

Business Or Pleasure

Global Travel Medical Insurance

For Individuals Traveling Outside Their Home Country

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

Underwritten by:
Insurance Company of the State of Pennsylvania
Policy #GLB 0009113110





Why Purchase Global Accident And Sickness Travel Insurance?

International travel can quickly turn frightening if you're not prepared for a medical emergency. This program includes accident and sickness insurance benefits and valuable travel assistance services while individuals are traveling outside of their Home Country.

Business Or Pleasure Program Features

The Wells Fargo Insurance Services Business or Pleasure 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 that meet your needs;
- Accidental death and dismemberment benefits;
- Optional benefits;
- 24-hour travel assistance services provided by AIG Travel Assist when an emergency arises.

Who Is Eligible To Enroll For Coverage?

- U.S. citizens or U.S. resident aliens traveling outside the U.S. with a current passport or visa; or
- Non-U.S. citizens or non-U.S. resident aliens traveling outside their Home Country with a current passport or visa.

You may enroll your eligible dependents for coverage provided they are traveling with you. Dependents must be enrolled in the same Plan and the same term of coverage as you. Eligible dependents include your lawful spouse, unmarried children under age 19 (to age 25 if a full-time student) who are chiefly dependent on you for support. Any child born to you and your spouse while you are insured under the plan will be covered from the moment of birth. Coverage for your newborn will end 31 days after the birth unless you notify the company of the birth, complete the required enrollment form and pay the required premium for this coverage.

Covered Persons are covered only while traveling outside of their Home Country for up to 365 days. "Home country" means a country from which the Covered Person holds a passport. If the Covered Person holds passports from more than one country, his or her Home Country will be that country which the Covered Person has declared to the Company in writing.

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 premium for the period of coverage purchased.

When Coverage Begins

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 cost, provided the policy is in effect at that time.

Costs 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. There will be a \$25 processing fee for coverage cancellations.

Right Of Reimbursement

We may recover any benefits paid under the Policy to the extent a Covered Person is paid for the same Injury or Sickness by a third party, another insurer, or the Covered Person's uninsured motorists insurance. We may only be reimbursed to the amount of the Covered Person's recovery. Further, We have the right to offset future benefits payable to the Covered Person under the Policy against such recovery.

We may file a lien in a Covered Person's action against the third party and have a lien on any recovery that the Covered Person receives whether by settlement, judgment, or otherwise, and regardless of how such funds are designated. We shall have a right to recovery of the full amount of benefits paid under the Policy for the Injury or Sickness, and that amount shall be deducted first from any recovery made by the Covered Person. We will not be responsible for the Covered Person's attorney's fees or other costs.

Upon request the Covered Person must complete the required forms and return them to Us or Our authorized agent. The Covered Person must cooperate fully with Us or Our representative in asserting its right to recover. The Covered Person will be personally liable for reimbursement to Us to the extent of any recovery obtained by the Covered Person from any third party. If it is necessary for Us to institute legal action against the Covered Person for failure to repay Us, the Covered Person will be personally liable for all costs of collection, including reasonable attorneys' fees.

When Coverage Ends

Coverage for a Covered Person will end on the earliest of the date:

- The policy terminates;
- The Covered Person is no longer eligible;
- The period ends for which premium is paid;
- The end of the day on the scheduled return date;
- The Covered Person returns to his or her Home Country (except as provided in the Home Country Extension Benefit); or
- The date the Participating Organization's participation under the Policy ends.

Coverage for a Dependent will end on the earliest of the date:

- He or she is no longer a Dependent;
- The Covered Person coverage ends;
- The period ends for which premium is paid;
- The end of the day on the scheduled trip return date;
- The Dependent returns to his or her Home Country (except as provided in the Home Country Extension Benefit); or
- The date the Participating Organization's participation under the Policy ends.

Coverage is not renewable, but an individual may apply for subsequent periods of coverage by completing a new enrollment form. In this case, all the terms and conditions of the policy including eligibility requirements, deductibles, co-insurance payments and maximum limits on benefits will apply.

