

# GLOBAL ASSISTANCE AND TRAVEL PROTECTION PROGRAM

**The Texas State University System**



If you need Medical, Security or Travel assistance, 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:** +1 603-328-1901

**Call toll free from US or Canada:** 1-855-226-8499

**Email:** [mail@oncallinternational.com](mailto:mail@oncallinternational.com)

**24/7 Live Chat:** [www.oncallinternational.com/chat/direct](http://www.oncallinternational.com/chat/direct)

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.

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

If you are experiencing a medical emergency, you should proceed immediately to the nearest hospital or emergency department and then contact On Call as soon as you or a companion can safely do so.

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 The Texas State University System. The policy is underwritten by HDI Global Ltd. Complete information on the insurance is contained in the Certificate of Insurance on file with The Texas State University System. If there is a difference between this program description and the certificate wording, the certificate controls.



## DESCRIPTION OF SERVICES

### I. GLOBAL ASSISTANCE SERVICES

#### 1) MEDICAL ASSISTANCE SERVICES

- a. **Pre-Trip Plan** On Call shall provide up-to-date information either by e-mail, fax or over the phone regarding required vaccinations, health risks, travel restrictions and weather conditions for destinations worldwide.
- b. **Medical Monitoring** On Call shall, via telephone, email and fax, monitor the Participant's conditions when hospitalized. On Call shall maintain an appropriate level of contact with the treating physician and nursing staff as well as obtain relevant medical, surgical and treatment plan reports and information. On Call will use information obtained to assess the available level of care in relation to the patient's condition and geographical location where treatment is being performed.
- c. **24 Hour Nurse Help Line** On Call shall provide, at the Participant's request, with clinical assessment, education and general health information. This service shall be performed by a registered Nurse counselor to assist in identifying the appropriate level and source(s) of care for Participant's (based on symptoms reported and/or health care questions asked by or on behalf of Participant's). Nurses shall not diagnose Participant's ailments.
- d. **Prescription Replacement Assistance** If a Participant requires prescription medication or eyeglasses, On Call International will consult with the prescribing physician and locate and arrange to send the prescription medication or eyeglasses when it is possible and legally acceptable or arrange an appointment with a local medical provider.
- e. **Guarantee of Payment** Guarantees shall be made by On Call for any expenses either covered by a benefit of the Program or authorized by the Client.
- f. **Medical, Behavioral or Mental Health, Dental and Pharmacy Referrals** On Call shall provide, at the Participant's request, referrals to medical and/or dental professionals and pharmacies in the given geographic area locations of western style medical facilities and English speaking doctors, dentists and other healthcare providers in an area served by On Call to the extent possible.
- g. **Coordination of Benefits** On Call shall request primary health insurance information and/or any supplemental travel/secondary insurance from the participant and attempt to coordinate benefits during an active assistance case. Coordination includes attempt to facilitate direct payment of covered expenses from the insurer to the medical provider and facilitating assistance with claims documentation by notifying the insurance carrier and requesting a pre-certification of medical expenses.

#### 2) MEDICAL TRANSPORTATION SERVICES

Terms, conditions and limitations included in Section II apply to services described in this section.

- a. **Emergency Medical Evacuation** On Call shall arrange and coordinate air and/or surface transportation and medical care during transportation from a hospital or medical facility to the nearest hospital where appropriate medical care is available.

Following a Medical Evacuation, if the Participant is discharged and deemed fit to travel unescorted, On Call shall arrange transportation to return the Participant to the original location or to the Participant's home if the reason for travel has ended.

- b. **Medical Repatriation** After being treated at a medical facility, On Call shall arrange the transport of the Participant with a qualified medical attendant to their residence or home hospital for further medical treatment or recovery.
- c. **Return of Remains** In the event of a Participant's death, On Call shall make the arrangements coordinate for casket or air tray, preparation and transportation of his/her remains to his/her place of residence or to the place of burial.

### 3) EMERGENCY (COMMERCIAL) TRAVEL SERVICES

Terms, conditions and limitations included in Section II apply to services described in this section.

