**Core™ Travel Insurance Program for**

**Xperitas**

**Frequently Asked Questions and Answers**

**January, 2025**

**Core™ Travel Administrator Medical Assistance Provider**

**For info on the insurance program: For 24-hour emergency medical**

administrator@coretravelinsurance.com **assistance call Zurich Travel Assist:**

 **Tel: 1-800-263-0261 in the US or Canada**

**For claims questions, see question #30. Tel:** **1-416-977-0277 outside the USA**

*1. What is the purpose and limitation of this document?*

This document addresses frequently asked questions about the Xperitas travel medical and evacuation insurance program in which you are automatically enrolled. It allows you to quickly locate the information you need to know about the program and its benefits. Please note that we address coverage issues in a broad way, and this summary does not contain all of the policy details that govern the insurance. That information is available from administrator@coretravelinsurance.com upon request. In the event of a coverage dispute or discrepancy the wording of the policy on file will apply. These benefits are subject to change without notice.

*2. Who is the insurance company?*

The Insurance Company is Zurich American Insurance Company. The policy number is **GPT-4851233.**

You will receive an ID card customized for your Core™Travel insurance coverage with Xperitas.

The front of the card will list your name, policy number and organization. The reverse will show contact information for emergency assistance and claims. The emergency assistance provider can inform a medical facility about your coverage and limits.

The card is wallet-sized so that you can carry it with you during your trip. A good idea is to take a photo of the card and keep it in your smartphone.

***3. What benefits does this plan offer and what are its limits?***

“The Core™Plan” is automatically provided to Xperitas participants while they are on an Xperitas program anywhere in the world, outside of the United States. It covers your travel medical risks, including Medical Expenses and Emergency Medical Evacuation, while you are traveling. Travel medical insurance is not the same as the health insurance available to you at home and does not cover routine or wellness visits, or expenses that can safely wait until you get home. Expenses that arise from situations that are not clearly due to a covered travel medical risk may be payable by the participant. You can then submit the claim to the insurance company with a request for reimbursement.

This policy doesn’t provide any kind of liability insurance. Baggage and Personal Property insurance is not included in “The Core™ Plan” but can be purchased as an upgrade (see question 24.)

The benefits and limits of “The Core™ Plan” are:

Medical Expense $ 50,000

Emergency Medical Evacuation/Repatriaion $1,000,000

Continuation of Coverage Benefit $ 10,000

Emergency Dental $ 1,000 for injury

 $ 250 for alleviation of pain

Accidental Death Benefit $ 10,000

Loss of Use from Accident up to $ 10,000

Trip Cancellation Benefit $ 1,000

Emergency Reunion Benefit $ 1,500

Return Air Only Benefit $ 1,500

Security Evacuation Benefit $ 10,000

***How Is Covid-19 covered under this insurance?***

Covid-19 is covered like any other illness for medical expenses, including doctor visits and hospitalizations, as well as for emergency medical evacuations and repatriations. Coverage for medical expenses is limited to the medical expenses incurred when an Insured tests positive for the virus. Coverage for Covid-19 is also included in the Trip Cancellation, Emergency Reunion and Return Air Only benefits.

*4. Can I get higher limits of coverage during my Xperitas*

*program?*

Yes. You can choose to upgrade your limits of coverage from the “The Core™Plan” to “The Silver Plan”; “The Gold Plan”; or “The Diamond Plan”. These plans offer up to $500,000 in Medical Expense, as well as increased limits on some other benefits.

You can upgrade by contacting the Core Travel administrator and paying by credit card before your Xperitas program starts.

You can reach the Core Travel administrator by email at administrator@coretravelinsurance.com and by phone at 518-708-4192.

Once you’ve made an upgrade purchase, you will receive a confirmation of your order by email. Once you have begun your Xperitas program, however, your limits of insurance coverage cannot change. Premium paid for upgrades is not refundable once you have left for the international journey. **If you do not wish to upgrade the coverage, you do not have to do anything. You will automatically receive coverage under the “The Core™ Plan”.**

*5. When does the coverage begin and end?*

You are automatically covered for the scheduled period of your Xperitas program. Coverage will start on the actual start of the trip at the airport or any international disembarkation site and will end on the date of your return to the airport or port of arrival in your country of residence. Personal deviations are not covered.

***6. Is it possible to buy insurance that would cover me either before or after the Xperitas program?***

Yes, you can use the upgrade feature to buy travel insurance for your periods of international travel before or after your Xperitas program, or both.

EXTENSION BEFORE. If you want additional coverage for the period before you arrive at the program site, you can purchase that using the upgrade feature before your departure from your home country.

You can choose to start your coverage at any time before your Xperitas program begins, as long as you are not in your home country or in the US during that time, and as long as your period of extension ends on the day your Xperitas program begins.

