

Oregon Students

Accident & Sickness

2009-2010



Study Abroad

Underwritten by:
Insurance Company of the State of Pennsylvania
Policy # GLB 0009113118

Brokered by:
Wells Fargo of California Insurance Services, Inc.
Student Insurance Division

WHY PURCHASE GLOBAL ACCIDENT & SICKNESS INSURANCE?

International travel may quickly turn frightening if you're not prepared for a medical emergency. Study Abroad insurance provides accident and sickness benefits while individuals are traveling outside of their Home Country to participate in educational programs and activities. In addition to the medical insurance, there is a travel assistance service available through Travel Guard Assist.

STUDY ABROAD PROGRAM FEATURES

The Oregon Universities' and Colleges' Study Abroad Program is more than an insurance program — it is a travel program designed to help take care of individuals while they are traveling outside of their Home Country pursuing educational activities. The program offers:

- ♦ Worldwide coverage;
- ♦ Flexible medical benefits;
- ♦ Accidental death and dismemberment benefits;
- ♦ 24-hour travel assistance services available through Travel Guard Assist when an emergency arises.

WHO IS ELIGIBLE TO ENROLL FOR COVERAGE?

Insured Individuals are covered only while traveling outside of their Home Country for up to 365 days to engage in educational or cultural activities sponsored by a school, college or university. "Home Country" means a country from which the Insured Individual holds a passport. If the Insured Individual holds passports from more than one country, his or her Home Country will be that country which the Insured Individual has declared to the Company in writing as his or her Home Country.

The Company retains the right to investigate eligibility status and verify that the requirements have been met. If the Company finds these requirements have not been met, their only obligation is to refund charges for the period of coverage purchased, less any claims paid.

Premiums are not refundable, unless the trip is cancelled and the Company is notified prior to the effective date of coverage. If the trip is interrupted or cancelled for any reason after the effective date of coverage, partial refunds are not available.

Eligible Student means any outbound student and visiting faculty, scholar, or other persons of similar description of the Participating Organization who are:

- ♦ **U.S. citizens or U.S. resident aliens** traveling outside the U.S. with a current passport or visa;
- ♦ **Non-U.S. citizens or non-U.S. resident aliens** with a current passport or visa, studying at a school, college or university, and traveling outside of the U.S. to participate in a sponsored Study Abroad Program.

An Eligible Student must also meet all of the following:

- ♦ is enrolled and actively engaged as defined by the Participating Organization in accordance with the applicable United States law, in educational activities;
- ♦ is temporarily outside his/her home country or country of regular domicile as a non-resident alien or a non-domiciled United States citizen with dual citizenship;

- ♦ has a current passport and applicable current student visa or other non-immigrant visa which allows the individual to enroll in a course of study (non-domiciled United States Citizen — passport only); and
- ♦ maintains non-immigrant status under the applicable visa type according to the applicable United States law.

The following do not count toward fulfilling the Eligibility requirement:

- ♦ home study.
- ♦ correspondence courses.
- ♦ internet courses.
- ♦ television courses.

Eligible Dependent means any dependent of an Eligible Student who meets all of the following:

- ♦ is the Eligible Student's lawful spouse or unmarried Child age 18 and under and dependent upon the Eligible Student or the student's spouse for the Child's main support and care (the child does not have to reside with its parent(s) or be in the provider services area);
- ♦ is enrolled for coverage under the Policy at the same time the Eligible Student enrolls or fits with the requirements for late dependent enrollment;
- ♦ has a current passport and visa.

"Child" means an Eligible Student's natural Child; step-Child; adopted Child after the moment the child is placed in the physical custody of the Insured Student.

Newborn Infant Care — Newborn infant care is covered when the infant is confined in the Hospital and has received continuous Hospital care from the moment of birth. This includes: (a) nursery charges; (b) charges for routine Doctor's examinations and tests; and (c) charges for routine procedures. This benefit does not include circumcision. This benefit also includes the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities of newborn children covered from birth.

EFFECTIVE DATE OF INDIVIDUAL COVERAGE

For Eligible Students and Dependents:

Coverage will begin on the latest of the scheduled trip departure date, or the date the Company receives the completed enrollment form and the required premium, provided the policy is in effect at that time. Students must actively participate in the scheduled educational program and activities pursuant to their visa requirement for the period of coverage, for coverage to remain in effect.

Extended Coverage:

You may purchase up to 14 days prior to the program effective date **OR** up to 14 days following completion of the program, provided a minimum of two weeks of study abroad coverage is purchased.

An Eligible Student who is covered under Extended Coverage may request that coverage be extended for an additional 14 days provided:

- ♦ the request is made prior to the termination of Extended Coverage; and
- ♦ the premium is promptly paid for the additional 14 days of coverage.

You may enroll for Extended Coverage by calling Wells Fargo of California Insurance Services, Inc. at (800) 853-5899, (916) 231-3399 (Outside the US) or by visiting studentinsurance.wellsfargo.com.

