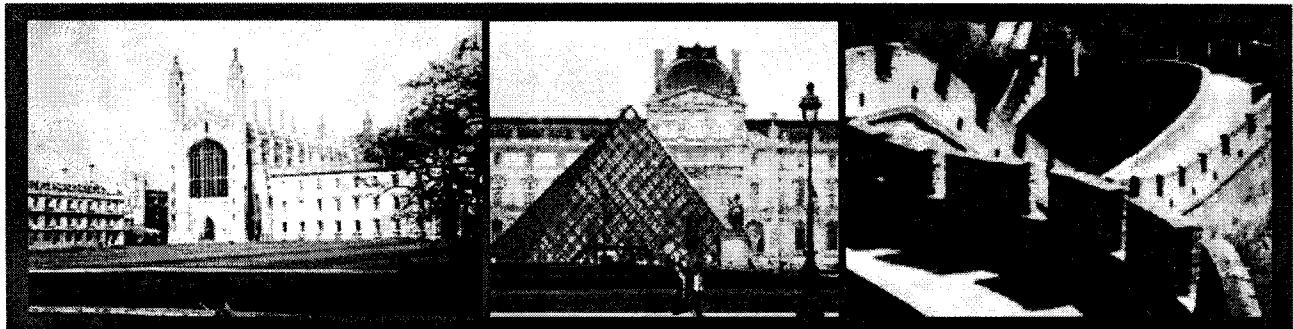


Oregon Students

Accident & Sickness

2009-2010



Study Abroad

Underwritten by:
Insurance Company of the State of Pennsylvania
Policy # GLB 0009112118

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

SCHEDULE OF MEDICAL BENEFITS

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

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

Hospital Room and Board Expenses: the daily semi-private room rate.	Reasonable and Customary
Hospital Miscellaneous: services and supplies including operating room, laboratory tests, anesthesia and medicines (excluding take home drugs) when confined in a hospital. This does not include personal services of a non-medical nature.	Reasonable and Customary
Daily Intensive Care Unit Expenses	Reasonable and Customary
Medical Emergency Care Expenses: incurred within 72 hours of an accident and including the attending Doctor's charges, X-rays, laboratory procedures, use of the emergency room and supplies.	Reasonable and Customary
Outpatient Surgical Room and Supply Expenses	Reasonable and Customary
Outpatient diagnostic X-rays, laboratory procedures and tests	Reasonable and Customary
Doctor or Physician Non-Surgical Treatment/Examination Expenses: excluding medicines, but including the Doctor's initial visit, each Medically Necessary follow-up visit and consultation visit when referred by the attending Doctor.	Reasonable and Customary
Doctor or Physician's Surgical Expenses	Reasonable and Customary
Anesthesiologist Expenses: for pre-operative screening and administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis.	Reasonable and Customary
Outpatient Laboratory Test Expenses	Reasonable and Customary
X-ray Expenses (including reading charges) but not for dental X-rays.	Reasonable and Customary
Dental Expenses: including dental X-rays for the repair or treatment of each injured tooth that is whole, sound and a natural tooth at the time of the Covered Accident.	Reasonable and Customary \$100 per tooth maximum
Ambulance Expenses: for ground or air transportation from the emergency site to the Hospital	Reasonable and Customary
Physiotherapy: \$500 Benefit Maximum - Physical therapy, Chiropractic & Acupuncture.	Reasonable and 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. (man-made limbs or eyes; casts, splints or crutches; purchase of a truss or brace; oxygen and rental of equipment for giving oxygen; rental of wheelchair or Hospital bed; rental of dialysis equipment and supplies; colostomy bags and ureterostomy bags; and two external post-operative breast prostheses.)	80% of Reasonable and Customary
Prescription Drug Expenses: \$2,500 Benefit Maximum, including dressings, drugs and medicines prescribed by a Doctor.	Reasonable and Customary
Medical Services and Supplies: including expenses for blood and blood transfusions; oxygen and its administration.	Reasonable and Customary
Mental and Nervous Disorders, Alcoholism and Drug Dependency Coverage: Covered Expenses are payable for treatment of Injury or Bodily Infirmity from a Mental or Nervous Disorder, alcoholism or drug dependency, up to (a) an aggregate limit of 30 days of inpatient care in any consecutive 12 month period, and (b) outpatient treatment up to a benefit limit of 10 outpatient visits in any consecutive 12 month period.	Reasonable and Customary
Attempted Suicide or self-inflicted injury: \$10,000 Benefit Maximum	Reasonable and Customary
Interscholastic and Intercollegiate Sports Injury: \$25,000 Benefit Maximum per injury	Reasonable and Customary
Club and Intramural Sports Injury	Reasonable and Customary

