

Travel Medical Insurance Plan

2010-2011



studentinsurance.wellsfargo.com/~seattleu



Underwritten by:
Insurance Company of the State of Pennsylvania
Policy # GLB 0009117945

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

WHY PURCHASE GLOBAL ACCIDENT & SICKNESS TRAVEL INSURANCE?

International travel can quickly turn frightening if you're not prepared for a medical emergency. Study Abroad insurance provides accident and sickness benefits and valuable travel assistance services while individuals are traveling outside of their Home Country to participate in educational programs and activities.

STUDY ABROAD PROGRAM FEATURES

The Wells Fargo 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 that meet your needs;
- ◆ Accidental death and dismemberment benefits;
- ◆ Optional Accidental Death and Dismemberment Benefit;
- ◆ 24 hour travel assistance services provided by Travel Guard.

WHO IS ELIGIBLE TO ENROLL FOR COVERAGE?

Students, scholars, faculty members and administrators who are:

- ◆ 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 residing in the U.S. with a current passport or visa, studying on the University campus, and traveling outside the U.S. to participate in one of the University's Study Abroad programs.

You may enroll your eligible dependents for coverage provided they are traveling with you and have a current passport and visa. 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 60 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.

Adopted children will be covered on the same basis as a newborn child from the date the child is placed for Adoption with the Insured. Coverage will cease on the date the child is removed from placement and the Insured's legal obligation terminates. An adopted child is one who has not yet attained nineteen years of age.

"Placed for Adoption" means circumstances under which the Insured assumes or retains a legal obligation to partially or totally support a child in anticipation of the child's adoption. A placement ends at the time such legal obligation ends.

Covered Persons are covered only while traveling outside of their Home Country for up to 365 days to engage in educational or cultural activities sponsored by your school. "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 as his or her Home Country.

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 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.

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

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

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.

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.

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.

COST PER WEEK

(2 weeks minimum enrollment required)

Student	<input type="checkbox"/> \$ 9.00
Spouse*	<input type="checkbox"/> \$ 9.00
Per Child*	<input type="checkbox"/> \$ 9.00
*Spouse and Child must enroll for the same period of coverage as the student.	

EXTENSION OF BENEFITS AFTER TERMINATION

Benefit provided under the Policy ceases on the Termination Date. However, if an Insured is Hospital Confined on the Termination Date from a Covered Injury or Sickness for which benefits are payable before the Termination Date, Covered Medical Expenses for such Injury or Sickness will continue to be paid provided the condition continues, not to exceed 90 days after the Termination Date.

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 Covered Persons	\$10,000

“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.

SUBROGATION

We may recover any benefits paid under the Policy to the extent a Covered Person is paid for the same Covered Injury or Covered 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 Covered Injury or Covered 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 authorized 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.

A refund from any recovery will only be made to us from the amount of the recovery that exceeds the amount of the Covered Person’s general damages.



ATHLETIC COVERAGE

Total Benefit Maximum \$10,000
Deductible \$150 per policy year

The Company will pay benefits if an Insured Student is injured and the Covered Accident results from participation in an amateur, club, intramural, interscholastic or intercollegiate sport, excluding football, hockey, lacrosse, polo, rugby, and competitive skiing. This plan has a \$150 deductible per policy year and 100% coverage up to \$10,000.

HAZARDOUS ACTIVITY COVERAGE

Total Benefit Maximum \$10,000
Deductible \$150 per policy year

The Company will pay benefits if an Insured Student 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. This plan has a \$150 deductible per policy year and 100% coverage up to \$10,000.

ADDITIONAL BENEFITS

Maternity Expense Benefit: If a Covered Person is pregnant, We will pay for any Medically Necessary expenses for prenatal care, childbirth and postpartum care on the same basis as any other Covered Sickness under the Policy. Expenses for childbirth include Hospital inpatient care of not less than 48 hours following a vaginal delivery or not less than 96 hours following a cesarean section, unless the attending Doctor, in consultation with the mother makes a decision for an earlier discharge from the Hospital.