HIPAA NOTICE OF PRIVACY PRACTICE FOR PERSONAL HEALTH INFORMATION

Under HIPAA's Privacy Rule, We are required to provide you with notice of our legal duties and privacy practices with respect to personal health information. You should receive a copy of this notice with your enrollment materials. If, at anytime, you wish to request a copy of the Commercial Insurance Group's Privacy Notice, write to Commercial Insurance Group, Chief Privacy Officer, 175 Water Street, Third Floor, New York, NY 10038.



TERMINATION DATE OF INDIVIDUAL COVERAGE

Coverage for an Insured Individual will automatically terminate on the earliest of the following dates:

- ♦ The date the Policy terminates;
- ♦ The last day of the period for which premium has been timely paid according to Policy provisions;
- ♦ The date the Insured Individual is no longer eligible for coverage;
- ♦ The date the Insured Individual departs for the individual's home country or country of regular domicile;
- ♦ For an Insured Individual under Extended Coverage, as described in the "Extended Coverage" provision.

EXTENSION OF BENEFITS AFTER TERMINATION

If this Plan terminates while an Insured Person is incurring medical expenses or receiving medical treatment for a condition that began prior to termination of the Plan, We will cover that condition for 30 days from the date of termination or, if earlier, the end of the condition.

COORDINATION OF BENEFITS

If an Insured Individual is eligible for benefits under this insurance plan and any other group or blanket plan, We will coordinate the benefits payable under this plan with the benefits payable under the other group or blanket plan. Details of the order of benefit determination rules may be found by contacting the claims administrator for this plan.

DEFINITIONS

Accident: means a specific unforeseen event, which happens while the Insured Person is covered under this Policy and which directly, and from no other cause results in an Injury.

Aggregate Limit of Indemnity: The Aggregate Limit of Indemnity stated in the Indemnity Plan Design section shall be the total limit of the Company's liability for all indemnities payable under Accidental Death and Dismemberment Indemnity with respect to all classes of Insured Persons arising out of injury sustained by two or more Insured Persons as the result of any one accident.

If the total of such indemnity exceeds said Aggregate Limit of Indemnity, the Company shall not be liable to any one such Insured Person for a greater proportion of such Insured Person's Indemnity afforded by the Accidental Death and

Dismemberment Indemnity than said Aggregate Limit of Indemnity bears to the total Indemnities afforded by this Accident Death and Dismemberment Indemnity to all such Insured Persons.

Coinsurance: means the percentage of Reasonable and Customary Expenses for which the Insured Person is responsible for a covered service.

Complications of Pregnancy: means conditions which require Hospital stays before the pregnancy ends and whose diagnoses are distinct from but are caused or affected by pregnancy. These conditions are:

acute nephritis or nephrosis; and

- ♦ cardiac decompensation or missed abortion; and
- ♦ similar medical and surgical conditions of comparable severity; and
- ♦ non-elective caesarean section; and
- ♦ termination of an ectopic pregnancy; and
- ♦ spontaneous termination when a live birth is not possible. (This does not include voluntary abortion.)

Not included are: (a) false labor, occasional spotting or doctor prescribed rest during the period of pregnancy; (b) morning sickness; (c) hyperemesis gravidarum and preeclampsia; and (d) similar conditions not medically distinct from a difficult pregnancy.

Copayment: means the specified dollar amount an Insured Person must pay for specified charges. The copayment is separate from and not a part of the Deductible or Coinsurance.

Covered Charge or Expense: as used herein means those charges for any treatment, services or supplies that are: (a) not in excess of the Reasonable and Customary Expenses; (b) not in excess of the charges that would have been made in the absence of this insurance; and (c) incurred while this Policy is in force as to the Insured Person except with respect to any expense payable under the Extension of Benefits Provision.

Covered Percentage: means that part of the Covered Charge that is payable by the Company after the Deductible or Copayment has been met.

Custodial Care: means services and supplies, including room and board charges, which are furnished mainly to help a person meet his or her routine daily needs and can be furnished by someone who has no professional health care training.

Deductible: means the amount of Expenses for covered services and supplies which must be incurred by the Insured Person before specified benefits become payable.

Dependent means: (a) the Insured Student's spouse residing with the Insured Student or Domestic Partner residing with the Insured Student; or (b) the Insured Student's unmarried Children under the age of nineteen years. Children must be fully supported by the Insured Student. Coverage for newborn children will consist of coverage for Sickness or Accident, including necessary care or treatment of congenital defects, birth abnormalities, or premature birth. Such coverage will start from the moment of birth, if the Insured Student is already insured for dependent coverage when the child is born. If the Insured Student does not have dependent coverage when the child is born, We cover the newborn child for dependent benefits from and after the moment of birth, or any minor child placed with an Insured Student for adoption for dependent benefits from and after the moment the child is placed

in the physical custody of the Insured Student for adoption. To continue the newborn child's dependent benefits past the first 31 days, the Insured Student must notify Us in writing within 31 days of the child's birth.