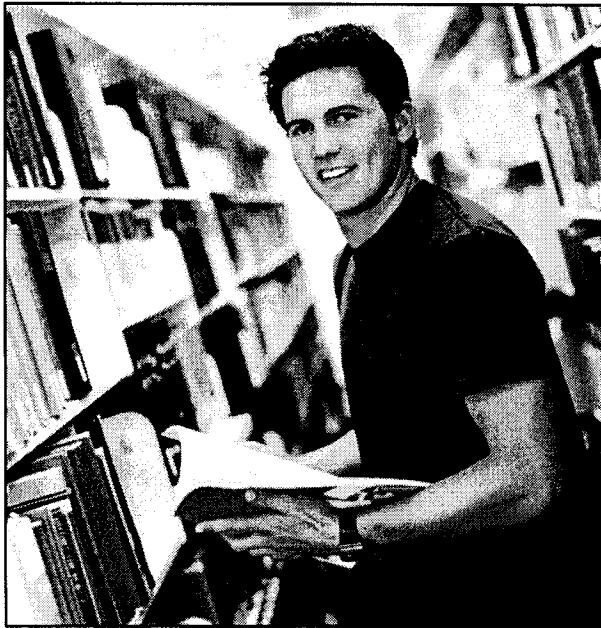
See Policy for further details of benefit descriptions. Policy is on file at the University and/or School.

EXCEPTIONS AND EXCLUSIONS

The Policy will not cover charges or expenses:

1. Services normally provided without charge by the Policyholder's student health service center, infirmary, or Hospital, or by Health Care Providers employed by the Policyholder;
2. Preventative medicines, serums, immunizations, or vaccines, except as specifically provided;
3. Pre-existing Conditions as defined in this Policy.
4. Injury sustained or Sickness contracted while in service of the Armed Forces of any country, except as specifically provided. Upon the Insured Person entering the Armed Forces of any country, We will refund the unearned pro-rata premium to such Insured Person;
5. Illness, Accident, treatment or medical condition arising out of the play or practice of or traveling in conjunction with interscholastic or intercollegiate sports in excess of \$25,000, and professional sports only in the case where coverage is not provided for such sports activities under the Policy because the Policyholder has a separate policy that covers such sports activities;
6. Cosmetic surgery, except as the result of covered Injury occurring while this Policy is in force as to the Insured Person. This exclusion shall also not apply to cosmetic surgery which is reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other disease of the involved body part, and reconstructive surgery because of congenital disease or anomaly of a covered Dependent child which has resulted in a functional defect;
7. Illness, Accident, treatment or medical condition arising out of hang-gliding, skydiving, glider flying, parasailing, sail planing, bungee jumping, racing or speed contests, skin diving, parachuting or bungi-cord jumping;
8. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law;
9. Expense incurred as the result of dental treatment, except as provided in the Sickness Dental Expense Benefit, if included in this Policy. This exclusion does not apply to treatment resulting from Injury to natural teeth;
10. Expense incurred for treatment of temporomandibular joint dysfunction and associated myofascial pain;
11. Injury or Sickness resulting from declared or undeclared war; or any act thereof;
12. Charges for treatment of any Injury or Sickness due to an Insured Person's commission of, or attempt to commit a felony, or a crime which would be considered a felony if prosecuted;
13. Injury due to participation in a riot;
14. Charges for which Insured Persons have no legal obligation to pay in absence of this or like coverage;
15. Expenses incurred in connection with family planning, the enhancement of fertility, fertility tests, correction of infertility, in-vitro fertilization, artificial insemination, and services or supplies for inducing conception;
16. Treatment of obesity, including any care which is primarily dieting or exercise for weight loss, except for surgical treatment of morbid obesity;
17. Expense incurred for eye examinations or prescriptions, eyeglasses, and contact lenses (except for sclera shells which are intended for use of corneal bandages), eye refractions, vision therapy, multiphasic testing, or lasix or other vision procedures except as required for repair caused by a covered Injury;
18. Routine periodical physical examinations, except as specifically provided;
19. Expenses incurred for allergy testing;
20. Suicide, attempted suicide, or intentionally self-inflicted injury, whether sane or insane in excess of \$10,000.
21. Expenses for any service or supply not specified in this Policy as a covered service;
22. An amount of a charge in excess of the Reasonable and Customary Expense;
23. Elective Treatment or elective surgery, except as specifically provided;
24. Services not Medically Necessary;
25. Oral contraceptives and other forms of contraception used for contraceptive purposes only;
26. Accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route;
27. Treatment of mental or nervous disorders except as specifically provided;
28. Treatment of alcohol and substance abuse except as specifically provided;
29. Expense incurred for: tubal ligation; vasectomy; breast implants; breast reduction; sexual reassignment surgery; impotence (organic or otherwise); non-cystic acne; non-prescription birth control; submucous resection and/or other surgical correction for deviated nasal septum, other than for required treatment of acute purulent sinusitis; circumcision; gynecomastia; hirsutism; and learning disabilities or disorders or Attention Deficit Disorder;
30. Voluntary or elective abortion, except as specifically provided;
31. Hearing aids, including exams for fitting, except as required to correct damage caused by an Injury which occurs while the patient is covered by this Plan, provided they are obtained within four months of the date of the Injury;





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

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®

¹ AIG 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.