EXTENSION AFTER. If you want coverage for the period after your Xperitas program ends, you can buy it either before your departure from the home country or even while you are still on the Xperitas program, as long as your period of group insurance with Xperitas has not yet expired. Coverage for your trip back to your home country will end when you arrive at the airport or other international disembarkation site in your home country.

You can request extension coverage for travel past your program dates by sending an email to administrator@coretravelinsurance.com or by calling 518-708-4192. Note that once the date on which your program is scheduled to end has passed, you will no longer be able to buy the extension.

If you need to stay overseas past the program end date, make sure that your insurance is extended in time to keep your coverage going.  If you are not able to arrange for the extension yourself, ask Xperitas to assist you.

Your insurance will end on the date your program ends unless you have arranged for an extension for additional travel days   If you are hospitalized on the date your program ends, coverage c.an continue until you are determined to be fit to fly home or for 31 days after the scheduled date of return, whichever comes first. Call Zurich Travel Assist If your return is delayed by hospitalization or by unavoidable circumstances beyond your control. Make sure that Zurich Travel Assist is involved should such circumstances arise, in order to confirm that coverage could remain in effect.

Coverage extension after the Xperitas program has ended is the only benefit from Core™ Travel that can be purchased after the departure from your home country.

GENERAL INFORMATION ABOUT EXTENSIONS. Coverage limits for extension periods will be the same as the limits in effect during the Xperitas program. For example, if you elect to upgrade to Silver Plan coverage for your Xperitas program, you will also need to buy any extension coverage under the Silver Plan too. Coverage extension is available for up to 364 days, including your time on the Xperitas program. Coverage applies anywhere in the world except for travel in your Home Country or the US.

Extension coverage is not provided until your purchase is approved and confirmed. Confirm your email address with the Core Travel Administrator so that you can receive immediate confirmation by email of your extension coverage purchase. If you feel you have not received the confirmation, check your spam or junk files. Then send an email to administrator@coretravelinsurance.com to request duplicate confirmation. Keep this confirmation with you while you travel outside the dates of the Xperitas program.

Premium paid for extended coverage is not refundable once you have left for the international journey.

*7. Where does the insurance cover me?*

Coverage is valid in the country of your Xperitas program and during scheduled dates for travel to and from your program location and home airport. Coverage applies anywhere in the world except for travel within the US or within your country of residence. Coverage ends once you have arrived at the airport or port of arrival in your Home Country.

*8. Does coverage continue if I remain out of my Home Country?*

Coverage ends when your Xperitas program is over, even if you choose to remain overseas, stay at the program location, or don’t return directly home. Your travel medical coverage is only effective for the official period of your Xperitas trip.

If you plan to continue traveling or remain outside the US or outside your home country after your Xperitas program ends, you may want to extend coverage to remain protected. You need to do that, however, **before your group coverage ends**. It is not possible to purchase an extension of coverage once your Xperitas expedition is over. You can upgrade travel dates by emailing administrator@coretravelinsurance.com, or by phone at 518-708-4192.

Your Home Country is the place of your primary residence.

 *9. Is there any deductible or co-payment?*

Yes, there is a deductible of $50. There is no co-payment required. Once the deductible has been payable one time, you’re fully covered up to the policy limits for medical expenses, except for any exclusions or limited provisions under the coverage. (There is also a deductible for baggage and personal effects coverage, which is available as an upgrade.)

It’s important to note that the insurance does contain exclusions. If one is found to apply to you after coverage has been provided, for example for a pre-existing condition, your insurance claim could be denied and you could be held financially responsible for the expense, as is the case with any travel medical insurance policy.

*10. I think I am already insured for my medical expenses while on the program. What happens then?*

The Xperitas insurance program is mandatory for all participants, regardless of existing coverage. Many domestic insurance policies don’t cover expenses incurred outside your Home Country or even in different states or provinces in your Home Country. In particular, many don’t cover Emergency Medical Evacuation or Assistance, especially from remote areas. We have this policy to make sure that you don’t encounter gaps in coverage that might impede your medical care while on the program and that could result in costly medical expenses for you.

While this is primary coverage, if the insurance company pays benefits that are available to you under another health care plan, they may seek to recover those expenses.

There are also special travel risks that can occur on an international travel program that this policy is designed to address that other medical polices may not cover. In many cases, such as automobile accidents, the insurer is obliged to investigate coverage related to the vehicles involved. We will ask for your help in making such investigations.

*11. What is covered under the Medical Expense benefit?*

The medical expense benefit limit of “The Core™Plan” coverage is $50,000. “Medical expense” means the cost of medical care received overseas. It applies to Medical Expenses that arise from a covered illness or injury. This policy is meant to cover expenses that can’t wait until you return home, and that are not covered under any other source of insurance. The first covered expenses have to be incurred within 30 days from the date of covered accident or illness.