The term "children" includes an Insured Student's biological children; step-children; adopted children from the date of placement in the Insured Student's home and who depend on the Insured Student for their full support.

A child's coverage will not end because the child has reached the age limit shown above, if he or she: (a) is not able to earn his or her own living as a result of physical handicap or mental retardation; and (b) became so handicapped before reaching the age limit; and (c) is chiefly dependent on the Insured Student for support and maintenance.

Within 31 days after the child reaches the age limit, the Insured Student must send us proof of the child's dependency or handicap. We may ask for more proof of the child's dependency and handicap, but We will not ask for proof more frequently than annually after the two year period following the child's attainment of the limiting age.

Any Dependent on active duty in any military, naval, or air force of any country is not eligible for coverage under this Policy.

Doctor as used herein means: (a) a legally qualified physician licensed by the state in which he or she practices; or (b) a practitioner of the healing arts performing services within the scope of his or her license as specified by the laws of the state of residence of such practitioner; or (c) a certified nurse midwife while acting within the scope of that certification; or (d) a duly licensed and certified nurse practitioner performing services within the lawful scope of nurse practitioner practice.

Claims submitted by a physician assistant practicing under the circumstances set forth in ORS 677.515(4) are covered the same as if submitted by the supervising physician. Benefits for any service covered under the Policy that is within the lawful scope of practice of a duly licensed optometrist shall also be covered if performed by a physician. Benefits shall be paid for any service covered under the Policy performed by a physician that is within the scope of a licensed clinical social worker. Benefits shall also be paid when referred to a clinical social worker to perform the covered service. Surgical services covered under the Policy when performed by a physician that are within the scope of a dentist's license shall also be covered when performed by a dentist.

Domestic Partner means the same sex partner of an Insured Student who has filed a "Declaration of Domestic Partnership" with the Participating Organization's administrative offices and who: (a) has been residing with the Insured Student for at least 12 consecutive months, and intends to do so indefinitely; (b) is considered the Insured Student's "sole Domestic Partner"; (c) is, along with the Insured Student, at least 18 years of age; (d) is, along with the Insured Student, jointly responsible for each other's welfare and financial obligations; and (e) is, along with the Insured Student, not married or related by blood.

Domestic Student: is a student classified as a United States Citizen or eligible Non-Citizen (Permanent Resident or Refugee).

Effective Date: means the first date a student becomes covered under the Policy.

Elective Treatment: means medical treatment which is not necessitated by a pathological change in the function or structure in any part of the body occurring after the Insured Person's Effective Date of coverage.

Elective Treatment includes, but is not limited to: tubal ligation; vasectomy; breast reduction; breast implants; sexual reassignment surgery; impotence (organic or otherwise); submucous resection and/or other surgical correction for deviated nasal septum, other than necessary treatment of covered chronic purulent sinusitis; treatment for weight reduction; learning disabilities; immunizations; treatment of infertility and routine physical examinations.

Experimental or Investigational Care means a service or supply:

- (a) that We, in Our discretion, determine is not commonly and customarily recognized as being safe and effective for the particular diagnosis or treatment; or
- (b) which requires approval by any governmental authority and such approval has not been granted before the service or supply is furnished.

We may rely upon the advice of medical consultants and commonly recognized national medical organizations in determining which services or supplies are experimental or investigational.

Hospital means a facility which meets all of these tests:

- (a) it provides inpatient services for the care and treatment of injured and sick people; and
- (b) it provides room and board services and nursing services 24 hours a day; and
- (c) it has established facilities for diagnosis and major surgery; and
- (d) it is supervised by a Doctor; and
- (e) it is run as a Hospital under the laws of the jurisdiction in which it is located.

Hospital does not include a place run mainly: (a) for alcoholics or drug addicts; (b) as a convalescent home; (c) as a nursing or rest home; or (d) as a hospice facility. However, Hospital does include any facility owned or operated by the State of Oregon or any state approved community mental health and developmental disabilities program.

Hospital Confinement: means a stay of 18 or more consecutive hours as a resident bed-patient in a Hospital.

Injury: means bodily injury caused by an Accident which is the sole cause of the Loss. All injuries due to the same or a related cause are considered one Injury.

Insured Person: means an Insured Student and his or her covered Dependent(s) while insured under this Policy.

Insured Student: means a student of the Participating Organization who is eligible and insured for coverage under this Policy.

International Student: is a student classified as a Non-Immigrant. For example, students holding visa types: "F" (Student), "J" (Exchange Visitor), "B" (Tourist), or "A" (Diplomat).

Lifetime Aggregate Maximum: means the total amount of benefits payable for all Injuries and Sicknesses combined under this Student Health Insurance Policy or Policies issued to the Participating Organization immediately before this Policy.

Loss: means medical expense covered by this Policy as a result of Injury or Sickness as defined in this Policy, and other expenses as specifically covered.

Medical Emergency: means a medical condition that manifests itself by symptoms of sufficient severity that a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of a person, or fetus in the case of a pregnant woman, in serious jeopardy.