- a. **Emergency Travel Arrangements (Visit by Family or Friend; Family Reunion)** If the Participant is hospitalized On Call shall arrange travel and suitable hotel accommodations for a person of the Participant's choice to join them.
- b. **Return of Dependent Children** If the Participant's dependent(s) are present but left unattended as a result of the Participant's Medical Evacuation or hospitalization, On Call shall make arrangements to return them home, including a non-medical escort as needed.
- c. **Emergency Return Home** If a Participant's parent, child, sibling, spouse or participant partner suffers a life-threatening illness or death, On Call shall arrange for economy airfare for the Participant to go to the family member's location.
- d. **Emergency Travel Expenses following a Felonious Assault** If the Participant is the victim of a felonious assault, On Call shall arrange travel and suitable hotel accommodations for a person of the Participant's choice to join them.
- e. **Emergency Return Home following a Felonious Assault** If a Participant's is a victim of felonious assault, On Call shall arrange for economy airfare for the Participant to return home.
- f. **Return of Traveling Companion** If a Participant's traveling companion loses previously made travel arrangements due to a delay caused by the Participant's medical emergency or death, On Call shall arrange one-way economy airfare to return the companion to his or her original departure point.
- g. **Bereavement Reunion** In the event a covered Participant dies while covered under the Program, On Call shall arrange for an assigned advocate to fly to the location of the deceased to identify and accompany the remains back to the Participant's home country.

### 4) TRAVEL ASSISTANCE SERVICES

- a. **Pre-Trip Information** On Call shall provide to Participants pre-trip information such as visa, passport and inoculation requirements; cultural information; weather conditions; embassy and consulate referrals; foreign exchange rates; and travel advisories.
- b. **24/7 Emergency Travel Arrangements** On Call shall assist Participant once a trip has started with changing airline, hotel or car rental reservations.
- c. **Translator and Interpreter Referral** On Call shall provide the Participant with access to an interpreter via telephone 24 hours a day or referrals to local translators and interpreters in the case of communication problems which cannot be solved via telephone.
- d. **Emergency Travel Funds Assistance** On Call shall provide assistance to Participants by arranging for the forwarding of funds from Participant's credit cards or family Participants.





Information Commissioner's Office Wycliffe House Water Lane Wilmslow Cheshire SK9 5AF	Information Commissioner's Office 45 Melville Street Edinburgh EH3 7HL	Information Commissioner's Office 2 <sup>nd</sup> Floor Churchill House Churchill Way Cardiff CF10 2HH	Information Commissioner's Office 3 <sup>rd</sup> Floor 14 Cromac Place Belfast BT7 2JB
Tel: 0303 123 1113 (local rate) or 01625 545 745 (national rate)	Tel: 0131 244 9001	Tel: 029 2067 8400	Tel: 0303 123 1114 (local rate) 028 9027 8757 (national rate)
casework@ico.org.uk	scotland@ico.org.uk	wales@ico.org.uk	ni@ico.org.uk

#### Further information:

If You would like to receive a copy of the personal information We hold on You, or if You would like further information or wish to complain about the way that We use personal information, please write to Our Data Protection Contact (set out below).

If We change the way that We use Your personal information, We will write to You to let You know. If You do not agree to that change in use, You must let Us know as soon as possible. You have the right to complain to Us at any time if You object to the way We use Your personal information. If you do, We will no longer be able to process the personal information We hold about You unless We are able to demonstrate compelling legitimate grounds for the continued processing of Your personal information which override Your interests, rights and freedoms of You, or for the establishment, exercise or defence of legal claims.

#### Contacting Our Data Protection Contact

To contact Our Data Protection Contact please write to Us at HDI Global Specialty SE, 10 Fenchurch Street, London EC3M 3BE UK giving Your name, address and insurance policy number.

#### REASONABLE CARE

You must exercise reasonable care to prevent illness, injury or loss or theft or damage to your documents and Money as if uninsured, and avoid willful exposure to danger, except in an attempt to save a human life.

#### OUR COMMITMENT TO YOU

Each of Our customers is important to Us, and We believe You have the right to a fair, swift and courteous service at all times. We acknowledge receipt of Your complaint and We will deal with it promptly and provide a response as quickly as possible.

Note that the FOS will only consider Your complaint if you have given Your insurance adviser the opportunity to resolve it and You are a private Policyholder, a business with a group turnover of less than €2 million, a charity with an annual income of less than €2 million, or a Trustee of a trust with a net asset value of less than €2 million. If, however, Your complaint is not resolved within 40 working days, the FOS will accept a direct referral.

Whilst We are bound by the decision of the FOS, You are not. Following the complaint procedure does not affect Your right to take legal action.

### **FINANCIAL SERVICES COMPENSATION SCHEME**

For risks located within the EEA We are covered by the UK Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from the scheme if We cannot meet Our obligations. This depends on the type of business and the circumstances of the claim. Most insurance contracts are covered for 90% of the claim with no upper limit. You can learn more about this scheme at [www.fscs.org.uk](http://www.fscs.org.uk) or by phoning 0800 678 1100 or 0207 741 4100 or writing to Financial Services Compensation Scheme, 10th Floor, Beaufort House, 15 St Botolph Street, London, EC3A 7QU.

