shown in the Schedule of Benefits, under each stated benefit.

Disability covered by this Policy:

Injury means bodily injury caused solely and directly by violent, accidental, external, and visible means occurring while this Policy is in force and resulting directly and independently of all other causes in Disability covered by this Policy.

Insured Person(s) means a person eligible for coverage under the Policy as defined in "Eligible Persons" who has applied for coverage and is named on the application and for whom the company has accepted premium.

Medically Necessary or Medical Necessity means services and supplies received while insured that are determined by the Company to be: 1) appropriate and necessary for the symptoms, diagnosis, or direct care and treatment of the Insured Person’s medical conditions; 2) within the standards the organized medical community deems good medical practice for the Insured Person’s condition; 3) not primarily for the convenience of the Insured Person, the Insured Person’s Physician or another Service Provider or person; 4) treatment of acute purulent sinusitis. Elective Surgery does not apply to cosmetic surgery required to correct a covered Accident. Elective Treatment includes, but is not limited to, treatment for acne, nonmalignant warts and moles, weight reduction, infertility and learning disabilities.

Eligible Benefits means benefits payable by the Company to reimburse expenses which are for Medically Necessary services, supplies, care, or treatment, due to illness or injury prescribed, performed or ordered by a Physician; and which do not exceed the maximum limits shown in the Schedule of Benefits under each stated benefit.

Emergency means a medical condition manifesting itself by acute signs or symptoms which could reasonably result in placing the Insured Person’s life or limb in danger if medical attention is not provided within 24 hours.

Family Member means a spouse, parent, sibling or Child of the Insured Person.

Home Country means the country where an Insured Person has his or her true, fixed and permanent home and principal establishment.

Hospital means except as may otherwise be provided, a hospital (other than an institution for the aged, chronically ill or convalescent, resting or nursing homes) operated pursuant to law for the care and treatment of sick or injured persons with organized facilities for diagnosis and Surgery and having 24-hour nursing service and medical supervision.

Illness means sickness or disease of any kind contracted or occurring after the Effective Date of this Policy and which do not exceed the maximum limits shown in the Schedule of Benefits under each stated benefit.

Pre-existing Condition means illness or disease which existed or was diagnosed during the 12 months prior to the Effective Date of this Policy.

Reasonable and Customary means the maximum amount that the Company determines is Reasonable and Customary for Covered Expenses the Insured Person receives, up to but not to exceed charges actually billed. The Company’s determination considers: 1) amounts charged by other Service Providers for the same or similar service in the locality where the underlying care were received, considering the nature and severity of the bodily injury or illness in connection with which such services and supplies are received; 2) any usual medical circumstances requiring additional time, skill or experience; and 3) other factors the Company determines are relevant, including but not limited to, a resource based relative value scale.

Schedule of Benefits

Policy number #GLB 9111660

Section I - Benefit Provisions

Benefits are payable under this Policy for Covered Expenses incurred by an Insured Person for the items stated in the Schedule of Benefits. Benefits shall be payable to either the Insured Person or the Service Provider for Covered Expenses incurred Worldwide. The first such expense must be incurred by an Insured within 30 days after the date of the Accident or commencement of the Sickness; and

- All expenses must be incurred by the Insured within 52 weeks from the date of the Accident or commencement of the Sickness; and
- The Insured must remain continuously insured under the Policy for the duration of the treatment.

The charges enumerated herein shall in no event include any amount of such charges which are in excess of Reasonable and Customary charges. If the charge incurred is in excess of such average charge such excess amount shall not be recognized as a Covered Expense. All charges shall be deemed to be incurred on the date such services or supplies, which give rise to the expense or charge, are rendered or obtained.

Accidental Death and Dismemberment

Accidental Death and Dismemberment Insurance is afforded to an Insured Person which shall apply only to Injury, as defined in Definitions, sustained by such Insured Person during the course of coverage. Such Insurance includes such Injury which occurs during the course of time the Insured Person is covered under the Policy. The full benefit amount will be paid for the loss of life and loss of two or more members (hand, foot, or eye). One half the benefit amount will be paid for the loss of one member. One quarter the benefit amount will be paid for the loss of thumb and index finger (actual severance through or above the joint that meets the finger at the palm). Loss must occur within 365 days of the date of the Accident.