Medically Necessary: means that a service or supply is necessary and appropriate for the diagnosis or treatment of a Sickness or Injury based on generally accepted current medical practice. A service or supply will not be considered as Medically Necessary if:

- (a) it is provided only as a convenience to the Insured Person or provider;
- (b) it is not the appropriate treatment for the Insured Person's diagnosis or symptoms;
- (c) it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment.

The fact that any particular Doctor may prescribe, order, recommend, or approve a service or supply does not, of itself, make the service or supply Medically Necessary.

Policy Effective Date: means the date the Policy takes effect as shown in the Plan of Insurance.

Policy Termination Date: means the date the Policy ends as shown in the Plan of Insurance.

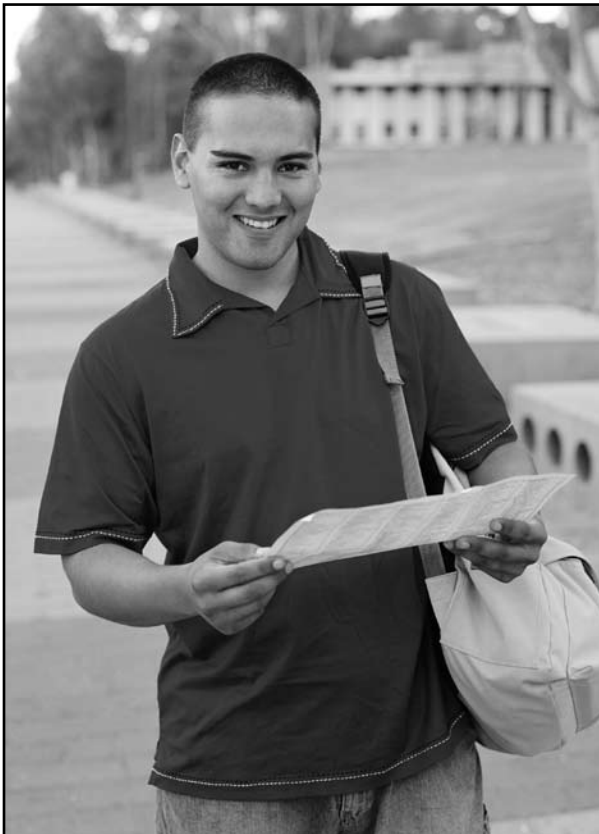
Participating Organization: means the institution indicated in the Participating Organization Application of this Policy.

Reasonable and Customary Expenses: means fees and prices generally charged within the locality where performed for Medically Necessary services and supplies required for treatment of cases of comparable severity and nature as represented by the 70th-80th percentile of the Medical Data Research (MDR) database.

Sickness: means sickness or disease which is the sole cause of the Loss. Sickness includes both normal pregnancy and Complications of Pregnancy. All sicknesses due to the same or a related cause are considered one Sickness.

We, Us and Our: mean the Insurance Company of the State of Pennsylvania.

You and Your: mean the Insured Student.



SCHEDULE OF MEDICAL BENEFITS

The Company will pay the covered medical expenses listed below if treatment or care is Medically Necessary and the expense is incurred due to a covered injury or bodily infirmity, and rendered by a qualified Doctor or Physician. Benefit payments are subject to any benefit maximums that apply.

Lifetime Medical Maximum per Covered Accident or Sickness	\$100,000
Deductible	\$0
Pre-Existing Conditions Maximum	\$.1,000
Co-Insurance	100% of Reasonable and Customary

