Eligibility: You may be covered under the plan if you are a U.S. citizen, a permanent resident of the U.S., or an international student in the U.S. participating in a Global Glimpse program and are temporarily pursuing educational activities outside the United States or your home country. Participants eligible for this Plan are automatically and mandatorily enrolled by Global Glimpse.

Policy Number: 4152013034
Policy Dates: 6/02/13-6/01/14

Territory Restrictions: All OFAC Countries

Plan Design: The plan provides benefits for the Usual and Customary Expenses incurred by an Insured person for Loss due to a covered Accident and Sickness up to a $100,000 policy year maximum. Coverage will be provided for each benefit or service as listed in the summary below.

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Frequently Asked Program Questions

Who do I contact if I need help when I’m overseas?

If you have an emergency please call the 24-hour International SOS Alarm Center collect: 1-215-942-8478

Who do I contact if I have pre-trip medical or security questions?

Travelers should visit their program’s online portal with International SOS to familiarize themselves with the services that International SOS offers travelers while they are abroad.

Please go to www.internationalsos.com and at the prompt for the Members’ website log in enter your school’s International SOS membership number.

If you have a pre-trip medical or security related question or emergency while overseas, please call collect to the 24-hour International SOS alarm center in Philadelphia: 1-215-942-8478

The alarm center is staffed by doctors, logistics coordinators and security experts. International SOS alarm centers can provide medical advice, assistance in your location, or arrange for an evacuation.

What are some of International SOS services?

Medical Evacuation and Repatriation coordination; Political and Natural Disaster Evacuation coordination; Payment of overseas Medical Bills; Coordination of all benefits with the Plan Administrator; Full coordination with the International SOS credentialed medical provider network worldwide. Transportation to join a hospitalized member is also coordinated through International SOS.

Who do I contact if I have questions about enrollment, benefits, or how the insurance plan works?

University Health Plans
1-800-437-6448
Email: KristenD@univhealthplans.com

Who do I contact if I have questions about a specific claim that I submitted for reimbursement or a claims payment?

Consolidated Health Plans
2077 Roosevelt Ave.
Springfield, MA 01104
1-800-633-7867

You do not need to submit a claim to the insurance company, if International SOS arranged for the payment of you medical bills.

Enrollment/Eligibility

Who is eligible?

You may be covered under the plan if you are a U.S. citizen, a permanent resident of the U.S., or an international participant in the U.S. participating in a Global Glimpse program.
How do I enroll?

Participants eligible for this Plan are automatically and mandatorily enrolled by Global Glimpse.

Do I get an ID card?

You will receive an International SOS membership card, which will include the 24 hour International SOS Alarm Center phone number. You will not receive a separate insurance ID card. Consolidated Health Plans, the Claims Administrator, will have a list of the participants.

Medical Insurance Plan Benefits

What is covered under the Study Abroad Medical Insurance Plan?

The plan covers medical expenses, including hospital room and board, inpatient and outpatient surgical procedures, emergency outpatient care, labs and x-rays, inpatient and outpatient mental health, physician office visits and prescription drugs. See policy schedule for a full list of benefits.

Payment will be made as allocated for covered medical expenses incurred due to a covered Injury or Sickness, not to exceed a Maximum Benefit of $100,000 policy year maximum.

How is prescription drugs covered?

Prescription drugs are covered at 100% of the actual charge.

What if I have a pre-existing condition, am I covered?

Yes, but there is a limit of $10,000 on medical claims.

Does this plan have a deductible?

Yes, there is a $250 deductible on the medical insurance portion of the plan.

Claims Processing

If I receive a bill for services I received, what should I do?

When outside of the US, you will likely be asked to pay for the medical care first and then will need to seek reimbursement. When you submit claims for reimbursement, you will need to have the itemized bill(s) translated into English and include a letter informing the Claims Administrator that you are seeking reimbursement for charges previously paid. Please ensure that your name, program (Global Glimpse), and mailing address (to receive your reimbursement check) are on the bill.

Consolidated Health Plans
2077 Roosevelt Ave
Springfield, MA 01104
800-633-7867
If International SOS pays for my medical bills how is International SOS reimbursed?

If International SOS fronts money for medical treatment, the claim will be automatically sent to Consolidated Health Plans and International SOS will get reimbursed directly from Consolidated Health Plans. The participant does not need to submit any paperwork.

Is any other information needed to pay a claim?

If the treatment you received was a result of an accident, you might receive a letter from Consolidated Health Plans asking you for information about the accident, i.e. was it the result of a car accident, from playing sports, etc. Your claim cannot be processed without this information, so please respond to the letter promptly.