Extension Of Benefits After Termination

If this Plan terminates while a Covered Person is incurring medical expenses or being treated for a condition that began while covered under this Plan, we will cover that condition for 30 days from the date of termination or, if earlier, the end of the condition.



Emergency Medical Evacuation And Repatriation Of Remains Benefit

The Company will reimburse charges incurred up to a maximum of \$200,000 per Covered Accident or Sickness, if the Covered Person’s attending doctor determines it is medically necessary to evacuate the Covered Person to the nearest adequate medical facility. Travel arrangements must be by the most direct and economical route possible. Benefits will not be payable unless the Company authorizes, in writing or by authorized electronic or telephonic means, all expenses in advance.

The Company will also pay up to a maximum of \$25,000 to return the Covered Person’s remains to his or her Home Country if he or she dies during the trip as a result of a Covered Accident or Sickness. All transportation arrangements must be by the most direct and economical route and conveyance possible and may not exceed the usual level of charges for similar transportation, treatment, services or supplies in the locality where the expenses are approved in advance by the Company.

Accidental Death & Dismemberment Benefits

If a covered Person is injured as the direct result of a Covered Accident and suffers any one of the losses shown below within 90 days of the date of that accident, the Company will pay the benefit amount shown. If multiple losses occur, they will pay only one benefit amount, the largest, for all losses due to the same accident.

Covered Loss	Benefit Amount
Life	100% of the Principal Sum
Quadriplegia	100% of the Principal Sum
Two or more Members	100% of the Principal Sum
One Member	50% of the Principal Sum
Hemiplegia	50% of the Principal Sum
Paraplegia	50% of the Principal Sum
Uniplegia	25% of the Principal Sum
Thumb and Index Finger of the Same Hand ...	25% of the Principal Sum
Principal Sum, Basic Coverage, All Applicants.....	\$5,000
Principal Sum, Applicant/Spouse Optional Coverage.....	\$25,000
Aggregate Maximum	\$1,000,000



“Quadriplegia” means total paralysis of both upper and lower limbs. “Hemiplegia” means total paralysis of the upper and lower limbs on one side of the body. “Uniplegia” means total paralysis of one lower limb or one upper limb. “Paraplegia” means total paralysis of both lower limbs or both upper limbs. “Paralysis” means total loss of use. A doctor must determine the loss of use to be complete and not reversible at the time the claim is submitted.

“Member” means loss of hand or foot, loss of sight, loss of speech, and loss of hearing. “Loss of hand or foot” means complete severance through or above the wrist or ankle joint. “Loss of sight” means the total, permanent loss of sight of one eye. “Loss of speech” means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means. “Loss of hearing” means total and permanent loss of hearing in both ears that is irrecoverable and cannot be corrected by any means. “Loss of a thumb and index finger of the same hand” means complete severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). “Severance” means the complete separation and dismemberment of the part from the body.

Felonious Assault Benefit

The Company will pay the Felonious Assault Benefit if, while a Covered Person is traveling, he or she is the victim of a felonious assault, and as the result of the assault suffers a covered Injury. A person other than another Covered Person, a Covered Person’s family member or household member must inflict the assault. “Felonious assault” means an act of physical violence against a person covered by the Policy. “Family member” means a Covered Person’s parent, sister, brother, husband, wife or children.

Felonious Assault Benefit: 25% of the AD&D Principal Sum up to \$10,000.



Optional Benefits

Available for Insured only, at an additional cost.

Personal Property Benefit

The Company will reimburse the reasonable cost, 100% coverage up to \$1,000 maximum (\$500 maximum per item) after a \$100 deductible is satisfied, for replacement of any personal property that is lost or totally destroyed while the Insured is on his or her trip. The Insured must demonstrate that he or she took reasonable precautions for the safety and security of any covered property and the event must be certified by a police or security authority in an incident report. Covered property does not include laptops.