Hospital Room and Board Expenses: the daily semi-private room rate.	Reasonable and Customary
Hospital Miscellaneous: services and supplies including operating room, laboratory tests, anesthesia and medicines (excluding take home drugs) when confined in a hospital. This does not include personal services of a non-medical nature.	Reasonable and Customary
Daily Intensive Care Unit Expenses	Reasonable and Customary
Medical Emergency Care Expenses: incurred within 72 hours of an accident and including the attending Doctor's charges, X-rays, laboratory procedures, use of the emergency room and supplies.	Reasonable and Customary
Outpatient Surgical Room and Supply Expenses	Reasonable and Customary
Outpatient diagnostic X-rays, laboratory procedures and tests	Reasonable and Customary
Doctor or Physician Non-Surgical Treatment/Examination Expenses: excluding medicines, but including the Doctor's initial visit, each Medically Necessary follow-up visit and consultation visit when referred by the attending Doctor.	Reasonable and Customary
Doctor or Physician's Surgical Expenses	Reasonable and Customary
Anesthesiologist Expenses: for pre-operative screening and administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis.	Reasonable and Customary
Outpatient Laboratory Test Expenses	Reasonable and Customary
X-ray Expenses (including reading charges) but not for dental X-rays.	Reasonable and Customary
Dental Expenses: including dental X-rays for the repair or treatment of each injured tooth that is whole, sound and a natural tooth at the time of the Covered Accident.	Reasonable and Customary \$100 per tooth maximum
Ambulance Expenses: for ground or air transportation from the emergency site to the Hospital	Reasonable and Customary
Physiotherapy: <i>\$500 Benefit Maximum</i> - Physical therapy, Chiropractic & Acupuncture.	Reasonable and Customary
Durable Medical Equipment: means medical equipment that: 1) is prescribed by the Doctor who documents the necessity for the item including the expected duration of its use; 2) can withstand long term repeated use without replacement; 3) is not useful in the absence of an Injury or Sickness; and 4) can be used in the home without medical supervision.	80% of Reasonable and Customary
Prescription Drug Expenses: <i>\$2,500 Benefit Maximum</i> , including dressings, drugs and medicines prescribed by a Doctor.	Reasonable and Customary
Medical Services and Supplies: including expenses for blood and blood transfusions; oxygen and its administration.	Reasonable and Customary
Mental and Nervous Disorders, Alcoholism and Drug Dependency Coverage: Covered Expenses are payable for treatment of Injury or Bodily Infirmity from a Mental or Nervous Disorder, alcoholism or drug dependency, up to (a) an aggregate limit of 30 days of inpatient care in any consecutive 12 month period, and (b) outpatient treatment up to a benefit limit of 10 outpatient visits in any consecutive 12 month period.	Reasonable and Customary
Attempted Suicide or self-inflicted injury: <i>\$10,000 Benefit Maximum</i>	Reasonable and Customary
Interscholastic and Intercollegiate Sports Injury: <i>\$25,000 Benefit Maximum per injury</i>	Reasonable and Customary
Club and Intramural Sports Injury	Reasonable and Customary

See Policy for further details of benefit descriptions.

EXCEPTIONS AND EXCLUSIONS

The Policy will not cover charges or expenses:

1. Services normally provided without charge by the Participating Organization's student health service center, infirmary, or Hospital, or by Health Care Providers employed by the Participating Organization;
2. Preventative medicines, serums, immunizations, or vaccines, except as specifically provided;
3. Pre-existing Conditions as defined in this Policy.
4. Injury sustained or Sickness contracted while in service of the Armed Forces of any country, except as specifically provided. Upon the Insured Person entering the Armed Forces of any country, We will refund the unearned pro-rata premium to such Insured Person;
5. Illness, Accident, treatment or medical condition arising out of the play or practice of or traveling in conjunction with interscholastic or intercollegiate sports in excess of \$25,000, and professional sports;
6. Cosmetic surgery, except as the result of covered Injury occurring while this Policy is in force as to the Insured Person. This exclusion shall also not apply to cosmetic surgery which is reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other disease of the involved body part, and reconstructive surgery because of congenital disease or anomaly of a covered Dependent child which has resulted in a functional defect;
7. Illness, Accident, treatment or medical condition arising out of hang-gliding, skydiving, glider flying, parasailing, sail planing, bungee jumping, racing or speed contests, skin diving, parachuting or bungi-cord jumping;
8. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law;
9. Expense incurred as the result of dental treatment, except as provided in the Sickness Dental Expense Benefit, if included in this Policy. This exclusion does not apply to treatment resulting from Injury to natural teeth;
10. Expense incurred for treatment of temporomandibular joint dysfunction and associated myofascial pain;
11. Injury or Sickness resulting from declared or undeclared war; or any act thereof;
12. Charges for treatment of any Injury or Sickness due to an Insured Person's commission of, or attempt to commit a felony, or a crime which would be considered a felony if prosecuted;
13. Injury due to participation in a riot;
14. Charges for which Insured Persons have no legal obligation to pay in absence of this or like coverage;
15. Expenses incurred in connection with family planning, the enhancement of fertility, fertility tests, correction of infertility, in-vitro fertilization, artificial insemination, and services or supplies for inducing conception;
16. Treatment of obesity, including any care which is primarily dieting or exercise for weight loss, except for surgical treatment of morbid obesity;
17. Expense incurred for eye examinations or prescriptions, eyeglasses, and contact lenses (except for sclera shells which are intended for use of corneal bandages), eye refractions, vision therapy, multiphasic testing, or lasix or other vision procedures except as required for repair caused by a covered Injury;
18. Routine periodical physical examinations, except as specifically provided;
19. Expenses incurred for allergy testing;
20. Suicide, attempted suicide, or intentionally self-inflicted injury, whether sane or insane in excess of \$10,000.
21. Expenses for any service or supply not specified in this Policy as a covered service;
22. An amount of a charge in excess of the Reasonable and Customary Expense;
23. Elective Treatment or elective surgery, except as specifically provided;
24. Services not Medically Necessary;

25. Oral contraceptives and other forms of contraception used for contraceptive purposes only;
26. Accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route;
27. Treatment of mental or nervous disorders except as specifically provided;
28. Treatment of alcohol and substance abuse except as specifically provided;
29. Expense incurred for: tubal ligation; vasectomy; breast implants; breast reduction; sexual reassignment surgery; impotence (organic or otherwise); non-cystic acne; non-prescription birth control; submucosa resection and/or other surgical correction for deviated nasal septum, other than for required treatment of acute purulent sinusitis; circumcision; gynecomastia; hirsutism; and learning disabilities or disorders or Attention Deficit Disorder;
30. Voluntary or elective abortion, except as specifically provided;
31. Hearing aids, including exams for fitting, except as required to correct damage caused by an Injury which occurs while the patient is covered by this Plan, provided they are obtained within four months of the date of the Injury;

PRE-EXISTING CONDITION

"Pre-existing Condition" is a Sickness, Injury, or related condition for which a licensed Doctor was consulted; or for which treatment or medication was prescribed within six (6) months prior to the Effective Date of the Insured Person's coverage under this Policy.