Exclusions and Limitations

No Benefit shall be payable for Accident Medical, Sickness Medical, Mental Illness, Alcohol and Drug Abuse, Dental, Emergency Medical Evacuation/Repatriation, Return of Mortal Remains, and Emergency Medical Reunion, as the result of:

1. Any Pre-existing Condition as defined hereunder except as provided under the Unexpected Recurrence of a Pre-Existing Condition. This exclusion does not apply to Emergency Evacuation/ Repatriation or Return of Mortal Remains.
2. Charges for Treatment which is not Medically Necessary;
3. Charges provided at no cost to you;
4. Charges for Treatment which exceed Reasonable and Customary charges;
5. Charges incurred for Surgery or Treatments which are, Experimental/Investigational, or for research purposes;
6. Services, supplies or Treatment, including any period of hospital confinement, which were not recommended, approved and certified as Medically Necessary and reasonable by a Physician;
7. Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with:
   a) war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war.
   b) mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power.
   c) acting on behalf of or in connection with any organization with activities directed towards the overthrow by force of the Government de jure or de facto or to the influencing of it by terrorism or violence.
   d) martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege (hereinafter for the purposes of this Exclusion called the “Occurrences”).
Any consequence happening or arising during the existence of abnormal conditions (whether physical or otherwise), whether directly or indirectly, proximately or remotely occasioned by, or contributed to by, traceable to, arising in connection with, any of the said Occurrences shall be deemed to be consequences for which the Plan shall not be liable for except to the extent that you prove that such consequence happened independently of the existence of such abnormal conditions.
8. Injury sustained while participating in professional athletics;
9. Routine physicals, immunizations or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or x-ray examinations, except in the course of a Disablement established by a prior call or attendance of a Physician;
10. Treatment of the Temporomandibular joint;
11. Vocational, speech, recreational or music therapy;
12. Services or supplies performed or provided by a Relative of yours, or anyone who lives with you;
13. Cosmetic or plastic Surgery, except as the result of a covered Accident; for the purposes of this Plan, Treatment of a deviated nasal septum shall be considered a cosmetic condition;
14. Elective Surgery which can be postponed until you return to your Home Country, where the objective of the trip is to seek medical advice, Treatment or Surgery;
15. Treatment and the provision of false teeth or dentures, normal ear tests and the provision of hearing aids;
16. Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eyeglasses or for the fitting thereof, unless caused by Accidental bodily Injury incurred while covered hereunder;
17. Treatment in connection with alcoholism and drug addiction, or use of any drug or narcotic agent, unless otherwise covered under this policy;
18. Any Mental and Nervous disorders or rest cures, unless otherwise covered under this policy;
19. Congenital abnormalities and conditions arising out of or resulting there from;
20. Expenses which are non-medical in nature;
21. Expenses as a result of, or in connection with, the commission of a felony offense;
22. 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, snowmobiling, motorcycle/motor scooter riding, scuba diving involving underwater breathing apparatus, unless PADI or NAUI certified, and parasailing;
23. Treatment paid for or furnished under any other individual or group policy 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 facility set up for Treatment without any cost to you;
24. Dental care, except as the result of Injury to natural teeth caused by Accident, unless otherwise covered under this Plan;
25. Routine Dental Treatment;
26. For Pregnancy or Illness resulting from Pregnancy, childbirth, or miscarriage, unless otherwise covered under this Plan;
27. Drug, Treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, Treatment for infertility or impotency, sterilization or reversal thereof;
28. Treatment for human organ tissue transplants and their related Treatment;
29. Expenses incurred while in your Home Country, except as provided under the Home Country Coverage and Home Country Extension of Benefits Coverage;
30. Expenses incurred during a hospital emergency visit which is not of an emergency nature;
31. Injury sustained as the result of the Insured Person operating a motor vehicle while not properly licensed to do so in the jurisdiction in which the motor vehicle accident takes place;
32. Covered Expenses incurred for which the Trip to the Host Country was undertaken to seek medical Treatment for a condition;
33. Covered Expenses incurred during a Trip after your Physician has limited or restricted travel;
34. Sex change operations, or for Treatment of sexual dysfunction or sexual inadequacy;
35. Weight reduction programs or the surgical Treatment of obesity.

Exclusions and Limitations for Political Evacuation Coverage:
International SOS shall not cover any services in connection with an event arising from or attributable to:
1. Violation by a Member of the laws or regulations of the country in which the Covered Event takes place;
2. The failure of a Member to properly procure or maintain immigration, work, residence or similar visas, permits, or other documentation;
3. The debt, insolvency, commercial failure, or the reposssession of any property by a title holder or any other financial default by a Member;
4. The failure of a Member to honor any contractual obligation or bond to obey any condition of a license;
5. The Emergency Political Repatriation of a Member who is in his or her Resident Country;
6. Any medical expenses incurred by a Member;
7. The kidnap and/or ransom of a Member;
8. Any expenses not related or incident to an Emergency Political Repatriation.

Exclusions and Limitations for Natural Disaster Evacuation Coverage:
We shall not be responsible for any costs or expenses arising from:
1) Travel arrangements that were neither coordinated nor approved by International SOS in advance.
2) Natural disaster evacuations when the natural disaster situation or the event directly giving rise to it precedes your arrival.
3) Services not otherwise shown as covered in the program description to which this amendment is attached.