

NEW Security Evacuation Benefit. See pg. 8 for details.

California State University Students

Travel Medical Insurance

Study Abroad



enroll online: www.CSUhealthlink.com

2009-2010

STUDY ABROAD PLANS
GLB 0009113105

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



WHO IS ELIGIBLE TO ENROLL FOR COVERAGE?

Students, scholars, faculty members, administrators, invited guests or chaperones 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 traveling outside their Home Country with a current passport or visa to attend a U.S. school or a U.S. school-sponsored Study Abroad program.

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 to engage in educational or cultural activities sponsored by a participating organization. "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 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 one month 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.

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 benefits;
- ♦ 24-hour travel assistance services provided by AIG Travel Assist when an emergency arises.

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.

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.

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
Principal Sum, Optional for Students only*.....	\$25,000
*requires an additional premium	
Aggregate Maximum per Accident.....	\$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.



OPTIONAL BENEFITS

Available for Students 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 Student is on his or her trip. The Insured Student 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 Student 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 Student for the cost of replacing clothes and personal hygiene items, 100% coverage up to \$500 maximum (\$100 maximum per item), if the Insured Student's luggage is checked onto a common carrier, and is then lost, stolen or damaged beyond his or her use. The Insured Student 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 Student its normal reimbursement for the lost, stolen or damaged luggage.

Trip Cancellation Benefit

The Company will reimburse the Insured Student for the amount of non-refundable money the Insured Student paid for his or her trip, 100% coverage up to \$5,000 maximum, if the Insured Student 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 Student or a family member. "Family member" means an Insured Student's parent, sister, brother, husband, wife, children, or grandparent.

Included in the Deluxe Plan & Value Plan

Home Country Extension Benefit.....Up to 30 days
The Company will pay benefits for covered medical expenses if an Insured Student 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 Insured Student returns to his or her Home Country. Home Country Extension Benefits are subject to any applicable benefit maximums, deductibles and coinsurance payment shown for Medical Expense Benefits.

Athletic Coverage:

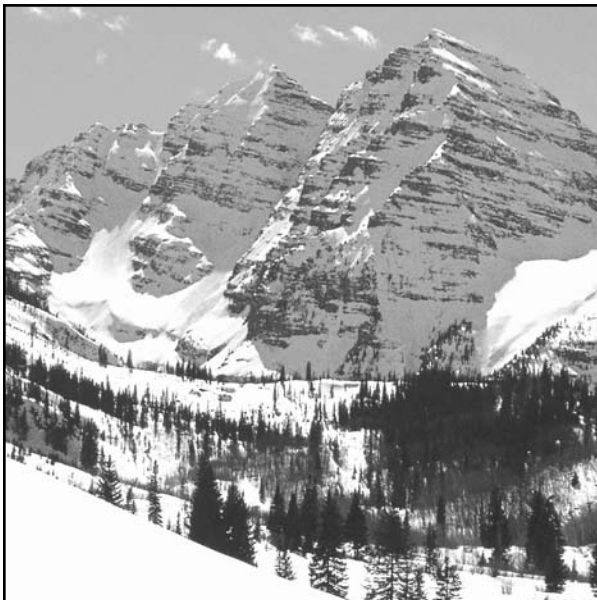
Deluxe Total Benefit Maximum	\$50,000
Value Total Benefit Maximum	\$10,000
Deductible	\$150 per policy year

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. The Deluxe plan has a \$150 deductible per policy year and 100% coverage up to \$50,000. The Value plans have a \$150 deductible per policy year and 100% coverage up to \$10,000.

Hazardous Activity Coverage:

Deluxe Total Benefit Maximum	\$50,000
Value 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. The Deluxe plan has a \$150 deductible per policy year and 100% coverage up to \$50,000. The Value plans have a \$150 deductible per policy year and 100% coverage up to \$10,000.



GLOSSARY OF TERMS

Accident: means a sudden, unexpected and unintended event.

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

Chaperone: means a person: 1) who accompanies a Covered Person on his or her trip for the purpose of maintaining propriety or personal assistance; and 2) for whom the required premium is paid.

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 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 Person: means a person who is eligible for coverage and for whom the required premium is paid.

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 or household.

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.