In addition, We will pay benefits for the services of a licensed midwife, and for parent education, assistance and training in breast or bottle feeding and the performance of any necessary maternal and newborn clinical assessments.

We will pay benefits for a shorter Hospital confinement if the attending Doctor, nurse midwife or doctor assistant, after consultation with the Covered Person, discharges the Covered Person and her newborn earlier. The mother shall have the option of an early discharge. In such case, at least one home care visit shall be included as an eligible expense, and shall not be subject to any deductible, co-insurance or co-payment.

Mammography Expense Benefit: We will pay the Co-insurance Percentage of Covered Expenses Incurred by a Covered Person for screening or diagnostic mammography examinations, provided on the recommendation of the Covered Person's Doctor or advanced registered nurse practitioner as authorized by the board of nursing.

We will pay benefits in the same manner as any other Covered Sickness. Covered Expenses will not be subject to any Deductible. Benefit payments will be subject to any Co-insurance Percentage, Benefit Maximum, Lifetime Benefit Maximum, and Benefit Period shown in the Schedule of Medical Benefits.

Mental and Nervous Conditions Expense Benefit: We will pay Covered Expenses incurred by a Covered Person for Medically Necessary treatment of mental disease or disorder and emotional disorder or functional nervous disorder as classified by the American Psychiatric Association in the Diagnostic and Statistical Manual of Mental Disorders, if treatment is rendered by:

1. a licensed Doctor;
2. a licensed psychologist or psychiatrist;
3. a community mental health agency licensed under state law, provided such agency has in effect a plan for quality assurance and peer review and the Covered Person's treatment is supervised by a Doctor or a licensed psychologist or psychiatrist; or
4. a Hospital, including a state hospital.

Covered Expenses are subject to the limitations described below:

1. for Hospital inpatient treatment, we will pay benefits on the same basis as any other covered sickness; and
2. for outpatient treatment, Covered Expenses will be limited to the amount shown in the Schedule of Medical Benefits, per visit. Such limited expenses

will be paid after the Covered Person satisfies the Deductible, up to a Benefit Maximum per Policy Term; and

3. subject to an Lifetime Benefit Maximum for Mental and Nervous Conditions for all inpatient and outpatient treatment in any Policy Term.

The Deductible, Co-insurance, Benefit Maximum and Lifetime Maximum Benefit are shown in the Schedule of Medical Benefits.

Chemical Dependency Expense Benefit: We will pay benefits for Covered Expenses incurred by a Covered Person for Medically Necessary treatment of chemical dependency. The deductible does not apply.

Covered Expenses

1. medical evaluations;
2. psychiatric evaluations;
3. room and board (inpatient only);
4. detoxification (inpatient only);
5. individual and group psychotherapy;
6. individual and group counseling;
7. behavior therapy;
8. recreation therapy;
9. individual and group family therapy for the Covered Person and any covered Dependents;
10. prescription drugs and supplies prescribed by an approved treatment facility.

Treatment must be provided by a Hospital or facility licensed by the Department of Health or similar licensing authority.

We will pay benefits up to:

1. the Benefit Maximum during any consecutive 24 month period; and
2. Lifetime Benefit Maximum, exclusive of any Deductible and Co-insurance Percentage. The Deductible, Co-insurance Percentage, Benefit Maximum and Lifetime Benefit Maximum are shown in the Schedule of Medical Benefits.

For the purpose of determining the Maximum Benefit, The Company may take credit for any benefits paid on behalf of the Covered Person for chemical dependency treatment and supporting services received in the 24 month period immediately preceding the effective date of coverage under the Policy.

For the purposes of determining the Benefit Maximum, calculations will be based on either a per contract or per insurer basis, except that when the Participating Organization has utilized one or more insurers or plans, then The Company may take credit for amounts paid on behalf of a Covered Person from January 1, 2008, onward under all past and current insurers and plans with respect to School.