For any claim the Insured makes under this benefit, the Company is entitled to make reasonable repairs or salvage efforts to restore his or her personal property or to keep the damaged property if it chooses to do so. The Company will require valid receipts of replacement goods prior to the payment of any benefits.

Lost Baggage Benefit

The Company will reimburse the Insured for the cost of replacing clothes and personal hygiene items, 100% coverage up to \$500 maximum (\$100 maximum per item), if the Insured's luggage is checked onto a common carrier, and is then lost, stolen or damaged beyond his or her use. The Insured must file a formal claim with the transportation provider and provide the Company with copies of all claim forms and proof that the transportation provider has paid the Insured its normal reimbursement for the lost, stolen or damaged luggage.

Trip Cancellation Benefit

The Company will reimburse the Insured for the amount of non-refundable money the Insured paid for his or her trip, 100% coverage up to \$5,000 maximum, if the Insured is prevented from taking his or her trip or his or her trip is interrupted as the result of Injury, Sickness or death that occurs prior to the trip, or during the trip to either the Insured or a family member. "Family member" means an Insured parent, sister, brother, husband, wife, children, or grandparent.

Claims 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





Included In The Deluxe Plan

Home Country Extension Benefit Up to 30 days

The Company will pay benefits for covered medical expenses if a Covered Person returns to his or her Home Country and obtains follow-up treatment for an Injury or Sickness that was first treated while he or she was on a covered trip. Benefits will be paid for up to 30 days from the date the Covered Person returns to his or her Home Country. Home Country Extension Benefits are subject to any applicable benefit maximums, deductibles and co-insurance payment shown for Medical Expense Benefits.

Athletic Coverage:

Total Benefit Maximum..... \$50,000
Deductible..... \$100 per policy year
Co-insurance Amount .. 100% up to \$10,000, then 80% thereafter

The Company will pay benefits if a Covered Person is injured and the Covered Accident results from participation in amateur, club, intramural, interscholastic or intercollegiate tennis, swimming, cross country, track, baseball, softball, volleyball and golf sports. All other sports activities are not covered.

Hazardous Activity Coverage:

Total Benefit Maximum..... \$50,000
Deductible..... \$100 per policy year
Co-insurance Amount .. 100% up to \$10,000, then 80% thereafter

The Company will pay benefits if a Covered Person is injured and the Covered Accident results from participation in off-road motorcycling, scuba diving, jet, snow or waterskiing, mountain climbing (hiking not rappelling), whitewater rafting, surfing, windsurfing, and parasailing. All other hazardous activities are not covered.





Glossary Of Terms

Accident: means a sudden, unexpected and unintended incident.

Aggregate Limit of Indemnity: The Aggregate Limit of Indemnity stated in the Description of Benefits 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.

Covered Accident: means an accident that occurs while coverage is in force for an Insured and results directly and independently of all other causes in a loss or Injury covered by the Policy for which benefits are payable.

Covered Activity: means any activity that the Participating Organization requires the Covered Person to attend, or that is under its supervision and control listed in the Schedule of Benefits and insured under the Policy.

Covered Expenses: means expenses actually incurred by or on behalf of a Covered Person for treatment, services and supplies covered by the Policy. Coverage under the Participating Organization's Policy must remain continuously in force from the date of the Covered Accident or Sickness until the date treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such treatment, service or supply, that gave rise to the expense or the charge, was rendered or obtained. Covered Loss or Covered Losses: means an accidental death, dismemberment or other Injury covered under the Policy.

Covered Person: means any Insured and Dependent who enrolls for coverage and for whom the required premium is paid.

Deductible: means the dollar amount of Covered Expenses that must be incurred as an out-of-pocket expense by each Covered Person per Covered Accident/Sickness basis before Medical Expense Benefits and/or other Additional Benefits paid on an expense incurred basis are payable under the Policy.