The same medical expense benefits are covered on all the upgrade plans offered. Maximum limits covered differ from plan to plan.

If an Injury or Illness occurs during the period of coverage and you require medical or surgical treatment, this plan will pay no more than ***Reasonable and Customary (R&C*)** charges for Covered Expenses, up to the policy maximum. Reasonable and customary represents the range of usual fees for comparable services charged by medical professionals in the geographic area where medical services are rendered, as determined by the insurance company.

**Covered Medical Expenses include:**

* **Hospital Room and Board**—including Intensive Care
* **Medical emergency care**—including Emergency Room and Urgent Care
* **Hospital expenses**—including operating room, laboratory tests, anesthesia and medicines
* **Outpatient Surgical Room**—including diagnostic X-rays, diagnostic imaging, laboratory procedures and tests
* **Physician Expenses**, including surgical expenses—including services of Assistant Physicians, Anesthesiologists and Registered Nurses
* **Physiotherapy—** including rehabilitative devices and equipment prescribed by a Physician
* **Ambulance Expenses**
* **Prescription Drugs**
* **Emergency Dental--if Caused by an Accident or for Alleviation of Pain -** for repair and replacement of sound, natural teeth damaged as a result of an accident or for the relief of pain are covered at $100 per tooth up to the maximum. Routine dental examinations, routine x-rays, and other dental procedure that are not the result of an accident are not covered.
* **Mental Health Visits –**Charges for visits to a mental health professional, including costs for an interpreter if needed, up to a maximum of $500, whether on an inpatient or outpatient basis. This maximum limit applies for the entire duration of the participant’s international journey, including any extensions taken.

**Medical Expenses Not Covered:**

* **Pre-existing Conditions –** which means that expenses arising from a sickness, disease or other condition during the 30 day period immediately prior to date plan payment was received are not covered. This does not apply when the Insured Person is taking prescription medications for a condition which is and remains under control without any change in the required prescription for this time period.

 However, when it does apply, there is an emergency medical benefit of up to $2,500 for medical expenses arising from pre-existing conditions.

* **Routine Physical Examinations, Vaccinations** - *Not covered*
* **Routine Eye Examinations, Eyeglasses and Contact Lenses -** *Not covered*
* **Preventive Medical Services and Wellness Benefits** - *Not covered*
* **Mental and Nervous Disorders -** *Not covered***.**
* **Maternity or Childbirth or nursery care-** *Not covered***.** There is a benefit of up to $2,500 for treatment arising from complications of pregnancy, as well as a Newborn Nursery Care benefit of $2,000

*12. What kind of dental coverage is provided?*

The plan provides coverage for expenses due to injury to sound, natural teeth or to relieve pain. It does not cover fillings or routine dental exams. There is no upgrade available for dental coverage.

*13. What is the Continuation of Coverage benefit?*

This benefit keeps you covered in certain cases after your return to your Home Country. It covers medical expenses from a covered Injury or Illness that occurred and was diagnosed and treated while you were on an Xperitas program. It’s particularly useful should you be medically evacuated and face continuing medical bills from a covered Injury or Illness. This coverage does not apply to a new Injury or Illness you experience once you have returned to your Home Country.

The maximum is $10,000, which you must use in the forty-five days immediately following the date of your return to your Home Country. Coverage ends forty-five days from the date you return to your Home Country even if the full limit has not been used up. Coverage includes Physician visits, surgery, medicine, hospital stay and ambulance, but not air evacuation that may be desired once you are back home. If you have other insurance, like domestic medical insurance, available on your return, this feature is secondary. This benefit is in excess of any other valid and collectible insurance. There is no upgrade available for the Continuation of Coverage benefit.

***14. How much coverage is available for Emergency Medical Evacuation and how does it work?***

The policy pays a limit of $1,000,000 of covered expenses for covered emergency medical evacuation expenses. The limit is shared with the Repatriation Benefit, which is discussed in question 15. Note that these are separate from the benefit for Medical Expense, which addresses the cost of medical care you receive overseas.

Emergency Medical Evacuation is used when you become injured or ill and the Physician assisting you recommends that your Illness or Injury requires an Emergency Medical Evacuation to the nearest medical facility where appropriate medical treatment can be obtained or to your Home Country. This can include the costs of a nurse or physician to accompany you, either on a commercial airliner, on a special chartered plane, or other means of transportation.

It is important to note that Emergency Medical Evacuation is subject to the terms and conditions of the policy, which means that coverage exclusions apply. If you are medically evacuated for a reason that is found to be excluded under the policy the Medical Evacuation expenses become your responsibility. If it is possible that you could be medically evacuated for a reason excluded under this policy, it is advisable to make special provisions for additional coverage.

Note that Emergency Medical Evacuation is done only in serious cases, where your life is threatened or where you face a risk of permanent disability, and used when your health would be threatened by using regular forms of transport.