Diabetes Medical Expense Benefit: We will pay the Co-insurance Percentage of Covered Expenses Incurred by a Covered Person for treatment of diabetes, including pharmacy services, and appropriate and Medically Necessary equipment, supplies, as prescribed by a Doctor, including but not limited to: (1) insulin; (2) syringes; (3) injection aids; (4) blood glucose monitors; (5) test strips for blood glucose monitors; (6) visual reading and urine test strips; (7) insulin pumps and accessories

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ADDITIONAL BENEFITS (CONTINUED)

to the pumps; (8) insulin infusion devices; (9) prescriptive oral agents for controlling blood sugar levels; (10) foot care appliances for prevention of complications associated with diabetes; (11) glucagon emergency kits; and (12) outpatient self-management training and education, including medical nutrition therapy. Coverage will be provided only when such outpatient self-management training and education is rendered by a Doctor with expertise in the treatment of diabetes.

Covered Expenses will be provided on the same basis as any other Covered Sickness. Benefit payments will be subject to any Deductible, Co-payment, Co-insurance Percentage, Benefit Maximum, Lifetime Benefit Maximum, and Benefit Period shown in the Schedule of Medical Benefits.

Reconstructive Breast Surgery Expense Benefit: We will pay the Co-insurance Percentage of Covered Expenses Incurred for reconstructive surgery resulting from:

1. a mastectomy which resulted from disease, Covered Sickness or Covered Injury; and
2. reconstructive breast reduction on the nondiseased breast to make it equal in size to the diseased breast after definitive reconstructive surgery has been performed on the diseased breast.

Covered Expenses will be provided on the same basis as any other Covered Sickness.

Benefit payments will be subject to any Deductible, Co-payment, Co-insurance Percentage, Benefit Maximum, Lifetime Benefit Maximum, and Benefit Period shown in the Schedule of Medical Benefits.

Women's Healthcare Services Expense Benefit: We will pay the Co-insurance Percentage for Covered Expenses Incurred for women's healthcare services including maternity care, reproductive health services, gynecological care, general examinations and preventive care as medically necessary. General examinations, preventive care and medically appropriate follow-up care are limited to services for maternity, reproductive health services, gynecological care or other women's health services. Female Covered Persons may have direct access to the type of healthcare practitioner of their choice for appropriate covered women's healthcare services without the prior referral from another type of healthcare practitioner.

Home Healthcare Expense Benefit: We will pay the Co-insurance Percentage of Covered Expenses Incurred for care and treatment rendered to a Covered Person by a Home Healthcare Agency for the following Home Healthcare Services:

1. part-time nursing care furnished by or under the supervision of a registered graduate nurse (RN);
2. part-time Home Health Aide services which consists mainly in caring for the patient;
3. physical therapy, occupational therapy, speech therapy and respiratory and inhalation therapy;
4. nutrition counseling by a nutritionist or dietician;
5. medical social service by a qualified social worker licensed by the jurisdiction in which services are rendered; and
6. medical supplies, prosthetic and orthopedic appliances, rental or purchase of durable medical equipment, drugs and medicines obtainable by prescription only, including insulin, but only to the extent that such expenses would have been considered Covered Expenses had the Covered Person required confinement in a Hospital or skilled nursing facility.

Benefits will be payable for up to 130 Home Healthcare visits per Policy Year. Each visit by a Home Healthcare Agency employee constitutes a Home Healthcare visit and each four hours of Home Health Aide services constitutes a Home Healthcare visit.

Expenses under any other benefit will not be covered under this Home Health Care Expense Benefits.

DEFINITIONS

Please note, certain words used in this document have specific meanings. These terms will be capitalized throughout the document. The definition of any word, if not defined in the text where it is used, may be found either in this Definition section or in the Schedule of Benefits.

"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.

"Coinsurance Percentage" means the percentage We pay of Covered Expenses Incurred by the Covered Person after the Covered Person meets any Deductible requirement under the Policy. Coinsurance Percentages are shown in the Schedule of Benefits.

"Covered Accident" means an Accident that occurs while coverage is in force for a Covered Person and results in a loss or Covered Injury for which benefits are payable.