Dependent: means an Insured's lawful spouse or an Insured's unmarried child, from the moment of birth to age 25 if a full-time student, who is chiefly dependent on the Insured for support. A child, for eligibility purposes, includes an Insured's natural child; adopted child, beginning with any waiting period pending finalization of the child's adoption; or a stepchild who resides with the Insured or depends chiefly on the Insured for financial support. A Dependent may also include any person related to the Insured by blood or marriage and for whom the Insured is allowed a deduction under the Internal Revenue Code.

Insurance will continue for any Dependent child who reaches the age limit and continues to meet the following conditions: 1) the child is handicapped, 2) is not capable of self-support and 3) depends chiefly on the Insured for support and maintenance. The Insured must send Us satisfactory proof that the child meets these conditions, when requested. We will not ask for proof more than once a year.

If the Insured has elected coverage for a Dependent child, any newly born child of the Insured will be covered from the moment of birth for 31 days. Coverage may be continued beyond this time period if the Insured notifies Us within 31 days of the child's birth and pays any required premium.

Doctor: means a licensed health care provider acting within the scope of his or her license and rendering care or treatment to a Covered Person that is appropriate for the conditions and locality. It will not include a Covered Person or a member of the Covered Person's Immediate Family Member or household.

Continued

Health Care Plan: means a policy or other benefit or service arrangement for medical or dental care or treatment under: 1) group or blanket coverage, whether on an insured or self-funded basis; 2) hospital or medical service organizations on a group basis; 3) Health Maintenance Organizations on a group basis; 4) group labor-management plans; 5) employee benefit organization plans; 6) association plans on a group or franchise basis; or 7) any other group employee welfare benefit plan as defined in the employee Retirement Income Security Act of 1974, as amended.

Home Country: means a country from which the Covered Person holds a passport. If the Covered Person holds passports from more than one country, his or her Home Country will be that country which the Covered Person has declared to Us in writing as his or her Home Country.

Hospital: means an institution that: 1) operates as a Hospital pursuant to law for the care, treatment, and providing of in-patient services for sick or injured persons; 2) provides 24-hour nursing service by Registered Nurses on duty or call; 3) has a staff of one or more licensed Doctors available at all times; 4) provides organized facilities for diagnosis, treatment and surgery, either: (i) on its premises; or (ii) in facilities available to it, on a pre-arranged basis; 5) is not primarily a nursing care facility, rest home, convalescent home, or similar establishment, or any separate ward, wing or section of a Hospital used as such; and 6) is not a place solely for drug addicts, alcoholics, or the aged or any separate ward of the Hospital.

Hospital Confined: means a stay of 24 or more consecutive hours as a registered resident bed-patient in a Hospital.

Immediate Family Member: means a person who is related to the Covered Person in any of following ways: spouse; parent (includes stepparent); child age 18 or older (includes legally adopted and step child); brother or sister (includes stepbrother or stepsister); parent-in-law; son- or daughter-in-law; and brother- or sister-in-law.

Injury: means accidental bodily harm sustained by a Covered Person that results directly and independently from all other causes from a Covered Accident. The Injury must be caused solely through external, violent and accidental means. All injuries sustained by one person in any one Covered Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

Insured: means a person in a Class of Eligible Persons who enrolls for coverage and for whom the required premium is paid making insurance in effect for that person. An Insured is not a Dependent covered under the Policy.

Medical Emergency: means a condition caused by an Injury or Sickness 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 the person in serious jeopardy.

Medically Necessary: means a treatment, service or supply that is: 1) required to treat an Injury or Sickness; prescribed or ordered by a Doctor or furnished by a Hospital; 2) performed in the least costly setting required by the Covered Person's condition; and 3) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. Purchasing or renting 1) air conditioners; 2) air purifiers; 3) motorized transportation equipment; 4) escalators or elevators in private homes; 5) eye glass frames or lenses; 6) hearing aids; 7) swimming pools or supplies for them; and 8) general exercise equipment are not Medically Necessary. A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may consider the cost of the alternative to be the Covered Expense.

Participating Organization: means the entity, named in the Participation Agreement of the Policy.