The decision to medically evacuate, and the determination of whether the evacuation is made to the home country or to a different medical facility, is made based on information from medical professionals working on the case and is implemented by Zurich Travel Assist.

**The process has to be coordinated by Zurich Travel Assist in order to be covered, including medical care, transportation arrangements and travel plans. Do not arrange a Medical Evacuation on your own. Make sure that both Zurich Travel Assist and Xperitas are involved in helping with any medical evacuation or repatriation plans.**

*15. What is the Repatriation benefit?*

Repatriation means the transport of bodily remains or ashes to your Home Country. Coverage for this is included in the limit provided for Emergency Medical Evacuation. The process has to be coordinated by Zurich Travel Assistance in order to be covered.

***16. Who is Zurich Travel Assist and how do I reach them?***

Zurich Travel Assist is a travel assistance company that operates around the world in conjunction with your insurer. Zurich Travel Assist services are administered by World Travel Protection Canada Inc., a member company of Zurich Insurance Group. World Travel Protection operates as a third party travel insurance administrator for insurance companies.

The Zurich Travel Assist (ZTA) emergency hotline is available 24 hours a day, 7 days a week. You can call them from **inside the US or Canada at 1-800-263-0261** or from **outside the US at 1-416-977-0277** (it is OK to call collect).When calling, please identify yourself as an insured of Zurich North America. The Xperitas policy number is **GPT-4851233**.

Zurich Travel Assist can also be reached by email at assistance@wtp.ca and by fax at 1-416-205-4622. If a medical evacuation is required, Zurich Travel Assist will arrange for it.

They provide the following services:

**Medical Assistance** - Worldwide medical information, worldwide hospital and physician referral, medical monitoring, dispatch of physician or specialist, emergency prescription replacement, evacuation or return of remains, and payment guarantee of medical expense.

Please note that payment guarantees apply to emergency medical situations only and must be approved by the assistance provider. Medical expense for emergency admission will be guaranteed up to $5,000. Up-front payment by Zurich Travel Assistance for non-emergencies is not guaranteed. You should be prepared to pay these expenses and submit a claim to the insurance company for them later if necessary.

The assistance provider will provide the service and guarantee payment unless there is clear indication that the situation is not an emergency. The definition of an emergency is “ a condition caused by accident or illness that manifests itself by symptoms of sufficient severity that a prudent layperson possessing an average knowledge of health and medicine would reasonably expect that failure to receive adequate medical attention would place the health of the person in serious jeopardy”.

**Travel Assistance Services-** 24-hour emergency travel arrangements, emergency translation service (for a fee), embassy and consular assistance, lost document assistance, worldwide legal referrals, bail bonds assistance, credit card replacement, lost baggage assistance. For more information about these services, please contact Zurich Travel Assist..

**Travel Information**—For general worldwide travel information on safety and health risks, visit [zurichtravelassist.com](http://zurichtravelassist.com). Click on “travel risk and security” and register using the insurance policy number found above. This will provide access to the following benefits: 1) travel security information on destinations worldwide 2) safety videos 3) access to the Zurich Travel Assist Mobile app, including geolocation services 3) Option for email travel alerts and daily intelligence briefings 4) World risk matrix chart.

*17. Who handles my insurance questions and administration?*

For information about the Core™ Travel program for Xperitas participants, including detailed explanation of upgrade options, send an email to administrator@coretravelinsurance.com or telephone at 518-708-4192.

The Core Travel Administrator can help you to select and purchase upgrade options. Payment may be made by Visa, MasterCard or Discover; payment by check or money order is not accepted. You will receive a confirmation of upgrade purchase by email. Premium paid for upgrades, including coverage extension, is not refundable once you have left for the international journey.

Questions about claims should be directed to the insurance company at the contact information listed in question #30.

*18. How does the Accidental Death Benefit work?*

This Accidental Death benefit is paid to a beneficiary if you die as the result of a covered Injury that occurred while traveling on an expedition. The death has to arise solely as a result of the covered Injury, and within twelve months of the date it occurred. Disappearance of the insured person is covered. The insurer will need a certificate of death to process a claim.

Participants have the option to increase the Accidental Death benefit limit by using the Silver or Gold upgrade plans.

*19. How does the Accidental Loss of Use benefit work?*

This benefit extends coverage to loss of use of limbs, speech and hearing due to an accident, and also to loss of covered use due to an accident. This means total paralysis to a limb or limbs that has continued for twelve consecutive months and is determined to be permanent and irreversible.

In the event that both this benefit and the death benefit could be utilized, the largest benefit will be paid. Illness is not covered under the Accidental Loss of Use benefit.

Participants have the option to increase the Accidental Loss of Use benefit limit by using the Silver or Gold upgrade plans.