"Covered Expenses" means expenses actually Incurred by or on behalf of a Covered Person for the Medically Necessary treatment, services and supplies covered by the Policy which are:

1. not in excess of the Usual and Customary expense;
2. not in excess of the expenses that would have been made in absence of this insurance; and
3. Incurred while coverage is in effect for the Covered Person, including any Extension of Benefits period shown in the Policy.

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

"Covered Person" means any Eligible Person and any eligible Dependent, as defined in the Schedule of Benefits, who enrolls for coverage and for whom the required premium is paid.

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

"Deductible" means the dollar amount of Covered Expenses that must be incurred as an out-of-pocket expense by each Covered Person on a Policy Term basis before benefits are payable under the Policy.

"Dependent" means:

1. an Insured's lawful spouse; or
2. an Insured's unmarried child, from the moment of birth to age 19, but less than 25 if a full-time student.

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DEFINITIONS (CONTINUED)

Dependent child includes:

- a. a natural child;
- b. a legally adopted child, including a child who has been placed for adoption in the Insured's home; a stepchild; and
- c. a child for whom an Insured is legal guardian.

Insurance will continue during the Policy Term for any Dependent child who reaches the age limit and is unable to engage in any substantial gainful activity because of a mental or physical handicap which is expected to continue for at least 12 months. The Insured must send Us satisfactory proof of the handicap within 31 days of the child reaching the maximum age for insurance to continue.

"Doctor" means a licensed healthcare provider acting within the scope of His 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 or household. Doctor includes the services rendered by a chiropractor and a nurse midwife.

"He", "His", or "Him" means any individual, male or female.

"Healthcare 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.

"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:
 - a. on its premises; or
 - b. in facilities available to it, on a pre-arranged basis; and
5. charges for its services.

Also, Hospital means a licensed alcohol and drug abuse rehabilitation facility or a mental hospital. Alcohol and drug abuse rehabilitation facilities and mental hospitals are not required to provide organized facilities for major surgery on the premises on a prearranged basis.

The term Hospital does not include a clinic, facility, or unit of a Hospital for:

1. rehabilitation, convalescent, custodial, educational or nursing care;
2. the aged, drug addicts or alcoholics;
3. a Veteran's Administration Hospital or Federal Government Hospital or its agency unless the services are rendered on an emergency basis, and the Covered Person incurs an expense.

"Hospital Confined or Hospital Stay" means a confinement of 18 or more consecutive hours as a registered resident bed-patient in a Hospital.

"Immediate Family" means a Covered Person's parent, spouse, child, brother or sister.

"Incurred" or "Incurs" means a Covered Expense for treatment, service or purchase of supplies will be deemed Incurred on the date the treatment, service or purchase is made.

"Insured" means a student 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.

"Loss Period" means the period of time, as shown in the Schedule of Benefits, from the date of a Covered Accident during which the Covered Person must receive first treatment of a Covered Expense for benefits to be payable.

"Medical Emergency" means the sudden and unexpected onset of a Covered Injury or Covered Sickness with severe symptoms requiring immediate medical care. The Covered Injury or Covered Sickness as finally diagnosed must be one, which normally would require immediate medical, not surgical, care. Sudden, unexpected, severe medical conditions or symptoms are those which are or which give evidence of being life threatening. Previously diagnosed chronic conditions in which subacute symptoms have existed over a period of time shall not be included in the definition of Medical Emergency, unless symptoms suddenly become so severe as to require immediate medical aid. It does not include elective or routine care.

"Medically Necessary" means a treatment, service or supply that is: 1) required to treat an Injury or Sickness; 2) prescribed or ordered by a Doctor or furnished by a Hospital; 3) performed in the least costly setting required by the Covered Person's condition; and 4) 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.

"Nurse" means a professional, licensed graduate nurse (R.N.) or a licensed practical nurse (L.P.N.).

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

"Policyholder" means the entity, named on the Policy face page, to which We issue the Policy.

"School" means the participating School the Insured is enrolled. The School must be a duly state accredited elementary; secondary; collegiate School.