The Pre-existing Condition Waiting Period is six (6) months. If an Insured Person receives treatment or service for a Pre-existing Condition: (a) We will not pay benefits for such condition until the day after a six (6) consecutive month period has passed from the Insured Student's effective date, and (b) We will pay only for Loss or expense incurred after such six (6) consecutive month period.

Insured Persons with documentation of prior Creditable Coverage will receive credit towards the Pre-Existing Waiting Period.

Payment will be in accord with the provisions of this Policy. If the Insured Person has a lapse in coverage of more than one term or semester, the Pre-existing Condition Waiting Period will have to be satisfied again.

Definition:

"Creditable Coverage" includes any of, or a combination of, the following:

- (a) a group health plan, including a Student Health plan;
- (b) a health insurance plan or health maintenance organization (HMO) plan;
- (c) an individual health insurance policy;
- (d) COBRA continuation of coverage;
- (e) a health benefit plan under Chapter 55, Title 10, United States Code pertaining to members of the uniformed services of the United States;
- (f) Medicare or Medicaid;
- (g) a medical care program of the Indian Health Service or of a tribal organization;
- (h) a state health benefits risk pool;
- (i) a health plan offered under FEHBP (Chapter 89 of Title 5, United States Code);
- (j) a health plan under Section 5(e) of the Peace Corps Act; or
- (k) a public health plan.

ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT

The Principal Sum is \$10,000.

When, because of an Injury, the Insured Person suffers any of the following Losses within 180 days from the date of the Accident, We will pay as follows:

For Loss Of:

Life.....	\$10,000
Two hands.....	\$10,000
Two feet.....	\$10,000
Sight of two eyes.....	\$10,000
One hand and one foot.....	\$10,000
One hand and sight of one eye.....	\$10,000
One foot and sight of one eye.....	\$10,000
One hand or one foot or one eye.....	\$5,000
Thumb and Index Finger of Either Hand.....	\$2,500
Aggregate Maximum.....	\$1,000,000

Loss of hands and feet means the loss at or above the wrist or ankle joints. Loss of eyes means total irrecoverable loss of the entire sight. Loss with regards to thumb and index finger means severance through or above metacarpophalangeal joints.

Only one of the amounts named above will be paid for Injuries resulting from any one Accident. The amount so paid shall be the largest amount that applies.

This provision does not cover the Loss if it in any way results from or is caused or contributed:

- (1) By suicide, attempted suicide, or intentionally self-inflicted injury;
- (2) By physical or mental illness; medical or surgical treatment except treatment that results directly from a surgical operation made necessary solely by an Injury covered by the Policy;
- (3) By an infection, unless it is caused solely and independently by a covered Accident;
- (4) For Expenses for which a contributing cause was the Insured Person's commission of, or attempt to commit a felony, or for which an Insured Person's engagement in an illegal occupation was the contributing cause; or
- (5) While the Insured Person is legally intoxicated or under the influence of any drug unless taken as prescribed by a Doctor.

In addition to the above, this provision is subject to the Exclusions as provided.

ADDITIONAL BENEFITS

Mammography Benefit; Pelvic Examinations and Cytological Examinations Benefit; Colorectal Cancer Screening; Prostate Cancer Screening and PSA testing; treatment of inborn errors of metabolism; and Nonprescriptive Elemental Enteral Formula for Home Use Benefit. A detail of these benefits may be found in the Master Policy.

CLAIM PROCEDURES

In the event of an Injury or Sickness, the Insured Individual should:

1. Consult a Doctor and follow his or her advice. Be prepared to pay at time of treatment.
2. Complete a claim form in full and sign it. If you have questions on how to fill out your form, contact Health Special Risk, Inc.
3. The completed and signed claim form should be mailed within 90 days from the date of Injury or from the date of the first medical treatment for a Sickness, or as soon as reasonably possible. Retain a copy for your records and mail a copy to Health Special Risk, Inc. at the address below.
4. Itemized medical bills (translated and converted into U.S. Dollars) must be attached to the claim form at the time of submission. Subsequent medical bills should be mailed promptly to Health Special Risk, Inc. at the address below. No additional claim forms are needed as long as the Insured Person's name and identification number are included on the bill.
5. Direct all questions regarding benefits available under this Plan, claim procedures, status of a submitted claim or payment of a claim to Health Special Risk, Inc. at the address below.