*20. What is the Emergency Reunion Benefit?*

If you suffer an injury or sickness while overseas and must be confined to a hospital for at least seven days, the insurer will reimburse the expenses for someone to visit you during your stay in the hospital.

This includes transportation costs of up to $1,000 and lodging arrangements of up to $500 a day for a maximum of five days, made in the most direct and economical way and not exceeding the usual level of charges for similar transportation or lodging in the location where the expense is incurred.

Benefits need to be approved in advance by the Insurance Company, and travel arrangements made by Zurich Travel Assist

***21. What is the Return Air Only Benefit?***

This benefit accommodates extra travel expenses that arise when you have to go home because of a medical emergency that happens while you are traveling outside your home country. The medical emergency can happen either to you or to a member of your family.

**1) Your return to your home country for your health reasons**. If you are advised by a physician in writing that you should return to your Home Country before the scheduled completion of your trip for health reasons, but the situation does not require an Emergency Medical Evacuation, this benefit can address your extra traveling expenses. It’s important to get the physician’s note before you leave the country, as it may not be easy to obtain later. Coverage can apply if you incur an injury or illness that prevents you from continuing with your trip.

This benefit can reimburse the costs of a one-way economy air and/or ground transportation ticket, up to the limit of coverage provided. This benefit can also pay for your economy transportation costs home should you be medically evacuated to a location other than your home country. The benefit does not cover the expenses of returning to the location of your trip after your recovery.

**2) Your return to your home country for family health reasons**. If a Family Member has died or experienced an unforeseen illness or injury, to a degree that is so disabling that it could reasonably cause your trip to be interrupted, this benefit will reimburse the cost of your one-way economy air and/or ground transportation ticket to return home. The health situation of the Family member should be confirmed in writing by a physician who is not related to you, or to the Family Member involved, and with a death certificate. This benefit does not cover the expenses of returning to the location of your trip.

**“Family Member”** means your spouse, child, spouse’s child, son/daughter-in-law, parent(s), sibling(s), brother/sister, grandparent(s), grandchild, step-brother/sister, step-parent(s), parent(s)-in-law, brother/sister-in-law, uncle, aunt, niece, nephew, guardian, Domestic Partner, foster child, or ward.

An unforeseen injury is one that happens after the participant has left for the trip overseas. An unforeseen illness is one for which the sick person had not seen a doctor, experienced symptoms or received diagnosis or treatment in the thirty days before coverage became effective under the policy.

See questions 22 and 23 for information on upgrading these travel expense benefits. Note that while Emergency Reunion Benefit and Return Air Only Benefit are listed with separate limits, the benefit limits combine when upgrading to silver, gold and diamond levels. All benefits are subject to the conditions specified by the insurance policy.

Note that when a trip is interrupted due to a covered reason, the Return Air Only benefit can pay just for transportation expenses. In some cases the trip cancellation benefit could also be payable, up to the Core™Travel limit provided, or to the upgrade limit purchased.

For example, if a participant must return home early because of the illness of a Family Member, the Return Air Only expense could reimburse some travel expenses.. The post-departure trip cancellation benefit could pay up to $1,000 towards the costs of non-refundable trip payments, or more if you have purchased a voluntary upgrade.

The Trip Cancellation benefit is also triggered when a trip has been purchased but can’t be undertaken for covered reasons. See question 28 for more information on the trip cancellation benefit and upgrades.

***22. Can I get higher limits of coverage?***

You can upgrade to any of the following plans. Any extension of coverage you take before or after your Xperitas program will be put into effect at the same level of upgrade. Rates are based on the length of your program.

Terms and conditions offered under upgrade plans are the same as provided under “The Core™ Plan”, but the limits are higher.

**The benefits and limits of “The Core™ Plan” are:**

Medical Expense $ 50,000

Emergency Medical Evacuation/Repatriation $1,000,000

Continuation of Coverage Benefit $ 10,000

Emergency Dental due to $ 1,000 for injury $ 250 for alleviation of pain

Accidental Death Benefit $ 10,000

 Loss of Use from Accident up to $ 10,000

Trip Cancellation $ 1,000

Emergency Reunion $ 1,500

Return Air Only Benefit $ 1,500

Security Evacuation $ 10,000

The limits of coverage for “The Silver Plan” are:

Medical Expense $ 100,000

Emergency Medical Evacuation/Repatriation $1,000,000

Continuation of Coverage Benefit $ 10,000

Emergency Dental due to $ 1,000 for injury $ 250 for alleviation of pain

 Accidental Death Benefit $ 15,000

/Los of Use from Accident up to $ 15,000

Trip Cancellation $ 1,000

Emergency Reunion $ 1,500

Return Air Only Benefit $ 1,500

Security Evacuation $ 10,000

The limits of coverage for “The Gold Plan” are:

Medical Expense $ 200,000

Emergency Medical Evacuation/Repatriation $1,000,000

Continuation of Coverage Benefit $ 10,000

Emergency Dental due to $ 1,000 for injury $ 250 for alleviation of pain

Accidental Death Benefit $ 25,000

Loss of Use from Accident up to $ 25,000

Trip Cancellation $ 1,000

Emergency Reunion Benefit $ 2,500

Return Air Only Benefit $ 2,500

Security Evacuation $ 10,000

The limits of coverage for “The Diamond Plan” are:

Medical Expense $ 500,000

Emergency Medical Evacuation/Repatriation $1,000,000

Continuation of Coverage Benefit $ 10,000

Emergency Dental due to $ 1,000 for injury $ 250 for alleviation of pain

Accidental Death Benefit $ 25,000

Loss of Use from Accident up to $ 25,000

Trip Cancellation $ 1,000

Emergency Reunion Benefit $ 2,500

Return Air Only Benefit $ 2,500

Security Evacuation $ 10,000

***23. Is it possible just to buy higher levels of the Emergency Reunion Benefit and the Return Air Only Benefit?***

Higher levels for these two benefits are shown in a single combined limit that rises in the Silver and Gold plans. To increase this coverage, participants need to buy one of these plans. To determine the level of benefit that is right for you, consider the typical cost of purchasing last-minute travel, either for you to fly home suddenly from your program overseas, or for a family member to come to your overseas location at short notice.

***24. Can I obtain coverage for lost baggage and personal property and for baggage delay?***

Baggage and personal property coverage is not provided under “The Core™ Plan” but you may purchase it as an upgrade by emailing administrator@coretravelinsurance.come, or by telephone at 518-708-4192. **Baggage insurance**, including coverage for baggage delay, may be purchased before the departure for overseas travel, but not after the trip has begun.

You can get a $2,500 limit for loss, with a $50 deductible. There is a $500 limit per item Coverage is not just for luggage in transit (whether checked or not) but also applies to personal possessions and travel documents that are lost, stolen, damaged or destroyed during the course of your stay overseas.

Note that there is a $600 sublimit for electronic and professional equipment, such as cell phones, iPads or laptops. These items are also subject to a deductible of $250 first.

Coverage includes reimbursement of the cost to reissue passports or visas, as well as loss due to unauthorized use of credit cards that is not otherwise waived by credit card companies. If the covered items are in the custody of a common carrier and delivery is delayed, this coverage will continue until the property is delivered.

The policy will not pay for some items, including: 1) animals 2) items used for business or trade 3) musical instruments 4) brittle or fragile articles 5) jewelry 6) sporting equipment 7) boats, motorcycles, motor vehicles and other conveyances 8) dental bridges, retainers or dentures 9) hearing aids 10) sunglasses, eyeglasses or contact lenses 11) prosthetic devices 12) documents or tickets except for fees required to reissue tickets up to $250 per ticket 13) money, checks, securities, credit cards 14) property shipped prior to the scheduled date of departure 15) contraband

There is no coverage for losses coming from 1) defective materials 2) wear & tear 3) insects & animals 4) electric current or electric arcing 5) mysterious disappearance or 6) confiscation by airport or border personnel.

Payment is reduced by any other valid or collectible insurance. It is based on the actual cash value or replacement cost of the items, whichever is less. In order for coverage to take effect, you must report the incident to local authorities, which can be the representative from Xperitas, and obtain their written report of the loss. You must also take reasonable steps to protect your baggage from further damage and make necessary repairs.

Coverage for extra expenses caused by **baggage delay** can kick in after a delay of at least 12 hours after travel by common carrier, such as plane or train. The limit of coverage specifically for baggage delay is $100 a day for a maximum of 7 days, or $700.

Baggage delay coverage is meant for replacement of emergency items, such as clothing and personal articles, as well as expenses incurred to get the baggage returned. You must present itemized receipts to make a claim. Baggage delay coverage applies to destinations other than your primary residence. This benefit is secondary over any other insurance coverage that is available, such as homeowner’s insurance.

The general policy exclusions in question 26 apply both to loss of baggage & personal property, and also to baggage delay.

***25. Can I obtain coverage for Travel Delay?***

Travel Delay is not provided under the Core Plan, but you may purchase it as an upgrade by contacting the Core Travel Administrator at administrator@coretravelinsurance.com or by calling 518-708-4192. Travel delay may be purchased before the departure for overseas travel, but not once the trip has begun.

The Travel Delay benefit helps you to manage certain emergency expenses that can arise when you are already overseas, but not when you are flying internationally to or from your program. The benefit provides a limit of $1,000 (subject to $200 per day) if your trip is delayed for six consecutive hours or more for the following reasons:

1. Common carrier delay
2. Loss or theft of passports, travel documents or money
3. Quarantine (except that Covid-19 is not covered)
4. Hijacking
5. Natural Disaster
6. Adverse weather conditions
7. Travel accident (documented) while you are en route to your departure
8. Strike that is unannounced.