Policy terms and conditions are briefly outlined in this Description of Coverage. Complete provisions pertaining to this insurance are contained in the Master Policy on file with the trustee, AIG Group Insurance Trust, Washington, D.C., and the Participating Organization. In the event of any conflict between this Description of Coverage and the Master Policy, the Policy will govern.

Section I - Benefit Provisions

- Accidental Death Per Insured
- $15,000

- Medical Expense (per Accident or Sickness):
  - Deductible: $200
  - Basic Medical: $100,000 at 100%
  - Emergency Medical Reunion: $5,000

- Medical Evacuation/Repatriation: $100,000
- Return of Mortal Remains: $50,000
- AIG Assist #GLB 9111660

Section II

- Accidental  Death and Dismemberment

- Return of Mortal Remains
- $50,000

- AIG Assist #GLB 9111660

- Medical Evacuation/Repatriation
- $100,000

- Return of Mortal Remains
- $50,000

Cultural Insurance Services International (CISI)
River Plaza • 9 West Broad Street • Stamford, CT 06902-3788
phone 203-399-5130 • fax 203-399-5596
www.culturalsinsurance.com

Board of Regents University of Wisconsin System
Study Abroad and Exchange Abroad Programs

This plan is underwritten by The Insurance Company of the State of Pennsylvania, a member of the AIG Companies.

Accidental Death

- Accidental Death and Dismemberment

- Return of Mortal Remains
- $50,000

- AIG Assist #GLB 9111660

- Medical Evacuation/Repatriation
- $100,000

- Return of Mortal Remains
- $50,000

Cultural Insurance Services International (CISI)
River Plaza • 9 West Broad Street • Stamford, CT 06902-3788
phone 203-399-5130 • fax 203-399-5596
www.culturalsinsurance.com

World Class Coverage Plan

designed for

Policy number #GLB 9111660

Section I - Benefit Provisions

Benefits are payable under this Policy for Covered Expenses incurred by an Insured Person for the items stated in the Schedule of Benefits. Benefits shall be payable to either the Insured Person or the Service Provider for Covered Expenses incurred Worldwide. The first such expense must be incurred by an Insured within 30 days after the date of the Accident or commencement of the Sickness; and

- All expenses must be incurred by the Insured within 52 weeks from the date of the Accident or commencement of the Sickness; and

- The Insured must remain continuously insured under the Policy for the duration of the treatment.

The charges enumerated herein shall in no event include any amount of such charges which are in excess of Reasonable and Customary charges. If the charge incurred is in excess of such average charge such excess amount shall not be recognized as a Covered Expense. All charges shall be deemed to be incurred on the date such services or supplies, which give rise to the expense or charge, are rendered or obtained.

Accidental Death and Dismemberment

Accidental Death and Dismemberment Insurance is afforded to an Insured Person which shall apply only to Injury, as defined in Definitions, sustained by such Insured Person during the course of coverage. Such Insurance includes such Injury which occurs during the course of time the Insured Person is covered under the Policy. The full benefit amount will be paid for the loss of life and loss of two or more members (hand, foot, or eye). One half the benefit amount will be paid for the loss of one member. One quarter the benefit amount will be paid for the loss of thumb and index finger (actual severance through or above the joint that meets the finger at the palm). Loss must occur within 365 days of the date of the Accident.

Policy terms and conditions are briefly outlined in this Description of Coverage. Complete provisions pertaining to this insurance are contained in the Master Policy on file with the trustee, AIG Group Insurance Trust, Washington, D.C., and the Participating Organization. In the event of any conflict between this Description of Coverage and the Master Policy, the Policy will govern.

Schedule of Benefits

Policy number #GLB 9111660

Section I - Benefit Provisions

Benefits are payable under this Policy for Covered Expenses incurred by an Insured Person for the items stated in the Schedule of Benefits. Benefits shall be payable to either the Insured Person or the Service Provider for Covered Expenses incurred Worldwide. The first such expense must be incurred by an Insured within 30 days after the date of the Accident or commencement of the Sickness; and

- All expenses must be incurred by the Insured within 52 weeks from the date of the Accident or commencement of the Sickness; and

- The Insured must remain continuously insured under the Policy for the duration of the treatment.