Pre-existing Condition: means an illness, disease or other condition of the Covered Person, that in the 12 month period before the Covered Person's coverage became effective under the Policy:

1. first manifested itself, worsened, became acute or exhibited symptoms that would have caused a person to seek diagnosis, care or treatment; or
2. required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or
3. was treated by a Doctor or treatment had been recommended by a Doctor.

Sickness: means an illness, disease or condition of the Covered Person that causes a loss for which a Covered Person incurs medical expenses while covered under the Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness.

Trip: means travel by air, land, or sea from the Covered Person's Home Country.

Usual and Customary Charge: means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.

We, Our, Us: means the insurance company underwriting this insurance or its authorized agent.

Business Or Pleasure Schedule Of Expense Benefits

The Company will pay the covered medical expenses listed below if treatment or care is Medically Necessary and rendered by a qualified doctor within 90 days of the initial Injury or Sickness. Benefit payments are subject to any deductibles, co-insurance payments and benefit maximums that apply.

The Company will pay benefits in excess of any benefits paid or payable for a covered expense from all other valid and collectible health plan coverage.

Lifetime Medical Maximum per Covered Accident or Sickness	\$100,000, \$250,000 or \$500,000
Deductible per Policy Year	\$250 or \$500
Pre-Existing Conditions Maximum	\$1,000
*Co-Insurance.....	100% of Usual & Customary up to \$10,000, then 80%

Hospital Room and Board Expenses the daily semi-private room rate	Usual & Customary*
Ancillary Hospital Expenses 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.	Usual & Customary*
Daily Intensive Care Unit Expenses	Usual & 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.	Usual & Customary*
Outpatient Surgical Room and Supply Expenses	Usual & Customary*
Outpatient Diagnostic X-rays, Laboratory Procedures and Tests	Usual & Customary*
Doctor 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.	Usual & Customary*
Doctor's Surgical Expenses	Usual & Customary*
Anesthesiologist Expenses for pre-operative screening and administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis.	Usual & Customary*
Outpatient Laboratory Test Expenses	Usual & Customary*
X-ray Expenses (including reading charges) but not for dental X-rays.	Usual & Customary*
Dental Expenses: \$1,500 Benefit Maximum 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	Usual & Customary* \$250 per tooth max
Ambulance Expenses: \$1,000 Benefit Maximum for transportation from the emergency site to the Hospital	Usual & Customary*
Physiotherapy: \$500 Benefit Maximum Physical Therapy, Chiropractic & Acupuncture	Usual & Customary*
Rehabilitative braces or appliances prescribed by a doctor. It must be durable medical equipment that 1) is primarily and customarily used to serve a medical purpose; 2) can withstand repeated use; and 3) generally is not useful to a person in the absence of Injury. No benefits will be paid for rental charges in excess of the purchase price.	Usual & Customary*
Prescription Drug Expenses: \$2,500 Benefit Maximum including dressings, drugs and medicines prescribed by a doctor	75% of Usual & Customary*
Medical Services and Supplies including expenses for blood and blood transfusions; oxygen and its administration.	Usual & Customary*
Mental and Nervous Disorders: \$750 Outpatient Benefit Maximum; \$5,000 Inpatient Benefit Maximum Expenses for treatment of a disorder that results directly and from no other cause, from a Covered Accident or Sickness, while confined in a hospital or on an outpatient basis. Benefits are limited to one treatment per day. "Mental and Nervous Disorders" means neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder of any kind.	Usual & Customary*
Suicide or self-inflicted injury: U&C Maximum \$5,000.	Usual & Customary*

What Is Not Covered

We will not pay benefits for any loss or Injury that is caused by, or results from:

1. Intentionally self-inflicted Injury.
2. Suicide or attempted suicide.
3. War or any act of war, whether declared or not.
4. For specific named hazards: motorcycling, scuba diving, jet, snow or water skiing, mountain climbing (where ropes or guides are used), sky diving, amateur racing, piloting an aircraft, bungee jumping, spelunking, white water rafting, surfing, and parasailing, except as may be provided under the Deluxe Plan Benefits.
5. An accident that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, We will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.
6. Piloting or serving as a crew member or riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline.
7. Commission of or active participation in a riot, or insurrection.
8. Travel in any aircraft owned, leased by the Participating Organization.
9. The Covered Person being legally intoxicated or under the influence of any narcotic unless administered or consumed on the advice of a Doctor.
10. Travel in or on any on-road and off-road motorized vehicle not requiring licensing as a motor vehicle.
11. Participation in or committing a criminal act.

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.

In addition to the exclusions above, We will not pay Medical Expense Benefits for any loss, treatment or services resulting from or contributed to by:

1. Any treatment, services or supplies received by the Covered Person that are incurred or received while he or she is in his or her Home Country, except as may be provided under the Deluxe Plan Benefits.
2. Any expenses covered by any other employer or government sponsored plan for which, and to the extent that the Covered Person is eligible for reimbursement.
3. Injury or Sickness covered by Workers' Compensation, Employer's Liability Laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Participating Organization.
4. Treatment by persons employed or retained by the Participating Organization, or by any Immediate Family Member or member of the Covered Person's household.
5. Injury or death caused while riding in or on, entering into or alighting from, or being struck by a 2 or 3-wheeled motor vehicle or a motor vehicle not designed primarily for use on public streets and highways.

6. Any elective treatment, surgery, health treatment, or examination, including any service, treatment or supplies that: (a) are deemed by Us to be experimental; and (b) are not recognized and generally accepted medical practices in the United States.
7. Cosmetic surgery, except for reconstructive surgery needed as the result of an Injury or Sickness.
8. Expense incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofascial pain (except as provided by the Policy).
9. Routine dental care and treatment.
10. Covered medical expenses for which the Covered Person would not be responsible for in the absence of the Policy.
11. Eyeglasses, contact lenses, hearing aids, examinations or prescriptions for them.
12. Routine physicals.
13. Confinement in a nursing home, rehabilitation facility, custodial care or rest cure facility.
14. Injury sustained while participating in an amateur, club, intramural, interscholastic, intercollegiate, professional or semi-professional sports unless otherwise shown in the Schedule of Benefits.
15. Maternity and routine nursery care.
16. Pre-existing Conditions, except as specifically provided in the Policy. However, this will not apply if the Covered Person was previously covered for such Pre-existing Condition under Creditable Coverage and such Creditable Coverage was continuous to a date less than 63 days prior to the Effective Date of coverage under the Policy. "Creditable Coverage" means: 1) a self-funded employer group health plan under ERISA; 2) a group or individual health Insurance coverage; 3) Part A or Part B of Medicare; 4) Medicaid; 5) CHAMPUS; 6) the Indian Health Service of a tribal organization; 7) a state health benefits risk pool; 8) a health plan offered under the federal employees health benefits program (FEHBP); 9) a public health plan; or 10) a health benefit plan.
17. Accident if the covered person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license
18. Damage to dentures or bridges.
19. Braces, appliances examinations or the prescriptions for them, or repair or replacement of artificial limbs, eyes or larynx, orthopedic braces or orthotic devices.
20. Expenses payable by any automobile insurance policy without regard to fault.
21. Any treatment, service or supply not specifically covered by the Policy.
22. Personal comfort or convenience items. These include but are not limited to: hospital telephone charges; television rental; or guest meals.
23. Birth defects and congenital anomalies or complication which arise from such conditions.
24. Expenses incurred for services related to the diagnostic treatment of infertility or other problems related to the inability to conceive a child, unless such infertility is a result of a covered Injury or Sickness.

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 AIG'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®

¹AIG Travel 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.

AIG Travel Assist Service Descriptions

AIG Travel Assist. Claims for reimbursement will not be accepted.

Emergency Travel and Medical Assistance:

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 \$25,000 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 a 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 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 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.



