MEDICAL INSURANCE

Globis Study Abroad Programs provide this insurance for our participating students.

Eligibility

Students, faculty and staff who are participating in programs sponsored by the University of Georgia and who are temporarily engaged in educational activities while outside the U. S. A. are eligible to participate in this Plan. Insured participants may purchase dependent coverage.

Eligible dependents include your lawful spouse and your unmarried children under age 19 who are traveling and residing with you and are chiefly dependent on you for maintenance and support. If a child is born to a participant, coverage will commence from the moment of birth. The newborn child's coverage will cease 31 days following his date of birth unless the Company has received notification of the birth, the enrollment form, and the required premium payment.

Period of Coverage

Coverage will begin 12:01 a.m. Eastern Standard Time on the latest of the following: a) The date of an Insured Person's departure from their home country; b) The date the Application and premium with respect to the Insured Person are received by the Company or its designated administrator; or c) The date requested in the Application for the Insured Person's coverage.

Coverage will end on the earlier of the following: a) The date of an Insured Person's return to their home country; b) The date requested in the Application for the Insured Person's coverage; or c) The date of termination of this coverage under the Policy Termination provisions.

Optional Extended Coverage

You may purchase this insurance plan for non school supervised extensions of your Study Abroad program for a maximum of 8 weeks at a rate of $1.00 per day. This coverage must be purchased prior to the commencement of your Study Abroad experience. Arrangements and payment for extensions are the responsibility of the student and should be made through TW. Lord & Associates at 1-800-633-2360. Premiums received by the Insurance Company will be considered fully earned and nonrefundable. Refund of premium will be considered only if travel is canceled and the Company is notified before the effective date of coverage.

Accidental Death & Dismemberment

If an Insured Person's injury results in any of the following losses within 365 days after the date of accident; we will pay the sum shown opposite the loss. We will not pay more than the Principal Sum for all losses due to the same accident. The Principal Sum is $15,000.

For Loss of:

<table>
<thead>
<tr>
<th>Loss</th>
<th>Principal Sum</th>
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<tr>
<td>Life</td>
<td>Principal Sum</td>
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<tr>
<td>Both Hands or Both Feet or Sight of Both Eyes</td>
<td>Principal Sum</td>
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<tr>
<td>One hand and one foot</td>
<td>Principal Sum</td>
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<tr>
<td>Either Hand or Foot and Sight of One Eye</td>
<td>Principal Sum</td>
</tr>
<tr>
<td>Either hand or foot</td>
<td>One Half the Principal Sum</td>
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<tr>
<td>Sight of One Eye</td>
<td>One Half the Principal Sum</td>
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The term loss as used herein shall mean, with regard to hands and feet, actual severance through or above wrist or ankle joint, and with regard to eyes, entire irrecoverable loss of sight.

**Medical Expense Benefits**

If Injury or Sickness occurs during the Period of Coverage and you or your insured dependent require medical or surgical treatment; the Plan will pay, after a deductible of $50 per accident or illness, 100% of the first $5,000, 80% of the next $5,000 and 100% thereafter to a maximum of $500,000 for reasonable and customary charges listed below under the heading Covered Expenses.

**Covered Expenses**

Only such expenses incurred as the result of and within 180 days of a disablement, which are specifically enumerated in the following list of charges and which are not excluded shall be considered as covered expenses:

1. Charges made by a hospital for room and board, floor nursing 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 average charge for semi-private room and board accommodation, unless confinement in an intensive care unit is necessary.
2. Charges made for diagnosis, treatment and surgery by a physician.
3. Charges made for the cost and administration of anesthetics.
4. Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood transfusion, iron lungs, and medical treatment.
5. Charges for physiotherapy, if recommended by a physician for the treatment of specific disablement; and administered by a licensed physiotherapist.
6. Dressings, drugs and medicines that can only be obtained upon a written prescription of a physician.
7. Therapeutic termination of pregnancy up to $500 maximum.
8. Charges for newborn nursery care up to $500.
9. Expenses incurred for treatment of nervous or mental disorders. Benefits are payable a) up to $300 for outpatient treatment, or b) for inpatient treatment, 50% of eligible expenses, 30 days maximum.
10. Chiropractic care shall be limited to 80% of eligible charges up to $35 per visit and a maximum of 10 visits per injury or illness.
11. Charges for dental expenses due to an accident originating outside the mouth up to $2,000 maximum.

**Emergency Medical Evacuation**

The Company will pay benefits for covered expenses incurred up to the maximum of $100,000 for the necessary emergency evacuation of the Insured Person.

Emergency Evacuation means: a) the Insured Person's medical condition warrants immediate transportation from the place where the Insured Person is injured or becomes ill to the nearest hospital where appropriate medical treatment can be obtained; or b) after treated at a local hospital; the Insured Person's medical condition warrants transportation to the United States to obtain further medical treatment or to recover.

Covered Expenses are expenses, up to the maximum; for transportation, medical services and medical supplies necessarily incurred in connection with emergency evacuation of the Insured Person. All transportation arrangements made for evacuating the Insured Person must be; a) by
the most direct and economical conveyance; b) approved in advance by the Company; and
Expenses for special transportation must be: a) recommended by the attending physician; or b)
required by the standard regulations of the conveyance transporting the Insured Person. Special
transportation includes, but is not limited to, air ambulance, land ambulance, and private motor
vehicle. Expenses for medical supplies and services must be recommended by the attending
physician. In addition we will pay the airfare and lodging expenses for a family member or
designated person to help oversee the evacuation.