The charges enumerated herein shall in no event include any amount of such charges which are in excess of Reasonable and Customary charges. If the charge incurred is in excess of such average charge such excess amount shall not be recognized as a Covered Expense. All charges shall be deemed to be incurred on the date such services or supplies, which give rise to the expense or charge, are rendered or obtained.

Accidental Death and Dismemberment

Accidental Death and Dismemberment Insurance is afforded to an Insured Person which shall apply only to Injury, as defined in Definitions, sustained by such Insured Person during the course of coverage. Such Insurance includes such Injury which occurs during the course of time the Insured Person is covered under the Policy. The full benefit amount will be paid for the loss of life and loss of two or more members (hand, foot, or eye). One half the benefit amount will be paid for the loss of one member. One quarter the benefit amount will be paid for the loss of thumb and index finger (actual severance through or above the joint that meets the finger at the palm). Loss must occur within 365 days of the date of the Accident.

Policy terms and conditions are briefly outlined in this Description of Coverage. Complete provisions pertaining to this insurance are contained in the Master Policy on file with the trustee, AIG Group Insurance Trust, Washington, D.C., and the Participating Organization. In the event of any conflict between this Description of Coverage and the Master Policy, the Policy will govern.
Accident and Sickness Medical Expenses

The Company will pay Covered Expenses due to Accident or Sickness only, as per the Schedule of Benefits. Coverage is limited to Covered Expenses incurred subject to Exclusions. All bodily injuries sustained in any one Accident or Sickness shall be considered one Disability; all bodily dis- orders existing simultaneously which are due to the same or related causes shall be considered one Disability. If a Dis- ability is due to causes which are the same or related to the cause of a prior Disability (including complications arising there from), the Disability shall be considered a continua- tion of the prior Disability and not a separate Disability. Treatment of an Injury or Illness must occur within 30 days of the date of the Injury or Illness.

When a covered Injury or Illness is incurred by the Insured Person the Company will pay Reasonable and Customary med- ical expenses as stated in the Schedule of Benefits. In no event shall the Company's maximum liability the maximum stated in the Schedule of Benefits as to Covered Expenses during any one period of individual coverage.

Covered Accident and Sickness Medical Expenses

Only such expenses, incurred as the result of a Disability, which are specifically enumerated in the following list of charges, and which are not excluded in the Exclusions section, shall be considered as Covered Expenses:

- Charges for physiotherapy, if recommended by a Physician.
- Charges made for an operating room.
- Charges made for diagnosis, treatment and Surgery by a licensed Physician.
- Charges made for ar tificial limbs, eyes, lar ynx, and orthotic appliances, but not for replacement of such items upon a written prescription of a Physician or Surgeon.
- Charges as a result or in connection with the commission of a felony offense.
- Charges as a result or in connection with self inflicted means, which is the direct cause of bodily injury sustained while taking part in mountaineering where ropes or guides are normally used; hang gliding, parachuting, bungee jumping, racing by horse, motor vehicle or motorcycle, paragliding.
- Treatment paid for or furnished under any other individual or group insurance, or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facili- t y set up for treatment without cost to any individual.
- Charges for medication was prescribed, or for which manifestations of symptoms would have required the advice prior to the Effective Date of coverage under the Policy, except as specified below:
- The refusal of a Physician or Hospital to make all medical services, supplies or treatment, including any period of Hospital confinement, which were not recommended, or were furnished under any other individual or group insurance, or other service or medical pre-payment plan.
- The refusal of a Physician or Hospital to make all medical services, supplies or treatment, including any period of Hospital confinement, which were not recommended, or were furnished under any other individual or group insurance, or other service or medical pre-payment plan.
- Expenses as a result of a covered Accident; for the purposes of this Policy, treatment of a devi- nated nasal septum shall be considered a cosmetic condition.
- Cosmetic or plastic Surgery, except as the result of a covered Accident; for the purposes of this Policy, treatment of a devi- nated nasal septum shall be considered a cosmetic condition.
- Expenses incurred while insured Persons are in their Home Country, unless otherwise covered under this Policy
- Prescriptions of any kind.
- Treatment paid for or furnished under any other individual or group insurance, or other service or medical pre-payment plan.
- Expenses incurred while the Insured Person is in their Home Country.
- Any consequence, whether directly or indirectly, proximately or otherwise contributed to by, or resulting from, to, or arising in connection with war, invasion, warlike opera- tions (whether war be declared or not), or civil war, mutiny, riot, strike, military or popular uprising insurrection, rebel- lion, revolution, military or usurped power.
- Injury sustained while participating in professional athletics.
- Expenses as a result or in connection with the commission of a felony offense.
- Expenses incurred while the Insured Person is in their Home Country, unless otherwise covered under this Policy
- Drug, treatment or procedure that either promotes or pre- vents conception, or prevents childbirth, including but not limited to artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion.
- Services, supplies or treatment, including any period of Hospital confinement, which were not recommended, or were furnished under any other individual or group insurance, or other service or medical pre-payment plan.
- Expenses as a result of a covered Accident; for the purposes of this Policy, treatment of a devi- nated nasal septum shall be considered a cosmetic condition.
- Expenses incurred while the Insured Person is in their Home Country, unless otherwise covered under this Policy
- Any consequence, whether directly or indirectly, proximately or otherwise contributed to by, or resulting from, to, or arising in connection with war, invasion, warlike opera- tions (whether war be declared or not), or civil war, mutiny, riot, strike, military or popular uprising insurrection, rebel- lion, revolution, military or usurped power.
- Injury sustained while participating in professional athletics.
- Expenses incurred while the Insured Person is in their Home Country, unless otherwise covered under this Policy
- Drug, treatment or procedure that either promotes or pre- vents conception, or prevents childbirth, including but not limited to artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion.
- Services, supplies or treatment, including any period of Hospital confinement, which were not recommended, or were furnished under any other individual or group insurance, or other service or medical pre-payment plan.
- Expenses as a result of a covered Accident; for the purposes of this Policy, treatment of a devi- nated nasal septum shall be considered a cosmetic condition.
- Expenses incurred while the Insured Person is in their Home Country, unless otherwise covered under this Policy
- Drug, treatment or procedure that either promotes or pre- prevents conception, or prevents childbirth, including but not limited to artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion.
- Services, supplies or treatment, including any period of Hospital confinement, which were not recommended, or were furnished under any other individual or group insurance, or other service or medical pre-payment plan.
- Expenses as a result of a covered Accident; for the purposes of this Policy, treatment of a devi- nated nasal septum shall be considered a cosmetic condition.
Accident and Sickness Medical Expenses

The Company will pay Covered Expenses due to Accident or Sickness only, as per the limits stated in the Schedule of Benefits. Coverage is limited to Covered Expenses incurred subject to Exclusions. All bodily Injuries sustained in any one Accident or Sickness will be considered one Disability; all bodily dis- orders existing simultaneously which are due to the same or related causes shall be considered one Disability. If a Dis- ability is due to causes which are the same or related to the cause of a prior Disability (including complications arising therefrom), the Disability shall be considered a continua-
tion of the prior Disability and not a separate Disability. Treatment of an Injury or Illness must occur within 30 days of the onset of the Illness.

When a covered Injury or Illness is incurred by the Insured Person the Company will pay Reasonable and Customary med-
ical expenses as stated in the Schedule of Benefits. In no event shall the Company’s maximum liability be more than the maximum stated in the Schedule of Benefits as to Covered Expenses dur-
ing any one period of individual coverage.

Covered Accident and Sickness Medical Expenses

Only such expenses, incurred as the result of a Disability, which are specifically enumerated in the following list of charges, and which are not excluded in the Exclusions section, shall be considered as Covered Expenses:

- Charges made by a Hospital for room and board, floor nurs-
ing and other services inclusive of charges for professional service and with the exception of personal services of a non-
medical nature; provided, however, that expenses do not exceed the Hospital’s charge for private room and board accommodation.
- Charges made for Intensive Care or Coronary Care charges and nursing services
- Charges made for diagnosis, treatment and Surgery by a
Physician
- Charges made for an operating room
- Charges made for Outpatient treatment, same as any other treatment covered on an inpatient basis. This includes ambu-
latory Surgical centers, Physicians’ Outpatient visits/exami-
nations, clinic care, and Surgical opinion consultations
- Charges made for the cost and administration of anesthetics
- Charges for medication, x-ray services, laboratory tests and services, the use of radio and radioactive isotopes, oxygen, blood, transfusions, iron lungs, and medical treatment
- Charges for physiotherapy, if recommended by a Physician for the treatment of a specific Disability and administered by a licensed physiotherapist
- Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Physician or Surgeon
- Charges made for artificial limbs, eyes, larynx, and orthotic appliances, but not for replacement of such items
- Local transportation to or from the nearest Hospital and to and from the nearest Hospital with facilities for required treatment. Such transportation shall be by licensed ground ambulance only
- Nervous or Mental Disorders are payable a) up to $1,000 for outpatient treatment; or b) up to $5,000 on an inpatient basis. The Company shall not be liable for more than one such inpatient or outpatient occurrence per lifetime under the Policy with respect to any one Insured
- Chiropractic Care and Therapeutic Services shall be limited to a total of $50 per visit, excluding x-ray and evaluation charges, with a maximum of 10 visits per injury or illness. Thus, the maximum coverage per injury or Illness is $300 which includes x-ray and evaluation charges.
- Expenses incurred within an Insured’s home country or coun-
try of regular domicile up to a maximum of $10,000.

Extension of Benefits

Medical benefits are automatically extended 30 days after expi-
ration of insurance for conditions first diagnosed or treated during or related to your overseas study program with University of Wisconsin. Benefits cease 12:01 a.m. on the 31st day following termination of Insurance.

Emergency Medical Reunion

When an Insured Person is hospitalized for more than 6 days, the Company will arrange and pay for round trip economy-class transportation for one individual selected by the Insured Person, from the Insured Person’s home country to the location where the Insured Person is hospitalized. The benefits payable will include:

- The cost of a round trip economy airfare and their hotel and meals, calculated at a maximum of $100 per day, to the maximum stated in the Schedule of Benefits, Emergency Medical Reunion;
- All transportation in connection with an Emergency Medical Reunion must be pre-approved and arranged by the Assistance Provider.

Exclusions

For all benefits listed in the Schedule of Benefits this Insurance does not cover:

- Pre-Existing conditions, defined as any condition for which a licensed Physician was consulted, or for which treatment or medication was prescribed, or for which manifestations of symptoms would have caused a person to seek medical advice prior to the Effective Date of coverage under the Policy, except as specified below:
  - If the Insured Person does not receive medical care or serv-
ices, including prescription drugs or other medical supplies, and is not under the care of a Physician with respect to the Pre-Existing Condition or related condition(s), for a period of 12 consecutive months beginning on or after the first day of coverage, the preexisting condition exclusion will no longer apply and any eligible charges incurred after the treatment free period will be considered for reimbursement; or
  - If the Insured Person is covered under the Policy for 12 con-
secutive months and the Pre-Existing Condition exclusion will no longer apply and any eligible expenses incurred thereafter will be considered for reimbursement; or
  - Emergency Medical Evacuation/Repatriation and Return of Mortal Remains benefit is provided

Note: This policy does pay benefits to a maximum of $500 for loss due to a pre-existing condition

- Charges for treatment which is not Medically Necessary
- Charges for treatment which exceed Reasonable and
Customary charges
- Charges incurred for Surgery or treatments which are, Experimental/Investigational, or for research purposes
- Services, supplies or treatment, including any period of Hospital confinement, which were not recommended, approved, or considered medically Necessary and reason-
able by a Physician
- Suicide or any attempt thereof, while sane or self destruction or any attempt thereof, while sane
- Any consequence, whether directly or indirectly, proximately or otherwise contributed to by, or attributable to, or arising in connection with war, invasion, warlike opera-
tions (whether war be declared or not), or civil war, mutiny, riot, strike, military or popular uprising insurrection, rebel-
lion, revolution, military or usurped power
- Injury sustained while participating in professional athletics
- Routine physicals, immunizations, or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or x-ray examina-
tions, except in the course of a Disability established by a prior call or attendance of a Physician
- Treatment of the Temporomandibular joint
  - Vocational, speech, recreational or music therapy
  - Services, supplies or treatment, including any period of
hospital confinement, which were not recommended, approved, or considered medically Necessary and reason-
able by a Physician
  - Accident or Accidental
    - Injury sustained while the Insured Person is riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting from, any type of aircraft.
  - In addition to the exclusions listed above, the following exclusions apply to Accident Death and Dismemberment Insurance only:
    - Death or Dismemberment
      - Bacterial infections except pyogenic infection which shall occur through an accidental cut or wound
      - Neuritis, psychoneuroses, psychopathies, psychoses or mental or emotional diseases or disorders of any type.
    - Subrogation
      - To the extent the Company pays a loss suffered by an Insured, the Company will take over the rights and remedies the Insured had relating to the loss. This is known as subroga-
tion. The Insured must help the Company to preserve its rights against those responsible for the loss. This may involve signing any papers and taking any other steps the Company may rea-
onably require. If the Company takes over an Insured’s rights, the Insured must sign an appropriate subrogation form sup-
plied by the Company.

