. for the unused, non-refundable travel arrangements prepaid to the travel supplier(s);
2. additional transportation expenses incurred by the Covered Person; and
3. return air travel up to the lesser of the Economy Fare or the amount shown on the Travel Declarations.

Trip Interruption Unforeseen Events means the following:

1. The Covered Person's Medical Emergency or death or a Medical Emergency that results in medically imposed restrictions as certified by a Physician at the time of loss preventing continued participation in the Covered Trip;
2. The Medical Emergency or death of a Covered Person's Immediate Family Member that requires the Covered Person to cancel the remainder of the Covered Trip.
3. The Covered Person are hijacked, quarantined or the victim of felonious assault;
4. The Covered Person's principal place of residence or accommodations at destination is made uninhabitable by fire or other Natural Disaster;
5. Burglary of the Covered Person's principal place of residence during his or her Covered Trip;
6. The death or Hospitalization of the Covered Person's host at the destination;
7. The Covered Person, who are military personnel, have a previously approved military leave revoked or experience a military reassignment after the start of the Covered Trip;
8. Strike that causes complete cessation of travel services of the Covered Person's Common Carrier for at least 24 consecutive hours;

9. A terrorist incident that occurs in a city listed on the Covered Person's Covered Trip itinerary and within 30 days prior to the commencement of the Covered Trip, provided that the same city did not experience a terrorist incident within the 45 days prior to the terrorist incident that is causing interruption of the Covered Trip;
10. Inclement Weather that causes complete cessation of services of the Common Carrier for at least 24 consecutive hours and causes the Covered Person to lose -10% or more of the scheduled trip duration;
11. A documented theft of the Covered Person's passport(s) or visa(s);
12. The destination of the Covered Trip is rendered uninhabitable by a Natural Disaster; or
13. Mandatory evacuation (or public official evacuation advisements when there is no mandatory evacuation) issued by local government authorities at the destination of the Covered Trip destination due to Natural Disaster.

Trip Delay Benefit:

If a Covered Person's Covered Trip is delayed for more than the Time Period shown in the Schedule of Benefits, We will reimburse the Covered Expenses up to the Daily Benefit Limit per person per day subject to the Maximum Benefit Period and Benefit Maximum shown in the Schedule of Benefits.

Covered Expenses include charges incurred for reasonable, additional accommodations and traveling expenses until travel becomes possible. Incurred expenses must be accompanied by receipts. This benefit is payable only for one delay of the Covered Person's Covered Trip. Travel Delay must be caused by one of the following reasons:

1. Injury, Sickness or death to either the Covered Persons, Immediate Family Member that occurs during the Covered Trip
2. Common Carrier delay;
3. Lost or stolen passport, travel documents or money
4. Quarantine;
5. Natural Disaster Condition
6. The Covered Person being delayed by a traffic accident while en route to a departure;
7. Hijacking
8. Unpublished or unannounced strike;
9. Civil disorder or commotion;
10. Riot
11. Inclement weather which prohibits Common Carrier departure;
12. a Common Carrier strike or other job action;
13. equipment failure of a Common Carrier; or
14. the loss of the Covered Person's travel documents, tickets or money due to theft

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 – see below
Home Country Extension of Benefits.....	Yes – see below

Extended Benefit Option If the Extended Benefit Option

A Covered Person suffers a Covered Injury or Covered Sickness for which benefits are payable under the Out of Country Medical Benefit, We will continue to pay the Covered Expenses for the treatment or recurrence of that Covered Injury or Covered Sickness when the Covered Person returns to his or her Home Country, subject to all of the following:

1. Such Covered Expenses must be incurred within 180 days of the Covered Person’s return to his or her Home Country.
2. The maximum amount that We will pay under the Extended Benefit Option is the Extended Benefit Maximum listed in the Rider Schedule of Benefits.
3. We will only pay for Covered Expenses that would have been payable under the Out of Country Medical Benefit.

Home Country Extension of Benefits

A Primary Insured will maintain coverage under the Out of Country Medical

Benefit when he or she returns to his or her Home Country or Country of Permanent Residence for incidental visits of up to a maximum of twelve (12) months provided that:

1. the period of coverage under the Policy is for a period of at least 30 days; and
2. the primary reason for the Primary Insured’s return to the Home Country or Country of Permanent Residence is not to obtain medical treatment for an injury, illness or disease.
3. We will only pay for Covered Expenses that would have been payable under the Out of Country Medical Benefit

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 fare-paying passenger on a regularly scheduled commercial or charter airline;
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 Policy exclusions, no benefits will be paid under this Rider for expense for, or resulting from, in whole or in part:

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.

Aggregate Limit

Benefit Maximum: \$1,000,000 per Accident

We will not pay more than the Benefit Maximum for all losses per Covered Accident. If, in the absence of this provision, We would pay more than Benefit Maximum for all losses from one Covered Accident, then the benefits payable to each person with a valid claim will be reduced proportionately, so the total amount We will pay is the Benefit Maximum.

NOTICE

This is a brief description of the coverages provided of the Travel Accident offered by Starr. Please read the policy carefully. 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.

Starr Companies, 399 Park Avenue, New York, NY 10022 | www.starrcompanies.com

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