



UNIVERSITY OF CENTRAL FLORIDA

**Risk Management**

PO Box 163500  
Orlando, FL 32816

**Business Travel Benefits Summary**

*Effective August 21, 2014*

<b>Medical Expense Benefit</b>	
▪ Maximum per Faculty Member or Employee	\$250,000
▪ Deductible	\$0
▪ Co-insurance Rate	100% of the usual and customary charges
▪ Dental Treatment	
○ Injury Only	\$100 per tooth up to a maximum of \$500
○ Alleviation of Pain	\$100 per tooth up to a maximum of \$500
▪ Room & Board Charges	Average semi-private rate per day
▪ ICU Room & Board Charges	Two times the average semi-private rate per day
▪ Chiropractic Care (Subject to an 80% co-insurance rate of the usual and customary charges)	\$50 per visit up to a maximum of 10 visits
▪ Mental and Nervous Disorders	
○ Inpatient	\$5,000 per Policy Term, 30 day maximum
○ Outpatient	\$1,000 per Policy Term, 10 visit maximum
▪ Newborn Nursery Care	\$500
▪ Prescription Drugs	
○ Inpatient Co-insurance	100% of the usual and customary charges
○ Outpatient Co-insurance	100% of the usual and customary charges
▪ Therapeutic Termination of Pregnancy	\$500
<b>Other Medical Expense Benefits</b>	
▪ Emergency Medical	\$10,000
▪ Emergency Medical Evacuation	100% of the covered expenses
▪ Repatriation of Remains	100% of the covered expenses
<b>Emergency Reunion Benefit</b>	
▪ Maximum per Faculty Member or Employee	\$12,500
▪ Daily	\$300
▪ Number of Days	10
▪ Repatriation of Remains	\$2,500
<b>Security Evacuation Expense Benefit</b>	
▪ Maximum per Faculty Member or Employee	\$25,000
▪ Limit per Occurrence	\$250,000
<b>Accident Death &amp; Dismemberment</b>	
▪ Principal Sum	\$50,000
<b>Additional Benefits</b>	
▪ Personal Deviation (Sojourn)	10 days



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### **Definitions:**

- Emergency Medical is the guaranteed payment for medical expenses to a medical provider, hospital or treatment facility.
- Emergency Medical Evacuation covers expenses for medical transportation, dispatch of a doctor or specialist, return, dependent children of the injured Person, back to their residence and escort services for an Immediate Family Member or companion to join injured Person during emergency medical evacuation.
- Repatriation of Remains covers expenses for embalming or cremation, costs for a coffin for travel, transportation of the remains and escort services for an Immediate Family Member or companion to accompany the remains back to the place of residence.
- Emergency Reunion covers expenses for an injured Person's Family Member to accompany them back to their place of residence or hospital where the injured Person has been confined over 24 hours or is a victim of a Felonious Assault.
- Security Evacuation covers expenses and related costs to move a Covered Person to a place of safety or country of residence in the event of a natural disaster or military or political unrest.
- Personal Deviation (Sojourn) is any activity not related to Business or the purpose of the trip.

### **General Exclusions:**

- Services rendered in a country in which a Covered Persons' holds a passport, unless the Covered Person also has an U.S. passport and has declared the U.S. their home country.
- Intentionally self-inflicted injury; suicide or attempted suicide.
- War or any act of war, whether declared or not.
- A covered accident that occurs while a Covered Person is on active duty service in the military, naval or air force of any country or international organization.
- Piloting or servicing as a crewmember in any aircraft.
- Commission of, or attempt to commit, a felony.
- Riding in any aircraft except as a fare-paying passenger on a scheduled or chartered airline.
- Injury or loss contributed by the use of drugs unless administered by a doctor.
- An accident if the Covered Person is the operator of a motor vehicle and does not possess a valid vehicle operator's license.

### **Exclusions specific to Medical Benefits:**

- Routine physicals and care of any kind; routine dental care and treatment; routine nursery care.
- Services or expenses incurred in the Covered Person's home country.
- Services, supplies or treatment which is not recommended, approved and certified as Medically Necessary.
- 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.
- Elective treatment, exams or surgery; elective termination of pregnancy.
- Treatment by any Immediate Family Member or member of the Insureds household, or treatment provided under a government mandated program to treatment any individual without cost.
- Sexually transmitted diseases or immune deficiency disorders and related conditions; exclusion does not apply to AIDS, ARC, HIV or any illness or disease arising from these medical conditions. Expenses for services, treatment or surgery deemed to be experimental and which are not recognized and generally accepted medical practices in the United States.