Definitions

Accident or Accidental means an event, independent of
Illness or self inflicted means, which is the direct cause of bod-
ily Injury to an Insured Person.

Covered Expenses means expenses which are for Medically Necessary services, supplies, care, or treatment; due to Illness or Injury; and for which a Physician or Hospital is ordered or priced in the Schedule of Benefits, Reasonable and Customary charges; incurred while insured under this Policy; and which do not exceed the maximum limits
Policy number #GLB 9111660 means a person eligible for coverage under this Policy begins. The Effective Date of this Policy is the last of the following: 1) the Date the Company receives a completed Application and premium for the Policy Period; or 2) the Effective Date requested on the Application; or 3) the Date the Company approves the Application.

Effective Date means the date the Insured’s Persons coverage under this Policy begins. The Effective Date of this Policy is the last of the following: 1) the Date the Company receives a completed Application and premium for the Policy Period; or 2) the Effective Date requested on the Application; or 3) the Date the Company approves the Application.

Elective Surgery or Elective Treatment means surgery or medical treatment which is not necessitated by a pathological or traumatic change in the function or structure in any part of the body first occurring after the Insured’s effective date of coverage. Elective Surgery includes, but is not limited to, circumcision, tubal ligation, vasectomy, breast reduction, sexual re-assignment surgery and submucous resection and/or other surgical correction for deviated nasal septum, other than for necessary treatment of covered acute purulent sinusitis. Elective Surgery does not apply to cosmetic surgery required to correct a covered Accident. Elective Treatment includes, but is not limited to, treatment for acne, nonmalignant warts and moles, weight reduction, infertility and learning disabilities.

Eligible Benefits means benefits payable by the Company to reimburse expenses which are for medically necessary services, supplies, care, or treatment, due to illness or injury prescribed, performed or ordered by a Physician; Reasonable and Customary charges; incurred while insured under this Policy; and which do not exceed the maximum limits shown in the Schedule of Benefits under each stated benefit.

Family Member means a spouse, parent, sibling or child of the Insured Person.

Home Country means the country where an Insured Person has his or her true, fixed and permanent home and principal establishment.

Hospital means except as may otherwise be provided, a Hospital (other than an Institution for the aged, chronically ill or convalescent, rest home or nursing home) operated pursuant to law for the care and treatment of sick or injured persons with organized facilities for diagnosis and Surgery and having 24-hour nursing service and medical supervision.

Illness means sickness or disease of any kind contracted and commencing after the Effective Date of this Policy and not shown in the Schedule of Benefits, under each stated benefit.

Disability covered by this Policy: Injury means bodily Injury caused solely and directly by violent, accidental, external, and visible means occurring while this Policy is in force and resulting directly and independently of all other causes in Disability covered by this Policy.

Insured Person(s) means a person eligible for coverage under this Policy as defined in “Eligible Persons” who has applied for coverage and is named on the application and for whom the company has accepted premium.

Medically Necessary or Medical Necessity means services and supplies received while insured that are determined by the Company to be: 1) appropriate and necessary for the symptoms, diagnosis, or direct and care treatment of the Insured Person’s medical conditions; 2) within the standards the organized medical community deems good medical practice for the Insured Person’s condition; 3) not primarily for the convenience of the Insured Person, the Insured Person’s Physician or another Service Provider or person; 4) not experimental/investiga- tional or unproven, as recognized by the organized medical community, or which are used for any type of research program or protocol; and 5) not excessive in scope, duration, or intensity to provide safe and adequate, and appropriate treatment.

Physician means a doctor of medicine or a doctor of osteopathy licensed to render medical services or perform Surgery in accordance with the laws of the jurisdiction where such professional services are performed, however, such definition will exclude chiropractors and physiotherapists.