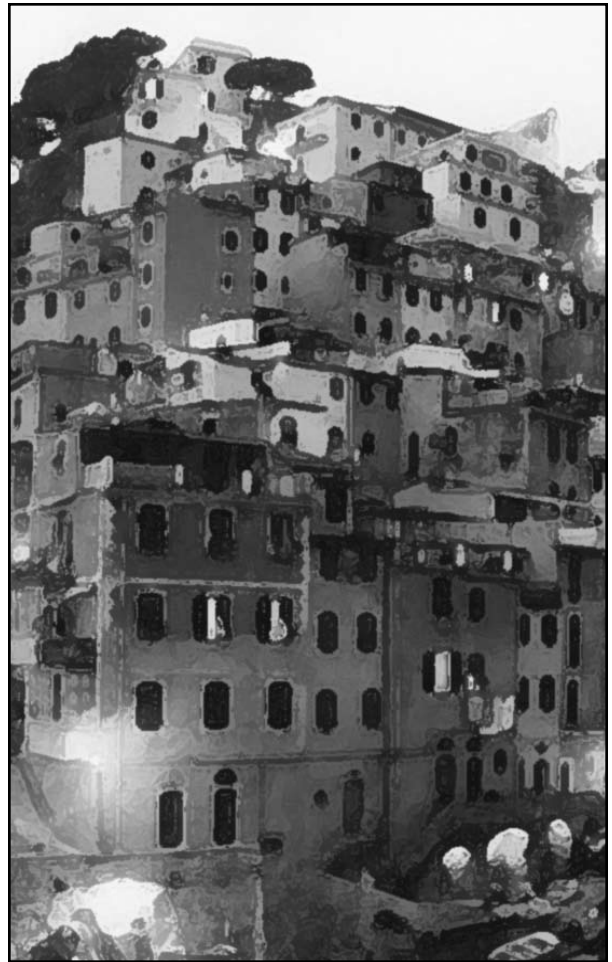
Immediate Family Member: means a person who is related to the Covered Person in any of the following ways: spouse; parent (includes stepparent); child age 18 or older (includes legally adopted and stepchild); brother or sister (includes stepbrother or stepsister); parent-in-law; son- or daughter-in-law; 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 accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

Invited Guest: means a person: 1) who is invited by a Covered Person to accompany him or her on a trip; 2) who is not an Immediate Family Member; and 3) for whom the required premium is paid.

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. A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. The Company may, at its discretion, consider the cost of the alternative to be the covered expense.

Mental and Nervous Disorders: 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.



Pre-existing Condition: means an illness, disease or other condition of the Covered Person, that in the 6 month period before the person's coverage became effective: 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 had treatment recommended by a doctor.

Sickness: means an illness, disease or condition of a Covered Person that causes a loss for which he or she incurs medical expenses while coverage is in force. All related conditions and recurrent symptoms of the same or similar condition are considered one Sickness.

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

Week: means a seven consecutive day period of time, i.e., Monday through Sunday.

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.

	<u>DELUXE</u> (Outbound)	<u>VALUE</u> (Outbound)	<u>VALUE</u> (Inbound U.S. Only)
Lifetime Medical Max per Covered Accident or Sickness (Student, Scholar, Faculty Member):	\$250,000	\$250,000	\$100,000
Lifetime Medical Max per Covered Accident or Sickness (Dependent, Guests):	\$250,000	\$100,000	\$50,000
Deductible per policy year:	\$0	\$100	\$250
Pre-Existing Conditions Maximum (for the first six months of coverage)	\$1,000	\$1,000	\$1,000
Co-Insurance	100% U&C	First \$10,000 @ 100% U&C 80% thereafter	80% U&C

Hospital Room and Board Expenses: the daily semi-private room rate.	100% U&C	*see below	80% 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	*see below	80% U&C
Daily Intensive Care Unit Expenses	100% U&C	*see below	80% 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	*see below	80% U&C \$150 co-pay if non admitted
Outpatient Surgical Room and Supply Expenses	100% U&C	*see below	80% U&C
Outpatient diagnostic X-rays, laboratory procedures and tests	100% U&C	*see below	80% 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	*see below	80% U&C
Doctor's Surgical Expenses	100% U&C	*see below	80% 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	*see below	80% U&C
Outpatient Laboratory Test Expenses	100% U&C	*see below	80% U&C
X-ray Expenses: (including reading charges) but not for dental X-rays.	100% U&C	*see below	80% 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	100% U&C \$250 per tooth max	80% U&C \$250 per tooth max
Ambulance Expenses: \$1,000 Benefit Maximum - for transportation from the emergency site to the Hospital.	100% U&C	100% U&C	80% U&C
Physiotherapy: \$500 Benefit Maximum - Physical Therapy, Chiropractic & Acupuncture.	100% U&C	100% U&C	80% 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	*see below	80% U&C
Prescription Drug Expenses: \$2,500 Benefit Maximum - including dressings, drugs and medicines prescribed by a Doctor.	80% U&C	80% U&C	80% U&C
Medical Services and Supplies: including expenses for blood and blood transfusions; oxygen and its administration.	100% U&C	*see below	80% U&C
Mental and Nervous Disorders: \$1,000 Outpatient Benefit Maximum; \$5,000 Inpatient Benefit Maximum.	100% U&C	100% U&C	80% U&C
Suicide or self-inflicted injury: U&C Maximum \$5,000.	100% U&C	100% U&C	100% U&C

