University of Massachusetts is providing travel benefits to eligible employees, chaperones, volunteers, students, persons attending a program as a J-Status, exchange visitor, or F-1 visa student, and eligible dependents traveling on behalf of University of Massachusetts for business purposes or while engaging in sponsored educational activities. This includes up to 7 days of personal deviations while on a covered trip. Below is a brief overview of the benefits being offered and contact information in the event of injury. Should you have any questions, please contact KLeahy@umassp.edu.

WHILE YOU ARE TRAVELING ANYWHERE IN THE WORLD

Accidental Death & Dismemberment Benefits
If, within 365 days of a covered accident, injury results in any one of the losses shown, the benefit amount shown opposite the loss will be paid. If multiple losses occur, only one benefit amount—the largest—will be paid for all losses due to the same accident.

Additional Benefits:
• Bereavement & Trauma, Coma, Emergency Reunion, Home Alteration and Vehicle Modification, Hospital Confinement, Rehabilitation, Seatbelt and Airbag

WHILE YOU ARE TRAVELING OUTSIDE YOUR HOME COUNTRY OR COUNTRY OF PERMANENT ASSIGNMENT

Medical Expense Benefits*:
We will pay up to $300,000 for medically necessary expenses incurred for hospital and medical care, treatment or services within 90 days of a covered accident or sickness.

Additional Benefits:
• Home Country Emergency* (only applicable for eligible employees), Home Country Extension* (only applicable to chaperones, volunteers, and students)

EMERGENCY RESPONSE BENEFITS APPLICABLE TO ALL PLANS
If you are traveling more than 100 miles from your permanent residence or you are outside your home country on company business, we will pay the following emergency response benefits (subject to the maximum limits in the Policy):
• Emergency Medical*
• Emergency Medical Evacuation
• Repatriation of Remains
• Security Evacuation Expense, including Natural Disaster (applies only if traveling outside home country)
• War Risk (applies only if traveling outside the United States, home country or country of permanent assignment)

*Benefits may not be applicable to persons attending a program as a J-Status, exchange visitor, or F-1 visa student.

For medical referrals, evacuation, repatriation or other services please call:
1-855-327-1414 (Inside the U.S.)
1-630-694-9764 (Worldwide)
medassist-usa@axa-assistance.us

Visit www.acetravelassistance.net for access to global threat assessments and location based intelligence.
Username: medassist-usa@axa-assistance.us
Password: acea&h

Organization: University of Massachusetts
Policy Number: ADD N10892508
Assistance Provider: AXA Assistance USA, Inc.

Please call when:
• You require a referral to a hospital or doctor
• You are hospitalized
• You need to be evacuated or repatriated
• You need to guarantee payment for medical expenses
• You experience local communication problems
• Your safety is threatened by the sudden occurrence of a political or military event
WHAT IS NOT COVERED

No benefits are payable for any loss or Injury that is caused by or results from:

♦ intentionally self-inflicted injury (applicable to AD&D only)
♦ suicide or attempted suicide (applicable to AD&D only)
♦ war or any act of war, whether declared or not (except as provided by the Policy)
♦ a Covered Accident that occurs while on active duty service in the military, naval or air force of any country or international organization
♦ sickness, disease, bodily or mental infirmity, bacterial or viral infection, or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food
♦ piloting or serving as a crewmember in any aircraft (except as provided by the Policy)
♦ commission of, or attempt to commit, a felony
♦ riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline

In addition, no Medical Expense Benefits are payable for any loss, treatment, or services resulting from or contributed to by:

♦ routine physicals and care of any kind
♦ routine dental care and treatment
♦ routine nursery care
♦ cosmetic surgery, except for reconstructive surgery needed as the result of an Injury
♦ eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof; eyeglasses, contact lenses, and hearing aids
♦ any supplies, or treatment including any period of Hospital confinement which is not recommended, approved and certified as Medically Necessary and reasonable by a Doctor, or expenses which are non-medical in nature
♦ treatment or service provided by a private duty nurse
♦ treatment by any Immediate Family Member or member of your household
♦ expenses incurred during holiday travel, or travel for purposes of seeking medical care or treatment, or for any other travel that is not in the course of the Policyholder’s business (unless Personal Deviations are specifically covered)
♦ covered medical expenses for which you would not be responsible to pay for in the absence of the Policy
♦ any expense paid or payable by any other valid and collectible group insurance plan
♦ Injury or sickness for which benefits are paid or payable under any workers’ compensation or occupational disease law or act, or similar legislation, whether United States federal or foreign law.

Additional exclusions apply to Security Evacuation Expense benefits. Please contact KLeahy@umassp.edu for more details.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.

HOW TO FILE A CLAIM

You will need to submit a completed claim form for any covered accident or eligible expense in order to receive reimbursement under the policy. If you have suffered a covered loss or incurred a covered expense, please contact KLeahy@umassp.edu for the appropriate claim form. The instructions for the claim form will detail any supporting documentation you will need to submit with your claim.

How can I ensure the timely processing of my claim?

Be sure to provide the requested documentation when submitting a claim. Also, be sure to provide a diagnosis or suitable explanation for the loss you are claiming. When receiving care from doctors outside of the United States, an explanation of the occurrence may help to clarify your claim and help to facilitate the claim process.

What if there is an emergency while I am traveling?

In an emergency call AXA Assistance USA right away. Your membership entitles you to help with arranging medical transportation or care; coordinating medical fees, when approved; monitoring your condition; evacuating you to a center of medical excellence if local care is inadequate; and providing help if your safety is at risk. You may also contact AXA Assistance USA if you need health, safety or security advice or if you need to find a local doctor or other medical provider. For more information, or to contact AXA Assistance USA, please refer to your ID card.

What information will I need to provide if I call for travel assistance services?

Please be prepared to identify yourself as a member with University of Massachusetts. AXA Assistance USA will coordinate service authorization with University of Massachusetts and will coordinate the claim submission process with your Insurer if they incur approved covered expenses.

What if a physician or hospital insists I pay the bill myself?

For non-emergency charges and expenses, providers may ask you to pay the bill yourself using cash or a credit card. You may submit these charges with a claim form and payment receipts for reimbursement by your local claim office. In an emergency situation, contact AXA Assistance USA immediately to see if a guaranty of payment may be arranged.