Pre-existing Condition means 1) a condition that would have caused person to seek medical advise, diagnosis, care or treatment either at the time the Insured Person was covered by the Policy or during the 12 months prior to the Effective Date of coverage under this Policy; 2) a condition for which medical advise, diagnosis, care or treatment was recommended or received during the 12 months prior to the Effective Date of coverage under this Policy; 3) expenses for a Pregnancy existing on the Effective Date of coverage under this Policy.

Reasonable and Customary means the maximum amount that the Company determines is Reasonable and Customary for Covered Expenses the Insured Person receives, up to but not to exceed charges actually billed. The Company’s determination considers: 1) amounts charged by other Service Providers for the same or similar service in the locality were received, considering the nature and severity of the bodily Injury or Illness in connection with which such services and supplies are received; 2) any usual medical circumstances requiring additional time, skill or experience; and 3) other factors the Company determines are relevant, including but not limited to, a resource based relative value scale.

Medical Evacuation/Repatriation $100,000
Accidental Death Per Insured $15,000
AIG Assist #GLB 9111660

Schedule of Benefits
Policy number #GLB 9111660

Section I

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accidental Death Per Insured</td>
<td>$15,000</td>
</tr>
<tr>
<td>Medical Expense (per Accident or Sickness):</td>
<td></td>
</tr>
<tr>
<td>Deductible</td>
<td>$20</td>
</tr>
<tr>
<td>Basic Medical</td>
<td>$100,000 at 100%</td>
</tr>
<tr>
<td>Emergency Medical Reunion</td>
<td>$5,000</td>
</tr>
<tr>
<td>Medical Evacuation/Repatriation</td>
<td>$100,000</td>
</tr>
<tr>
<td>Return of Mortal Remains</td>
<td>$50,000</td>
</tr>
</tbody>
</table>

Section II

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits are payable under this Policy for Covered Expenses incurred by an Insured Person for the items stated in the Schedule of Benefits. Benefits shall be payable to either the Insured Person or the Service Provider for Covered Expenses incurred Worldwide. The first such expense must be incurred by an Insured within 30 days after the date of the Accident or commencement of the Sickness; and</td>
<td></td>
</tr>
<tr>
<td>All expenses must be incurred by the Insured within 52 weeks from the date of the Accident or commencement of the Sickness; and</td>
<td></td>
</tr>
<tr>
<td>The Insured must remain continuously insured under the Policy for the duration of the treatment.</td>
<td></td>
</tr>
<tr>
<td>The charges enumerated herein shall in no event include any amount of such charges which in excess of Reasonable and Customary charges. If the charge incurred is in excess of such average charge such excess amount shall not be recognized as a Covered Expense. All charges shall be deemed to be incurred on the date such services or supplies, which give rise to the expense or charge, are rendered or obtained.</td>
<td></td>
</tr>
</tbody>
</table>

Accidental Death and Dismemberment
Accidental Death and Dismemberment Insurance is afforded to an Insured Person which shall apply only to Injury, as defined in Definitions, sustained by such Insured Person during the course of coverage. Such Insurance includes such Injury which occurs during the course of time the Insured Person is covered under the Policy. The full benefit amount will be paid for the loss of life and loss of two or more members (hand, foot, or eye). One half the benefit amount will be paid for the loss of one member. One quarter the benefit amount will be paid for the loss of thumb and index finger (actual severance through or above the joint that meets the finger at the palm). Loss must occur within 365 days of the date of the Accident.
Section II—Team Assist Plan (TAP)

The Team Assist Plan is designed by CISI in conjunction with the Assistance Company to provide travelers with a worldwide, 24-hour emergency telephone assistance service. Multilingual help and advice may be furnished for the Insured in the event of any emergency during the term of coverage. The Team Assist Plan complements the insurance benefits provided by The Insurance Company of the State of Pennsylvania. The Assistance Company will be AIG Assist. If you require AIG Assist assistance, your ID number is GLB 9111660. In the U.S., call (800) 472-0906, worldwide call collect (01-713)267-2525 or e-mail customerservice3@aig.com.

Emergency Medical Transportation Services:
The Team Assist Plan provides services and pays expenses up to the following maximums:
- Emergency Medical Evacuation/Repatriation up to $100,000
- Return of Mortal Remains up to $50,000

All services must be arranged through the Assistance Provider.