Remember that each injury or sickness is a separate condition and a separate claim form is required for each condition.

Health Special Risk, Inc.

HSR Plaza II

4100 Medical Parkway

Carrollton, TX 75007

(866) 523-3183

e-mail: WFstudyabroad@hsri.com

RIGHT OF REIMBURSEMENT

RIGHT TO SUBROGATION: If, after payments have been made under this Policy, any person has the right to recover damages from a responsible third party, Our right will be subrogated to that person's right to recover. The Insured Person will do what ever is necessary to enable Us to exercise Our right and will do nothing after Loss to prejudice it. If We are precluded from exercising Our Right to Subrogation, We may exercise Our Right to Reimbursement.

RIGHT TO REIMBURSEMENT: If benefits are paid under this Policy and any person recovers from a responsible third party by settlement, judgement or otherwise, We have a right to recover from that person an amount equal to the amount We paid. However, We will reimburse the Insured Person for any charges on a pro-rata basis for any expense incurred in securing the settlement, judgment or otherwise.

LIMITATION TO OUR RECOVERY RIGHTS: We may exercise Our Right to Subrogation against responsible third parties unless We are precluded from enforcing such right where a responsible third party has extinguished its liability or has been relieved of liability by contract or operation of law. If We are precluded from exercising Our Right to Subrogation, We may exercise Our Right to Reimbursement.

We, in exercising Our Right to Subrogation, will not seek to recover more than We paid under the Policy. We, in exercising Our Right to Reimbursement, will not seek to recover more than the amount recovered from a responsible third party. In any case, the amount recovered shall be limited to settlements or reimbursement specified for covered benefits paid under the Policy.

SECURITY EVACUATION COVERAGE

Security Evacuation Coverage provides travelers with an extra level of coverage in an uneasy world. This international coverage offers insurance plus a full range of security services from advice and information to an actual evacuation.

Security Evacuation Assistance:

- ◆ Immediate 24-hour support services
- ◆ Security and safety advisories, global risk analysis and consultation specialist
- ◆ Urgent message alert and relay
- ◆ Confidential storage of personal and medical profile for use in emergency situations
- ◆ On-line security web information

Security Evacuation Coverage pays covered expenses to take a person to the nearest and safest location as determined by Travel Guard Assist's security consultant.¹ This insurance responds to any of the following covered occurrences up to a maximum of \$200,000:

- ◆ Expulsion from a Host Country- evacuation after being expelled or being declared persona non-grata on the written authority of the recognized government of a Host Country;
- ◆ Political Unrest- political or military events involving a Host Country, if Appropriate Authorities issue an Advisory stating that citizens of the Insured's Home Country or citizens of the Host Country should evacuate;
- ◆ Physical Attack- verified Physical Attack or a Verified Threat of Physical Attack from a third party;
- ◆ Missing Person- the Insured Person had been deemed kidnapped or a Missing Person by local or international authorities and, when found, his or her safety and/or well-being are in question within 7 days of his or her being found.
- ◆ Natural Disaster – evacuation due to a Natural Disaster within 7 days.

Comprehensive Strength, Innovative Solutions®

¹ Travel Guard Assist must make all travel and other arrangements. Costs for transportation and related expenses are also available after the evacuation to either return to the Host Country, if return is safe and permitted, or back to the Insured's home country.



TRAVEL GUARD ASSIST, INC. SERVICE DESCRIPTIONS

All assistance services must be arranged and provided by Travel Guard Assist. Claims for reimbursement will not be accepted.

Emergency Travel and Medical Assistance Services:

Emergency medical evacuation transportation assistance - If a customer suffers an injury or illness requiring medical treatment of hospitalization, we will coordinate and arrange emergency medical transportation to the nearest most appropriate medical facility. Once the customer is stabilized, our agents coordinate his/her return to a hospital near home. Coverage is 100% of U&C up to \$200,000 maximum.

Physician/hospital/dental/vision referrals - The customer will be provided with a list of physicians, dentists and optometrists in the area in which they are traveling.

Repatriation of mortal remains - We will arrange for the preparation and air transportation of a traveler's mortal remains in the event of death while traveling. Coverage is 100% of U&C up to \$50,000 maximum.

Return travel arrangements - In the event of hospitalization, arrangements will be made for unattended minors traveling with the client to be flown home.

Emergency prescription replacement - If medications are lost or stolen, we will assist the customer in obtaining new prescriptions and also in shipping to the customer at their current location.

In-patient and out-patient medical case management - If the customer is hospitalized, when traveling away from home, our medical advisors monitor the case from initial admission until discharge by maintaining close contact with the patient's attending physician, family doctor, and family. Our medical advisors also help determine if adequate care is available locally and if necessary, facilitate the evacuation of the customer to the nearest appropriate medical facility.

Qualified liaison for relaying medical information to family members - We will facilitate communications between the client and their family if the client is unable to do so.