"Sound, Natural Tooth" means a tooth:

1. with no fillings or cavities or only fillings or cavities that do not undermine the tooth cusps;
2. for which pulpal tissues are healthy and intact; and
3. for which periodontal tissue shows little or no signs of active or chronic inflammation.

For insurance review purposes, each tooth unit is evaluated under these criteria rather than a blanket rating of the whole mouth.

"Totally Disabled" means Covered Injury or Covered Sickness which wholly and continuously keeps the Covered Person:

1. with respect to an Insured, from attending classes at the location where He is enrolled; and
2. with respect to a covered Dependent or an Insured, if such classes are not in session, from doing those activities that are normal for a person in good health of the same age and sex.

"Usual and Customary" 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 of the State of Pennsylvania or its authorized agent.

EXCLUSIONS AND LIMITATIONS

We will not pay benefits for any loss caused by, contributed to, resulting from, or expenses incurred for:

1. Dental treatment. This exclusion does not apply to treatment resulting from Covered Injury to a Sound, Natural Tooth.
2. Services provided without charge by the Student Health and Counseling Center.
3. Eye refraction, vision therapy, eyeglasses, contact lenses, or other vision or hearing aids.
4. Injury due to participation in a riot or any other illegal activity.
5. Skydiving, parachuting, hang gliding, glider flying, parasailing, bungee jumping or flight in any kind of aircraft except as a fare paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route.
6. Injury or sickness resulting from declared or undeclared war, or any act thereof.
7. Injury sustained or sickness contracted while in service of the Armed Forces of any country.
8. Treatment provided in a governmental Hospital unless there is a legal obligation to pay such expenses in the absence of insurance.
9. Elective treatment or elective surgery.
10. Cosmetic surgery, except as the result of Covered Injury occurring while the Policy is in force as to the Covered Person. This exclusion does not apply to:
 - a. Cosmetic surgery which is reconstructive surgery when such service is incidental to or follows surgery resulting from trauma;
 - b. Infection or other disease of the involved body part; and
 - c. Reconstructive surgery because of congenital disease or anomaly of a covered Dependent child which has resulted in a functional defect.
11. Services, supplies or treatment, including any period of a Hospital Stay which were not recommended, approved and certified as Usual and Customary by a Doctor, or expenses non-medical in nature.
12. Injury, sickness or death to which a contributing cause is the Covered Person's violation or attempt to violate any duly enacted law; or the commission or attempt to commit an assault or felony or which occurs while the Covered Person is engaged in an illegal occupation.
13. Routine physicals, preventative medicines, serums, vaccines, allergy tests, anti-toxins or contraceptives, except as provided for in the Policy.
14. Tubal ligation, vasectomy, breast reduction, breast implants, gynecomastia, sexual reassignment surgery, submucous resection and/or other surgical correction for deviated nasal septum, other than for required treatment of acute purulent sinusitis, and circumcision.
15. Infertility procedures and fertility tests, including but not limited to: birth control; family planning; fertility tests; infertility (male or female), including any supplies rendered for the purpose or with the intention of achieving conception. Examples of fertilization procedures are: ovulation induction; in vitro fertilization; embryo transplant; or similar procedures that augment or enhance the Covered Person's reproductive ability; premarital examinations; impotence, organic or otherwise.
16. Expenses above the Usual and Customary charge.
17. Services rendered by a Doctor who is related to the Covered Person by blood or marriage, or who is employed or retained by the School.
18. Outpatient prescription drugs including, but not limited to: Non-Legend drugs (over the counter); therapeutic devices or support garments and other non-medical substances; drugs intended for use in the Doctor's office or settings other than home use; over the counter diabetic needs other than insulin; fertility drugs; fluoride products, Peridex; bee sting kits; drugs whose sole purpose is to promote or stimulate hair growth;
19. topical acne treatments; drugs for cosmetic indications; smoking cessation products; legend vitamins and minerals or food supplements; appetite suppressants (anorexiant); anabolic steroids; impotence treatments; drugs for alcohol/drug addiction; laxatives; compounds, syringes and needles, except for insulin; immunizations, and experimental drugs.
20. Expenses incurred for, or related to services, treatment, education testing, or training related to learning disabilities or developmental delays.
21. Services related to removal of corns or calluses, or trimming of nails.
22. Any service or supply not specifically shown in the Policy.
23. Any sickness occurring while the Covered Person is under the influence of any narcotic or barbiturate unless administered on the advice of a Doctor and taken in accordance with the prescribed dosage or for a loss sustained or contracted in consequence of ingestion or use of hallucinatory drugs.
24. Injury or death caused while riding in or on, entering into or alighting from, or being struck by a three-wheeled motor vehicle, or a motor vehicle not designed primarily for use on public streets and highways.
25. Participation in or practice in intercollegiate, semi-professional or professional sports except as specifically provided in the Policy.
26. Treatment of any mental or nervous condition, or psychological or psychiatric care or treatment, except as specifically provided for in the Policy.
27. Intentionally self-inflicted injury, except as specifically provided in the 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