2009-2010 Business Or Pleasure Plans - Weekly Rates And Optional Coverages

DELUXE PLAN includes Home Country, Athletic & Hazardous Activities Coverage.

U.S. CITIZEN / RESIDENT ALIEN						
Cost Per Week Or Any Part Thereof - Two Week Minimum						
OUTBOUND FROM U.S.	Maximum Benefit = \$500,000 Deductible = \$500		Maximum Benefit = \$250,000 Deductible = \$250		Maximum Benefit = \$100,000 Deductible = \$250	
AGE	VALUE PLAN	DELUXE PLAN	VALUE PLAN	DELUXE PLAN	VALUE PLAN	DELUXE PLAN
Under 24	<input type="checkbox"/> \$ 15.00	<input type="checkbox"/> \$ 17.75	<input type="checkbox"/> \$ 13.25	<input type="checkbox"/> \$ 15.50	<input type="checkbox"/> \$ 9.50	<input type="checkbox"/> \$ 11.00
25-30	<input type="checkbox"/> \$ 15.75	<input type="checkbox"/> \$ 18.50	<input type="checkbox"/> \$ 14.00	<input type="checkbox"/> \$ 16.50	<input type="checkbox"/> \$ 10.50	<input type="checkbox"/> \$ 12.25
31-40	<input type="checkbox"/> \$ 18.00	<input type="checkbox"/> \$ 21.50	<input type="checkbox"/> \$ 16.25	<input type="checkbox"/> \$ 19.25	<input type="checkbox"/> \$ 11.50	<input type="checkbox"/> \$ 13.50
41-49	<input type="checkbox"/> \$ 26.50	<input type="checkbox"/> \$ 31.50	<input type="checkbox"/> \$ 24.75	<input type="checkbox"/> \$ 29.50	<input type="checkbox"/> \$ 18.00	<input type="checkbox"/> \$ 21.25
50-59	<input type="checkbox"/> \$ 40.00	<input type="checkbox"/> \$ 47.75	<input type="checkbox"/> \$ 38.25	<input type="checkbox"/> \$ 45.50	<input type="checkbox"/> \$ 30.00	<input type="checkbox"/> \$ 35.75
60-65	<input type="checkbox"/> \$ 54.25	<input type="checkbox"/> \$ 65.00	<input type="checkbox"/> \$ 52.50	<input type="checkbox"/> \$ 62.75	<input type="checkbox"/> \$ 35.50	<input type="checkbox"/> \$ 42.25
66-69	<input type="checkbox"/> \$ 65.50	<input type="checkbox"/> \$ 78.25	<input type="checkbox"/> \$ 59.25	<input type="checkbox"/> \$ 71.00	<input type="checkbox"/> \$ 38.50	<input type="checkbox"/> \$ 46.00
Per Dep. Child	<input type="checkbox"/> \$ 11.25	<input type="checkbox"/> \$ 13.25	<input type="checkbox"/> \$ 10.00	<input type="checkbox"/> \$ 11.75	<input type="checkbox"/> \$ 6.50	<input type="checkbox"/> \$ 7.50