The benefit will pay for reasonable expenses of lodging arrangements, meals, telephone calls and local transportation. It does not include coverage for new airline tickets for international transportation.

*26. What are the general exclusions to this insurance policy?*

Coverage won’t be provided for any benefit provided under this insurance policy that is caused by or results from:

* Pre-existing conditions. This means that expenses arising from a sickness, disease or other condition during the 30 day period immediately prior to date plan payment was received are not covered.
* Intentionally self-inflicted Injury; suicide or attempted suicide while sane or insane. (This exclusion does not apply to the Emergency Evacuation/Repatriation benefit.)
* Mental, nervous or psychological disorders. There is a limited benefit of $500 offered in the policy for emergency mental health care. (This exclusion does not apply to the Emergency Evacuation/Repatriation benefit.)
* Being under the influence of drugs or intoxicants unless prescribed by a physician; expenses resulting from alcoholism or drug addiction
* Normal pregnancy, childbirth. (This exclusion does not apply to the pre-departure trip cancellation benefit.) There is a limited emergency benefit of $2,500 for expenses due to complications arising from pregnancy
* Routine nursery care. There is a limited benefit of $2,000 for newborn nursery care
* Non-emergency or elective medical or holistic treatment
* Experimental or investigative treatment or surgery
* Routine physicals
* Routine dental or eye care and treatment
* Services, supplies or treatment including any period of hospital confinement which were not recommended, approved and certified as necessary and reasonable by a doctor, or expenses which are non-medical in nature
* Expenses arising from Injuries or Illnesses that occur after the return to your Home Country or while temporarily visiting the Home Country
* Expenses incurred in the country of primary residence (in excess of the maximum limit applicable to the Continuation of Coverage benefit)
* Medical expenses incurred for treatment by the Insured’s Family Member
* Expenses that are more than Usual and Customary payment
* Custodial Services or services of a private duty nurse unless prescribed by a physician
* Expenses that are payable by any other form of insurance, including expenses covered by an employer or government sponsored plan, such as workers’ compensation, disability, national health insurance plan or other law
* Cosmetic surgery, except for reconstructive surgery needed as the result of an injury
* Repetitive motion injuries; cumulative trauma
* Treatment for Osteochondritis, including Osgood-Schlatter Disease
* Expenses relating to repair or replacement of artificial or prosthetic devices or medical equipment
* Participation as a professional in athletics.
* Riding or driving in any motor competition, as well as off-road driving as driver or passenger
* Scuba diving, if the depth of the water exceeds 75 feet
* The insured’s commission of or attempt to commit a felony
* Fighting or brawling, except in self-defense
* Operating or learning to operate any aircraft as pilot or crew
* Travel against the advice of a physician
* Travel for the purpose of obtaining medical treatment
* Service in the armed forces of any country
* Losses occurring at a time when the policy is not in effect for the insured
* Medical expenses incurred after the date that emergency medical evacuation has been recommended
* Medical expenses incurred more than 12 months from the date of covered injury or onset of sickness
* Expenses incurred within 6 months of re-injury of the same body part, unless cleared by a physician to practice or play
* Medical expenses the insured is not legally obligated to pay
* Expenses for personal or comfort items, such as telephone, television or guest meals
* Diagnosed sickness that carries a prognosis of death within 12 months; hospice care
* Nuclear reaction, radiation or radioactive contamination; release of nuclear energy or radiation
* Failure of any tour operator, common carrier or other travel supplier to provide travel services; bankruptcy or insolvency
* Under the Accidental Death & Dismemberment benefit, which responds to accidental injury only, there is an exclusion for sickness, disease or infection of any kind.

This is a combined, abbreviated listing of the exclusions; the policy wording contains the original versions and will supersede this summary.

*27. Which sports does this policy cover?*

Most sports are covered under this policy. There are exclusions for professional sports, racing, off-road driving (whether as a driver or passenger), and scuba deeper than 75 feet. Operating any aircraft is excluded.

***28. How does the Trip Cancellation Benefit work?***

The cancellation benefit can reimburse you for the amount you paid for your trip up to the $1,000 limit that is automatically provided under the Core™ Plan. The benefit responds if you are prevented from taking your trip or if the trip is interrupted as the result of 1) sickness 2) injury or 3) death that happens to you or to a Family Member.

“Family Member” means your spouse, child, spouse’s child, son/daughter-in-law, parent(s), sibling(s), brother/sister, grandparent(s), grandchild, step-brother/sister, step-parent(s), parent(s)-in-law, brother/sister-in-law, uncle, aunt, niece, nephew, guardian, Domestic Partner, foster child, or ward.

