Business Travel Accident Insurance Overview

Drexel University

**Business Travel Accident Insurance Coverage** – *paid by your employer*

**Employee**

**Class 1:** All active full time Employees working a minimum of 29 hours per week and Employees whose active service ends due to an Employer approved leave of absence due to Sabbatical Leave with Pay, Leave with Pay, and Beneficial Leave without Pay as in accordance with the guidelines as on file with the Employer not to exceed 30 months.

**Benefit Amount and Maximum** – One (1) time Base Annual Earnings to a maximum of $500,000 rounded to the next higher $1,000; subject to a minimum of $100,000 and a maximum of $500,000.

**A Valuable Combination of Benefits**

A covered accident is a sudden, unforeseeable, external event, resulting directly and independently of all other causes, in a covered injury or covered loss that occurs while coverage is in force. To help survivors of severe accidents adjust to new living circumstances, we will pay benefits according to the chart below.

<table>
<thead>
<tr>
<th>If, within 365 days of a covered accident, bodily injuries result in:</th>
<th>We will pay this % of the benefit amount:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of life</td>
<td>100%</td>
</tr>
<tr>
<td>Loss of Two or More Members</td>
<td>100%</td>
</tr>
<tr>
<td>Loss of Speech and Hearing (in both ears)</td>
<td>100%</td>
</tr>
<tr>
<td>Quadriplegia</td>
<td>100%</td>
</tr>
<tr>
<td>Loss of One Member</td>
<td>50%</td>
</tr>
<tr>
<td>Paraplegia</td>
<td>50%</td>
</tr>
<tr>
<td>Loss of Speech</td>
<td>50%</td>
</tr>
<tr>
<td>Loss of Hearing</td>
<td>50%</td>
</tr>
<tr>
<td>Hemiplegia</td>
<td>50%</td>
</tr>
<tr>
<td>Loss of Thumb and Index Finger on the same Hand</td>
<td>25%</td>
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</table>

*Only one benefit (the largest) will be paid for losses from the same accident.*
Additional Benefits of Personal Accident Insurance

**For Wearing a Seatbelt**

Additional 10% benefit but not more than $25,000 if the covered person dies in an automobile accident while wearing a seatbelt or approved child restraint.

**For Exposure & Disappearance**

Benefits are payable if you or an insured family member suffer a covered loss due to unavoidable exposure to the elements as a result of a covered accident.

If your or an insured family member's body is not found within one year of the disappearance, wrecking or sinking of the conveyance in which you or an insured family member were riding, on a trip otherwise covered, it will be presumed that you sustained loss of life as a result of a covered accident.

**What is Not Covered**

Self-inflicted injuries or suicide while sane or insane; commission or attempt to commit a felony or an assault; any act of war, declared or undeclared; any active participation in a riot, insurrection or terrorist act; bungee jumping; parachuting; skydiving; parasailing; hang-gliding; sickness, disease, physical or mental impairment, or surgical or medical treatment thereof, or bacterial or viral infection; voluntarily using any drug, narcotic, poison, gas or fumes except one prescribed by a licensed physician and taken as prescribed; while operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the covered person has been provided a written warning against operating a vehicle while taking it; while the covered person is engaged in the activities of active duty service in the military, navy or air force of any country or international organization (this does not include Reserve or National Guard training, unless it extends beyond 31 days); traveling in an aircraft that is owned, leased or controlled by the sponsoring organization or any of its subsidiaries or affiliates; air travel, except as a passenger on a regularly scheduled commercial airline or in an aircraft being used by the Air Mobility Command or its foreign equivalent; being flown by the covered person or in which the covered person is a member of the crew.

**When Your Coverage Begins and Ends**

Coverage becomes effective on the later of the program’s effective date, the date you become eligible, the date we receive your completed enrollment form, or the date you authorize any necessary payroll deductions. Your coverage will not begin unless you are actively at work on the effective date. Dependent coverage will not begin for any dependent who on the effective date is hospital or home confined; receiving chemotherapy or radiation treatment; or disabled and under the care of a physician. Coverage will continue while you and your dependents remain eligible, the group policy is in force, and required premiums are paid.
**Programs Included at No Additional Cost**

**Cigna Healthy Rewards® Program**
Program provides you and your covered family member’s discounts on health programs and services like weight loss management, fitness, smoking cessation and more. Enjoy instant savings of up to 60% when you take advantage of this opportunity. Visit www.Cigna.com/rewards (Password: savings) or call: 800.258.3312.

**Cigna's Online Will and Health-related Legal Document and Funeral Preparation Program**
Offers you and your covered spouse access to a website that helps you build state-specific customized wills and other legal documents as well as create an end-of-life plan that spells out the handling of your estate and funeral arrangements. Visit www.Cignawillcenter.com.

**Cignassurance® for Beneficiaries**
Provides your family with bereavement counseling with certified specialists, financial information from experienced professionals and legal consultation services.

**Cigna's Identity Theft Program**
Provides access to personal case managers who give step-by-step assistance and guidance if you have had your identity stolen.

**Cigna’s Secure Travel Program**
Provides emergency travel assistance, available 24 hours a day/365 days a year from anywhere in the world, any time you are more than 100 miles from home on personal, non-business travel. Services include: medical assistance (including medical evacuation when necessary), travel and communication services, assistance with legal issues or lost or stolen items, and pre-departure planning information regarding immunization, visa and passport requirements, and tourism advisories.

This information is a brief description of the important features of the plan. It is not a contract. Terms and conditions of life insurance coverage are set forth in Group Policy No. ABL 668014, issued to Drexel University. The group policy is subject to the laws of the jurisdiction in which it is issued. The availability of this offer may change. Please keep this material as a reference. Coverage is underwritten by Life Insurance Company of North America, 1601 Chestnut Street, Philadelphia, PA. As used in this brochure, the term Cigna and Cigna Group Insurance are registered service marks of Life Insurance Company of North America, a CIGNA company, which is the insurer of the Group Policy. Insurance products and services are provided by the individual CIGNA companies and not by the Corporation itself. © Cigna 2013