* Value outbound first \$10,000 at 100% U&C 80% thereafter.

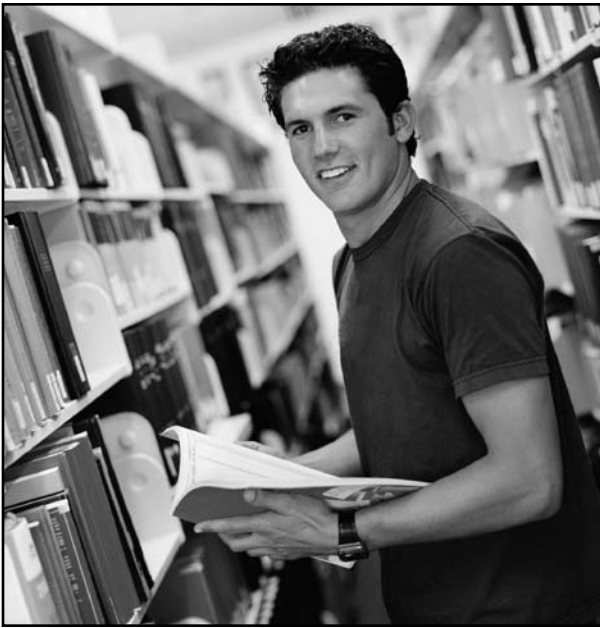
WHAT IS NOT COVERED

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

1. intentionally self-inflicted Injury, except as provided in the Schedule of Benefits.
2. suicide or attempted suicide, except as provided in the Schedule of Benefits.
3. war or any act of war.
4. for specific named hazards: off-road 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, whitewater rafting, surfing, and parasailing, except as may be provided under the Value and Deluxe Plans' 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 crewmember or riding in any aircraft, including any aircraft owned or leased by the Covered Person or the Participating Organization, except as a fare-paying passenger on a regularly scheduled or charter airline.
7. commission of or active participation in a riot, civil commotion or insurrection or police action.
8. the Covered Person being legal intoxicated or under the influence of any narcotic unless administered or consumed on the advice of a Doctor.
9. travel in or on any off-road motorized vehicle not requiring licensing as a motor vehicle.
10. Injury or death while riding without a helmet 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.
11. participation in or committing a criminal act.
12. an accident if the Covered Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license.
13. expenses payable by any automobile insurance policy without regard to fault. (This exclusion does not apply in any state where prohibited).
14. experimental; and (b) are not recognized and generally accepted medical practices in the United States.
6. cosmetic surgery, except for reconstructive surgery needed as the result of an Injury or Sickness.
7. expense incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofascial pain.
8. routine dental care and treatment.
9. covered medical expenses for which the Covered Person would not be responsible for in the absence of the Policy.
10. eyeglasses, contact lenses, hearing aids, examinations or prescriptions for them.
11. routine care or physical examinations.
12. confinement in a nursing home, rehabilitation facility, custodial care or rest cure facility.
13. Injury or Sickness caused by or resulting from participation in a club, intramural, interscholastic, intercollegiate, professional or semi-professional sports unless otherwise shown in the Schedule of Benefits.
14. maternity and routine nursery care.
15. Pre-existing Conditions, except as specifically provided in the Schedule of Benefits.
16. damage to or loss of dentures or bridges.
17. braces, appliances, examinations or prescriptions for them, or repair or replacement of artificial limbs, eyes or larynx, orthopedic braces, or orthotic devices
18. any treatment, service or supply not specifically covered by the Policy.
19. personal comfort or convenience items. These include but are not limited to: Hospital telephone charges; television rental; or guest meals.
20. birth defects and congenital anomalies; or complications which arise from such conditions.
21. 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.