A licensed physician who is not a Family Member of the person who is the cause of the cancellation must do an examination. The medical condition must be so disabling that it prevents you from traveling. If the matter involves a family member, it must be life-threatening, or so severe as to require your care. The physician must advise the cancellation of the trip in writing.

Coverage addresses the payments and deposits made for your trip that could not be used, limited to published cancellation penalties. It will apply excess of any refund available. If your travel has not yet begun, you must notify Xperitas within 72 hours of becoming aware of your need to cancel, or as soon as medically possible.

The maximum benefit payable under the Core™ Plan is $1,000, so in order to fully protect the cost of your trip you must purchase additional insurance, such as with the voluntary upgrade. You must purchase the cancellation upgrade no later than two weeks after you make your last payment for the Xperitas trip.

If you would like higher limits of coverage, upgrades are available for limits up to $8,000. Contact the Core Travel Administrator at administrator@coretravelinsurance.com, or at 518-708-4192. Coverage cannot be purchased after you have begun any part of of your international journey.

Note that this cancellation benefit is not as broad as many of those found on some travel insurance policies. It responds to medical reasons for cancellation (please note that there is an exclusion for pre-existing medical conditions). Coverage, for example, does not apply if your travel provider goes bankrupt or if the airline goes on strike or does not operate. You will need to obtain a different insurance policy to address these kinds of cancellation losses. For more information about the trip cancellation benefit, please contact the Core Travel Administrator at administrator@coretravelinsurance.com.

*29. How does this coverage address War Risks?*

There is no exclusion for war risks in the policy, and no countries are specifically excluded from coverage. However, the policy operates in compliance with the US State Department Office of Foreign Assets Control (OFAC). Coverage is not provided to entities sanctioned under OFAC.

***30. How do I make a claim under this policy?***

You need to send a completed claim form and original medical bills within 90 days to Zurich Claims, who provide claims services for the insurance company. Zurich Claims can also provide you with a claims form.

At your request, and of course subject to coverage, Zurich Claims will either compensate the medical provider directly, or reimburse you if you have already paid the bill.

For fastest service, send claims by fax or email, including backup information, to :

Email: usz.accidenthealth.claims@zurichna.com

The toll-free telephone number to call about claims is 1-877-287-4805.

Claims can also be mailed to:

Claims Department

 Zurich American Insurance Company

 PO Box 968041

 Schaumburg, IL 60196

Fax: 877-962-2567

*31. What if I need to leave the host country because of a natural disaster or political instability?*

The insurance company will arrange for your evacuation out because of these risks, even if you have not experienced an injury or an illness but just need to get to safety. The limit of coverage is $10,000.

An evacuation means extricating you from the country because of an imminent physical danger arising from natural disaster or political instability involving the program location that could cause grave physical harm or death. All arrangements must be made by Zurich Travel Assist and/or by their designated security consulting firm in order to be covered.

Evacuation will be to the nearest place of safety, which means a place where you can be safe, get transportation and find lodging. Then, within 14 days, the policy will pay for your transportation back to your home country, to the country where your program is located, or back to the host country if return is safe and permitted. It will cover your expenses for food and lodging (up to $200 per day for ten days) and physical protection, as well as for transportation via the most efficient and available means. Benefits are payable only once for any one occurrence of natural disaster or political instability.

A natural disaster means a storm, earthquake, flood, volcanic eruption, wildfire or similar event that is due to natural causes. It must cause so much damage that the local government determines the location to be a disaster area and the area itself is deemed dangerous or uninhabitable. The evacuation can take place up to seven days after the natural disaster has occurred.

Political instability means political, social or military events happening in the country of travel that indicate that you should leave the country. These can be an advisory from the appropriate authorities in your home government or the host government that says that their citizens should leave, or a documented threat of physical harm. The insurer will seek to recover their costs if the volunteer or participant is found to have been an active participant in the event.

If the volunteer or participant is reported missing to, or considered kidnapped by, local and international authorities, the coverage can respond with services from the security consultant designated by the insurer to get information. Coverage does not include payment of ransom.

Coverage does not respond to epidemic or pandemic disease. Zurich Assist is not responsible for the availability of transport services. Where an evacuation becomes impractical because of hostile or dangerous conditions, the security consultant will work to keep contact with the volunteer or participant until the evacuation occurs. The insurance company does not accept liability arising from the security evacuation situation. This coverage can change with limited notice There are other very specific exclusions, terms and conditions that govern this benefit that can be found in the insurance policy.

***This is a summary of benefits provided. It is not an insurance policy. Any coverage description shown may be an abbreviated title and does not indicate in-force coverage. Only the policy itself provides coverage. This summary is not a part of and is not incorporated into the insurance policy. If there is any conflict between the coverage descriptions shown in this summary and the actual insurance policy, the insurance policy prevails. The insurance policy supersedes this summary.***