### **Useful Telephone Numbers and Websites**

On Call International Call Centre:	+1 603-328-1901
Claims Administrator:	<a href="mailto:tpaclaims@oncallinternational.com">tpaclaims@oncallinternational.com</a>
Complaints:	+1 855-878-9590
Financial Ombudsmen:	+1 855-878-9590
Financial Services Compensation Scheme:	+1 855-878-9590

### **Who to contact in the event of Claim**

Claims for self-paid medical expenses incurred outside the United States should be submitted to: [claims@oncallinternational.com](mailto:claims@oncallinternational.com)

Or

### **On Call Intl Claims Dept.,**

11 Manor Parkway, Salem, NH 03079  
Tel: 603 328 1300 | Fax: 603 328-1770

### **EMERGENCY MEDICAL ASSISTANCE**

For Emergency medical assistance anywhere in the world at any time, Our Emergency Assistance Company is only a telephone call away. The team will help with medical problems, locating nearest medical facilities, Your Emergency Medical Evacuation or Repatriation to Your Home Country, locating nearest embassies and consulates, as well as keeping you in touch with your family in an emergency.

Provided treatment, or costs, charges or expenses have been pre-authorized by our Emergency Assistance Company We will pay all associated costs incurred on You for the following and provide the following benefits:

We will

- Take charge of enquiries 24 hours a day 365 days a year.
- Where necessary contact hospitals on Your behalf and guarantee and pay for any pre-authorized and necessary treatments, costs, charges or expenses.
- Talk to doctors and hospital staff in their own language.
- Ensure medical advisers are consulted at the outset for their views on the possibility of arranging



Potholing/Caving (as part of a group), Parachuting, Paragliding, Parapenting, Parasailing (behind a boat), Parapenting (behind a motorised vehicle), Polo, Rock Climbing (with ropes), Sea Kayaking, Shark Cage Diving, Skydiving, Show-jumping, Spelunking or White Water Rafting (grade 4-5), White Water River Kayaking (grade 4-5).

**HIV+:** Laboratory evidence defined by the United States Centers for Disease Control as being positive for Human Immunodeficiency Virus infection.

**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 72 hours taken 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.

**Legal Permanent Resident:** means a person who has been granted full lawful permanent residence as defined by the immigration law in the country of their legal permanent residence.

**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:

3. Solicitors' fees for representation at any coroner's inquest or fatal accident enquiry or in any court of Summary Jurisdiction; except that in respect of occurrences happening in or claims or legal proceedings brought or originating in the United States of America and Canada.

For benefits to be payable under this section:

1. You must not make any admission, offer, promise, or indemnity without Our consent. We shall be entitled to take over and conduct in Your name the defence or settlement of any claim or to prosecute in Your name for Your own benefit any claim for indemnity or damages or otherwise and shall have full discretion in the conduct of any proceedings and in the settlement of any claim and You shall give all reasonable information and assistance as We may reasonably require. Every letter, claim, writ, summons and process shall be forwarded to us on receipt. Written notice shall be given to Us as soon as reasonably practicable should You have notice of any prosecution or inquest in connection with any circumstances that may give rise to liability under this Section.
2. We may at any time pay You in connection with any claim or series of claims the limit of Indemnity for personal liability stated in this section (after deduction of any sum(s) already paid by Us as compensation) or any lesser amount for which such claim(s) can be settled and upon such payment being made. We shall relinquish the conduct and control of and be under no further liability in connection with such claim(s) except for the payment of costs and expenses recoverable or incurred prior to the date of such payment.

**The following exclusions apply to Personal Liability:**

We shall not be liable for any expense arising directly or indirectly from:

- a. Your liability in respect of Accidental Bodily Injury to any person who is;
  - i. Under a contract of service or apprenticeship with You if such injury arises out of and in the course of their employment.
  - ii. A member of Your family
  - iii. Also insured under this Policy
- b. Your liability in respect of loss or damage to property belonging to or held in trust by You or in Your custody or control other than temporary accommodation occupied by You.
- c. Your liability in respect of Accidental Bodily Injury, loss or damage caused directly or indirectly in connection with the ownership, possession or use by You of:
  - i. Mechanically propelled vehicles (other than golf buggies used on golf courses and not on public roads).
  - ii. Aircraft, hovercraft, watercraft, (other than non-mechanically powered watercraft less than 30 feet in length used on inland waters).
  - iii. Firearms (other than sporting guns).
- d. Your liability in respect of Accidental Bodily Injury loss or damage arising directly or indirectly in connection with:
  - i. Your ownership, possession or occupation of land or buildings, immobile property or caravans other than temporary accommodation occupied by You.
  - ii. Any willful or malicious act committed by You..
  - iii. The carrying on by You of any trade, business or profession except as a Teacher.
  - iv. The supply of goods or services by You.
  - v. Your Insanity, You being under the influence of alcohol, or drugs (except as medically prescribed) or Your drug addiction.