Arrangements of visitor to bedside of hospitalized insured - Arrangements for relatives or visitors to travel to the client's bedside can be made through our 24-hour assistance center.

Transportation of Companion - If an eligible person is traveling alone and is hospitalized for more than (7) days, the Company will pay for an economy round trip air fare ticket to the place of hospitalization for a person chosen by the eligible person.

Return of Minor Children - If a dependent child is left unattended, as the result of the eligible person's accident or illness, the Company will pay for a one way economy air fare ticket for them to be returned to their place of residence or a designated family member or friend. The Company will also pay for qualified attendants to accompany them when required.

Eyeglasses and corrective lens replacement assistance - We will locate a service provider to replace eyeglasses or corrective lenses that may have been misplaced, stolen or damaged.

Direct billing to medical providers - We will coordinate with the medical provider to arrange direct billing, when available.

Shipment of medical records - We can provide assistance in shipping of needed medical records to the attending facility of the patient.

Medical equipment rental/replacement - Travel Guard Assist will locate a facility or provider that would have medical equipment available to the traveler

and coordinate between the two parties.

Flight re-bookings - We are available 24/7 to help customers re-book flights in the event of a flight cancellation, delay or schedule change.

Hotel re-bookings - We can assist in re-booking current reservations in the event of a flight cancellation, delay or schedule change.

Rental vehicle booking - We are available 24/7 to assist the customer in booking car rentals domestically and internationally.

Emergency return travel arrangements - In the event of an emergency we are available to assist 24/7 with making hotel, flight and car rental arrangements to assist the customer in returning home.

Rental Vehicle Return - If a customer is traveling and has to abandon a rental due to an emergency, we will arrange for the vehicle's return to a location designated by the rental company.

Lost baggage search; stolen luggage replacement assistance - We can assist with the return of lost luggage by coordinating efforts with the commercial carrier. In the event that an item is lost while traveling, we will assist the customer in the search for the lost item. We will coordinate getting the luggage to their current destination or home.

Lost passport/travel documents assistance - Travel Guard Assist will assist in the replacement of lost or stolen travel documents, passports or visas.

ATM locator - We can locate the specific ATM locations worldwide that accept the caller's credit card or other card requirements.

Emergency cash transfer assistance - We will help members obtain cash advances in local or US currency for medical emergencies or other travel needs.

Travel information including visa/passport requirements - We can provide the customer with information such as passport/visa requirements and assist in expediting the procurement of these documents.

Emergency telephone interpretation assistance - We provide emergency telephone translation services in all major languages and offers referrals to interpreter services.

Urgent message relay to family, friends or business associates - We will assist with contacting family or friends in the event of an emergency situation while the customer is traveling

Inoculation information - We will provide the caller with inoculation recommendations that may be needed prior to traveling to their destination.

Embassy or Consulate Referral - Embassies and consulates are excellent sources for information and assistance to customers while traveling. We will provide the customer the address and phone number of the local embassy or consulate.

Currency conversion - We can provide foreign exchange rates throughout the world

Up-to-the-minute information on local medical advisories, epidemics, required immunizations and available preventive measures - We will provide the most up-to-date information regarding medical advisories, epidemics, immunizations and preventative measures in the desired location.

Legal referrals/bail bond assistance - We will provide the customer with convenient legal referrals in their general area.

Worldwide public holiday information - We will provide customer with local worldwide public holiday information for the desired location.

WELLS FARGO OF CALIFORNIA INSURANCE SERVICES, INC. PRIVACY POLICY

We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. We do not disclose any non-public personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your non-public personal information. You may obtain a detailed copy of our privacy policy through your school, or by calling us toll-free at (800) 853-5899 or by visiting us at studentinsurance.wellsfargo.com.

CLAIMS ADMINISTERED BY:

Claims, Eligibility and Coverage Questions

Health Special Risk, Inc.

HSR Plaza II
4100 Medical Parkway
Carrollton, TX 75007
(866) 523-3183
e-mail: WFstudyabroad@hsri.com

EMERGENCY ASSISTANCE SERVICES:

Travel Guard Assist, Inc.

6464 Savoy, Suite 200
Houston, TX 77036
(800) 626-2427 (inside the U.S. and Canada)
1 (713) 267-2525 (access an international operator,
and ask them to place a collect call to the U.S.)

THE PLAN ADMINISTERED BY:

**Wells Fargo of California
Insurance Services, Inc.
Student Insurance Division**

OR License No. 802263
11017 Cobblerock Drive, Suite 100
Rancho Cordova, CA 95670
(800) 853-5899 or (916) 231-3399
Fax: (916) 231-3398
studentinsurance.wellsfargo.com

THE UNDERWRITING COMPANY:

**Insurance Company
of the State of Pennsylvania**
Policy # GLB 0009113118

IMPORTANT NOTICE

This is only a brief description of the coverage(s) available. The Policy will contain reductions, limitations, exclusions, and termination provisions. In the event of any conflict between this brochure and the Policy, the Policy will govern in all cases.

NOTES