STUDY ABROAD SCHEDULE OF MEDICAL 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 covered Injury or Sickness. Benefit payments are subject to any deductibles, co-insurance payments and benefit maximums that apply.

Full Excess Coverage: 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 Max per Covered Accident or Sickness (Student, Scholar, Faculty Member):	\$250,000
Lifetime Medical Max per Covered Accident or Sickness (Dependent):	\$100,000
Deductible per policy year:	\$100
Pre-Existing Conditions Maximum (for the first six months of coverage)	\$1,000

Hospital Room and Board Expenses: the daily semi-private room rate.	100% U&C
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.	100% U&C
Daily Intensive Care Unit Expenses	100% U&C
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.	100% U&C
Outpatient Surgical Room and Supply Expenses	100% U&C
Outpatient diagnostic X-rays, laboratory procedures and tests	100% U&C
Doctor Non-Surgical Treatment/Examination Expenses (Including Chiropractic Services) : excluding medicines, but including the doctor's initial visit, each Medically Necessary follow-up visit and consultation visit when referred by the attending doctor.	100% U&C
Doctor's Surgical Expenses	100% U&C
Anesthesiologist Expenses: for pre-operative screening and administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis.	100% U&C
Outpatient Laboratory Test Expenses	100% U&C
X-ray Expenses: (including reading charges) but not for dental X-rays.	100% U&C
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.	100% U&C \$250 per tooth max
Ambulance Expenses: \$1,000 Benefit Maximum - for transportation from the emergency site to the Hospital.	100% U&C
Physiotherapy: \$500 Benefit Maximum - Physical Therapy, Chiropractic & Acupuncture.	100% U&C
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.	100% U&C
Prescription Drug Expenses: \$2,500 Benefit Maximum - including dressings, drugs and medicines prescribed by a Doctor.	80% U&C
Medical Services and Supplies: including expenses for blood and blood transfusions; oxygen and its administration.	100% U&C
Mental and Nervous Disorders: \$1,000 Outpatient Benefit Maximum; \$5,000 Inpatient Benefit Maximum.	100% U&C
Suicide or self-inflicted injury: U&C Maximum \$5,000.	100% U&C
Chemical Dependency: \$13,500 Benefit Maximum per condition in any consecutive 24-month period.	100% U&C

TRAVEL GUARD SERVICE DESCRIPTIONS

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

Emergency Travel and Medical Assistant 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 \$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 Guard 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 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.

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'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®

¹Travel Guard 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.



WELLS FARGO INSURANCE SERVICES USA, 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/~seattleu

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

6464 Savoy, Suite 200
Houston, TX 77036
(877) 249-5362 (inside the U.S. and Canada)
(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 Insurance Services USA, Inc. Student Insurance Division

WA License No. ACORDC*103NL
11017 Cobblerock Drive, Suite 100
Rancho Cordova, CA 95670
(800) 853-5899 or (916) 231-3399
Fax: (916) 231-3398
studentinsurance.wellsfargo.com/~seattleu

THE UNDERWRITING COMPANY:

**Insurance Company
of the State of Pennsylvania**
Policy # GLB 0009117945

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.