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 provided under the Value and Deluxe Plans' 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.
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. any elective treatment, surgery, health treatment, or examination, including any service, treatment or supplies that: (a) are deemed by Us to be



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.

AIG TRAVEL ASSIST SERVICE DESCRIPTIONS

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

Emergency Travel and Medical Assistance Services:

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

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

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

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.

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 www.CSUhealthlink.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 Cobblerock Drive, Suite 100
Rancho Cordova, CA 95670
(800) 853-5899 or (916) 231-3399
Fax: (916) 231-3398
www.CSUhealthlink.com

THE UNDERWRITING COMPANY:

**Insurance Company
of the State of Pennsylvania**
Policy # GLB 0009113105

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 policy issued in the state in which the policy is delivered. Complete details may be found in the policy on file at your school's office. The policy is subject to the laws of the state in which it was issued. Please keep this information as a reference.

2009-2010 COSTS & COVERAGES

	<u>DELUXE (Outbound)</u>	<u>VALUE (Outbound)</u>	<u>VALUE (Inbound U.S. Only)</u>
Maximum Medical Benefit (Student, Scholar, Faculty Member):	\$250,000	\$250,000	\$100,000
Maximum Medical Benefit (Dependent, Guests):	\$250,000	\$100,000	\$50,000
Co-insurance:	100% U&C	First \$10,000 @ 100% U&C 80% U&C thereafter	80% U&C

TO CALCULATE YOUR TOTAL COST: first select your Plan, next select your age group, then multiply the number of weeks (two week minimum) by the rate to equal your total cost.

DELUXE OUTBOUND & VALUE OUTBOUND PLANS (Traveling outside the United States)

COST PER WEEK OR ANY PART THEREOF (Two Week Minimum Required)

	Age	Deluxe (Outbound)	Value (Outbound)
Student (includes outbound scholars, faculty members and administrators)	Any Age	<input type="checkbox"/> \$11.75	<input type="checkbox"/> \$10.00
Spouse* , Invited Guest, Chaperone	24 & Under	<input type="checkbox"/> \$13.25	<input type="checkbox"/> \$11.25
	25-30	<input type="checkbox"/> \$16.25	<input type="checkbox"/> \$13.75
	31-40	<input type="checkbox"/> \$19.50	<input type="checkbox"/> \$16.50
	41-49	<input type="checkbox"/> \$26.75	<input type="checkbox"/> \$22.50
	50-59	<input type="checkbox"/> \$33.00	<input type="checkbox"/> \$27.75
	60-65	<input type="checkbox"/> \$38.25	<input type="checkbox"/> \$32.00
Each Dependent Child*		<input type="checkbox"/> \$11.75	<input type="checkbox"/> \$10.00

VALUE INBOUND PLAN (Traveling into the United States)

COST PER WEEK OR ANY PART THEREOF (Two Week Minimum Required)

Student Age (Scholar, Faculty, Administrators)	Student Value (Inbound U.S. Only)	Dependent Age (Spouse, Invited guest, Chaperone)	Dependent Value (Inbound U.S. Only)
24 & Under	<input type="checkbox"/> \$15.50	24 & Under	<input type="checkbox"/> \$17.50
25-30	<input type="checkbox"/> \$19.25	25-30	<input type="checkbox"/> \$22.00
31-40	<input type="checkbox"/> \$23.00	31-40	<input type="checkbox"/> \$26.25
41-49	<input type="checkbox"/> \$33.25	41-49	<input type="checkbox"/> \$38.25
50-59	<input type="checkbox"/> \$44.50	50-59	<input type="checkbox"/> \$51.50
60-65	<input type="checkbox"/> \$61.50	60-65	<input type="checkbox"/> \$64.25
		Each Child	<input type="checkbox"/> \$15.50

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

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 (Student Only)

COST PER WEEK OR ANY PART THEREOF (Two Week Minimum Required)

• Personal Property • Lost Baggage • Trip Cancellation (See page 4 for benefits and exclusions).	<input type="checkbox"/> \$ 4.50
Optional AD&D for students only, \$25,000 principal sum (See page 3 for benefits)	<input type="checkbox"/> 25¢

FAX BACK TO: (916) 231-3398