NON-U.S. CITIZEN / NON-RESIDENT ALIEN - Inbound to U.S. only						
Cost Per Week Or Any Part Thereof - Two Week Minimum						
INBOUND TO U.S.	Maximum Benefit = \$500,000 Deductible = \$500		Maximum Benefit = \$250,000 Deductible = \$250		Maximum Benefit = \$100,000 Deductible = \$250	
AGE	VALUE PLAN	DELUXE PLAN	VALUE PLAN	DELUXE PLAN	VALUE PLAN	DELUXE PLAN
Under 24	<input type="checkbox"/> \$ 23.50	<input type="checkbox"/> \$ 27.75	<input type="checkbox"/> \$ 20.00	<input type="checkbox"/> \$ 23.50	<input type="checkbox"/> \$ 13.75	<input type="checkbox"/> \$ 16.25
25-30	<input type="checkbox"/> \$ 24.25	<input type="checkbox"/> \$ 29.00	<input type="checkbox"/> \$ 20.75	<input type="checkbox"/> \$ 24.75	<input type="checkbox"/> \$ 15.00	<input type="checkbox"/> \$ 17.75
31-40	<input type="checkbox"/> \$ 27.50	<input type="checkbox"/> \$ 32.75	<input type="checkbox"/> \$ 23.50	<input type="checkbox"/> \$ 28.00	<input type="checkbox"/> \$ 19.75	<input type="checkbox"/> \$ 23.25
41-49	<input type="checkbox"/> \$ 40.75	<input type="checkbox"/> \$ 48.50	<input type="checkbox"/> \$ 34.50	<input type="checkbox"/> \$ 41.25	<input type="checkbox"/> \$ 28.75	<input type="checkbox"/> \$ 34.00
50-59	<input type="checkbox"/> \$ 61.50	<input type="checkbox"/> \$ 73.50	<input type="checkbox"/> \$ 52.00	<input type="checkbox"/> \$ 62.00	<input type="checkbox"/> \$ 45.00	<input type="checkbox"/> \$ 53.50
60-65	<input type="checkbox"/> \$ 75.50	<input type="checkbox"/> \$ 90.00	<input type="checkbox"/> \$ 63.50	<input type="checkbox"/> \$ 75.75	<input type="checkbox"/> \$ 53.00	<input type="checkbox"/> \$ 63.50
66-69	<input type="checkbox"/> \$ 82.25	<input type="checkbox"/> \$ 98.75	<input type="checkbox"/> \$ 65.50	<input type="checkbox"/> \$ 78.50	<input type="checkbox"/> \$ 60.50	<input type="checkbox"/> \$ 72.25
Per Dep. Child	<input type="checkbox"/> \$ 18.25	<input type="checkbox"/> \$ 22.50	<input type="checkbox"/> \$ 17.50	<input type="checkbox"/> \$ 20.50	<input type="checkbox"/> \$ 9.50	<input type="checkbox"/> \$ 11.25

*Dependents must be enrolled in the same Plan during the same time period as the Insured.

Cost is calculated based upon the day the Covered Person's insurance becomes effective, and continues through the end of the day listed as the ending date.

OPTIONAL BENEFITS	
Cost Per Week Or Any Part Thereof - Two Week Minimum	
• Personal Property • Lost Baggage • Trip Cancellation (See page 5 for benefits and exclusions).	<input type="checkbox"/> \$ 8.25 per week
Optional AD&D (Applicable to Insured & Spouse Only), \$25,000 principal sum (See page 4 for benefits)	<input type="checkbox"/> 75 ¢ per week

FAX BACK TO: (916) 231-3398

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 <https://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:

AIG Travel Assist
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**
CA License No. 0352275
11017 Cobblersrock Drive, Suite 100
Rancho Cordova, CA 95670
(800) 853-5899 or (916) 231-3399
Fax: (916) 231-3398
<https://studentinsurance.wellsfargo.com>

THE UNDERWRITING COMPANY:

**Insurance Company
of the State of Pennsylvania**
Policy # GLB 0009113110

IMPORTANT NOTICE

This information is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in policies issued by Insurance Company of the State of Pennsylvania (Policy # GLB 0009113110). Coverage may not be available in all states or certain terms may be different if required by state law. The policies are subject to the laws of the state in which they were issued. Please keep this information as a reference.

Contact Us Today Or Visit Us At:
<https://studentinsurance.wellsfargo.com>

Wells Fargo of California Insurance Services, Inc.
Student Insurance Division
11017 Cobblersrock Drive, Suite 100
Rancho Cordova, CA 95670
916.231.3399
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CA License No. 0352275

Wells Fargo Insurance Services

Commercial Insurance ■ Employee Benefits ■ Personal Lines ■ Administrative Services ■ Excess & Surplus Lines ■ Industry Specialties ■ Reinsurance ■ International Coverage