Emergency Medical Evacuation/Repatriation
The Company shall pay benefits for Covered Expenses incurred up to the maximum stated in the Schedule of Benefits, if any Injury or covered Illness commencing during the Period of Coverage results in the Medically Necessary Emergency Medical Evacuation or Repatriation of the Insured Person. The decision for an Emergency Medical Evacuation or Repatriation must be ordered by the Assistance Company in consultation with the Insured Person’s local attending Physician.

Emergency Medical Evacuation or Repatriation means:
a) the Insured Person’s medical condition warrants immediate transportation from the place where the Insured Person is located (due to inadequate medical facilities) to the nearest adequate medical facility where medical treatment can be obtained, or b) after being treated at a local medical facility, the Insured Person’s medical condition warrants transportation with a qualified medical attendant to his/her Home Country to obtain further medical treatment or to recover, or c) both a) and b) above.

Covered Expenses are expenses, up to the maximum stated in the Schedule of Benefits, Emergency Medical Evacuation/Repatriation, for transportation, medical services and medical supplies necessarily incurred in connection with Emergency Medical Evacuation or Repatriation of the Insured Person. All transportation arrangements must be by the most direct and economical route.

Return of Mortal Remains or Cremation
The Company will pay the reasonable Covered Expenses incurred up to the maximum as stated in the Schedule of Benefits, Return of Mortal Remains, to return the Insured Person’s remains to his/her then current Home Country, if he or she dies. Covered Expenses include, but are not limited to, expenses for embalming, cremation, a minimally necessary container appropriate for transportation, shipping costs and the necessary government authorizations. All Covered Expenses in connection with a Return of Mortal Remains must be pre-approved and arranged by an Assistance Company representative appointed by the Company.
The TAP offers these services

**Medical assistance**

**Medical referral** Referrals will be provided for physicians, hospitals, clinics or any other medical service provider requested by the Insured. Service is available 24 hours a day, worldwide.

**Medical monitoring** In the event the Insured is admitted to a U.S. or foreign hospital, the AP will coordinate communication between the Insured’s own physician and the attending medical doctor or doctors. The AP will monitor the Insured’s progress and update the family or the insurance company accordingly.

**Prescription drug replacement/shipment** Assistance will be provided in replacing lost, misplaced, or forgotten medication by locating a supplier of the same medication or by arranging for shipment of the medication as soon as possible.

**Emergency message transmittal** The AP will forward an emergency message to and from a family member, friend or medical provider.

**Coverage verification/payment assistance for medical expenses** The AP will provide verification of the Insured’s medical insurance coverage when necessary to gain admittance to foreign hospitals, and if requested, and approved by the Insured’s insurance company, or with adequate credit guarantees as determined by the Insured, provide a guarantee of payment to the treating facility.

**Travel assistance**

**Obtaining emergency cash** The AP will advise how to obtain or to send emergency funds world-wide.

**Traveler check replacement assistance** The AP will assist in obtaining replacements for lost or stolen traveler checks from any company, i.e., Visa, Master Card, Cooks, American Express, etc., worldwide.

**Lost/delayed luggage tracing** The AP will assist the Insured whose baggage is lost, stolen or delayed while traveling on a common carrier. The AP will advise the Insured of the proper reporting procedures and will help travelers maintain contact with the appropriate companies or authorities to help resolve the problem.

**Replacement of lost or stolen airline ticket** One telephone call to the provided 800 number will activate the AP’s staff in obtaining a replacement ticket.

**Technical assistance**

**Credit card/passport/important document replacement** The AP will assist in the replacement of any lost or stolen important document such as a credit card, passport, visa, medical record, etc. and have the documents delivered or picked up at the nearest embassy or consulate.

**Locating legal services** The AP will help the Insured contact a local attorney or the appropriate consular officer when an Insured is arrested or detained, is in an automobile accident, or otherwise needs legal help. The AP will maintain communications with the Insured, family and business associates until legal counsel has been retained by or for the Insured.

**Assistance in posting bond/bail** The AP will arrange for the bail bondsman to contact the Insured or to visit at the jail if incarcerated.

**Worldwide inoculation information** Information will be provided if requested by an Insured for all required inoculations relative to the area of the world being visited as well as any other pertinent medical information.