**Repatriation of Remains**

The Company will pay the reasonable covered expenses to return the Insured Person's body
home, if he or she dies, not to exceed a maximum of $25,000. Covered expenses include, but are
not limited to, expenses for embalming, cremation, coffins and transportation. In addition we will
pay the airfare and lodging expenses for a family member or designated person to accompany
the body to the Insured's home country.

**Emergency Dental Expense Benefit**

Emergency dental care will be covered as any other expense to a maximum of $250.00.
"Emergency Dental Care" means bona fide emergency services provided after the sudden onset
of a medical condition which manifests itself by acute symptoms of sufficient severity, including
severe pain, such that the absence of immediate medical care could be reasonably expected to
result in: 1) placing the Covered Person's health in serious jeopardy; 2) serious impairment to
bodily function or; 3) serious dysfunction of any bodily organ or part.

**Family Assistance Benefit**

If an insured person requires hospitalization exceeding seven (7) days, the Company will pay the
round trip air-fare and up to $100.00 per day for lodging expenses for a family member to
provide assistance.

**Reunification Benefit**

In the event that an insured person's mother, father, brother or sister dies while the person is
participating in the program, the Company will pay up to $1,000.00 toward the cost of a plane
ticket for the insured to return for a visit home.

**Post Program Coverage**

Benefits will be paid up to $10,000 for expenses incurred in the United States for accidents or
illnesses which were first treated while participating in the Study Abroad Program. These
expenses must be incurred within 60 days after return to the United States.

**Pre-existing Condition Benefit**

Notwithstanding other provisions of this contract, when expenses are incurred because of injury
sustained or sickness which first manifested itself prior to the effective date of coverage, benefits
will be payable according to The Policy schedule to a maximum of $2,500. This provision does
not apply when the student is traveling against the advice of his or her doctor. It also does not
apply when a student has been diagnosed with a terminal disease (defined as expected to cause
death within one year).

**Worldwide Travel Assistance**
Included in this health insurance program is access to the 24-hour Worldwide Assistance network for emergency assistance anywhere in the world. Simply call the assistance center toll-free or collect. The telephone numbers from around the world are included with your I.D. card and materials. The multilingual staff will answer your call in English and immediately provide reliable, professional and thorough assistance.

The following services are included in the program:

1. Referral to the nearest, most appropriate medical facility, and/or provider.
3. Urgent message relay between family, friends, personal physician, school, and insured.
4. Guarantee of payment to provider and assistance in coordinating insurance benefits.
5. Arranging and coordinating emergency medical evacuations and repatriations.
6. Emergency travel arrangements for disrupted travel as the consequence of a medical emergency.
7. Referral to legal assistance.
8. Assistance in locating lost or stolen items including lost ticket application processing.

These services are included in the insurance provided in this program and are provided by On Call International.

Exclusions

For the Accidental Death and Dismemberment Indemnity, the Policy does not cover any loss, fatal or non-fatal caused by or resulting from:
• Intentionally self-inflicted injury;
• Suicide or attempted suicide; while sane or insane;
• War or any act of war; declared or undeclared;
• Service in the military, naval, or air service of any country;
• Illness, disease, or any bacterial infection other than bacterial infection occurring from an accidental cut or wound;
• Piloting or acting as a crew member or riding in any aircraft; except as a fare paying passenger on a scheduled airline

With respect to Medical Expense, no benefit shall be payable with respect to expenses incurred:
• For pre-existing conditions defined as an injury or any illness which was contracted or which manifested itself, or for which a licensed physician was consulted; or for which treatment or medication was prescribed prior to the effective date of the Insured Person's coverage under this Policy (Limited benefits may be provided by the preexisting condition benefit);
• For services, supplies, or treatment; including any period of hospital confinement, which were not recommended, approved and certified as necessary and reasonable by a physician; or expenses which are non-medical in nature;
• For suicide or attempted suicide; while sane or insane;
• For loss incurred as a result of declared or undeclared war; or any act thereof;
• For injury sustained while participating in professional or intercollegiate sports;
• For routine physicals;
• For cosmetic or plastic surgery; except as the result of an accident;
• For elective Surgery; For dental care; except as the result of injury to natural teeth caused by accident;
• For eye refraction or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof; unless caused by accidental bodily injury incurred while insured hereunder;
• For expenses as a result of or in connection with intentionally self-inflicted injury;
• For expenses as a result of or in connection with the Insured's commission of a felony offense;
• For specific named hazards: the driving of any two or three wheeled motorized vehicle, mountain climbing, sky diving, professional or amateur racing; and piloting an aircraft;
• For treatment furnished under any other individual or group Policy, or other service or medical pre-payment plan to the extent so furnished; or under any mandatory government program or facility set up for treatment without cost to any individual;
• For treatment by a family member;
• For treatment relating to birth defects and congenital conditions; or complications arising from those conditions.

**Coordination of Benefits**

If a covered person has other medical or dental coverage in addition to this policy, we will coordinate the benefits of the policy with the benefits of the other plan so the combined benefits do not exceed 100% of the allowable charges incurred. This may require a reduction of benefits paid under the secondary plan.

**Excess Provision**

All coverage, except Accidental Death and Dismemberment, shall be in excess of all other valid and collectible insurance indemnity and shall apply only when such benefits are exhausted.

This is a brief description of the benefits of the insurance program. The Master Policy of the program is issued to the ACE Accident and Health Insurance Trust. The Master Policy contains complete details of the provisions of the program and may be inspected at the offices of the Company.

**Please keep this brochure for future reference. If you have any questions concerning this coverage, please call the numbers below.**

**INTERNATIONAL BENEFITS DIVISION**

25 Dodd Street
PO. Box 1185
Marietta, Georgia 30061
1-800-633-2360
(770) 427-2461
FAX: (770) 429-0638
E-MAIL: info@twlord.com