GEORGIA STATE UNIVERSITY

a member institution of the
USG Student Health Insurance Plan (USG-SHIP)
("the Policyholder")

2009-2010 Mandatory Graduate Student Insurance Program

underwritten by:
National Union Fire Insurance Company
of Pittsburgh, Pa.,
with its principal place of business in New York, NY ("the Company"),
Administrator Policy # AIH0058290
Underwriter Reference # CAS9710486

Serviced by:

PEARCE & PEARCE INC
STUDENT INSURANCE SPECIALISTS SINCE 1948...

Customer Service
Claims Questions: 1-888-722-1668
Eligibility Questions: 1-888-622-6001
Email: gsu@studentinsurances.com

All University System of Georgia (USG) institutions are required to participate in the Student Health Insurance Program. Students in the categories listed below are required to have insurance. Students who are not covered by a policy on the pre-approved waiver list must purchase the USG SHIP policy. The pre-approved list is located at www.studentinsurance.com on your institution's page. Individual or Association Policies will not be considered for a waiver.

The following students are required to have health insurance:
1. All graduate students receiving a Full Tuition Waiver as part of their graduate assistantship award.
2. All graduate international students holding F or J visas.
3. All graduate students enrolled in programs that require proof of health insurance.
4. All graduate students receiving fellowships that fully fund their tuition.

Dependents of Covered Students are also eligible for coverage under this plan. Eligible Dependents are the spouse or domestic partner of the Covered Student or any dependent, unmarried child of the Covered Student (a) under age 19 or under age 25 if the child has been enrolled for five months or more as a full-time student at a postsecondary institution of higher learning in each calendar year since reaching age 19.

www.studentinsurance.com

ONLINE SERVICES
(a SECURE site for all of your insurance needs)
• Go online at www.studentinsurances.com
• Search for your institution
• On this secure site, you can:
  Enroll
  Waive
  Enroll Spouses and Dependents
  Search for Providers and Hospitals
  Update your account information
  View questions and answers about your insurance
  View claims information
  View a Summary of Benefits

2009-2010 Mandatory Graduate Student Insurance Program Premiums

<table>
<thead>
<tr>
<th>Premiums</th>
<th>2009-2010 Mandatory Graduate Student Insurance Plan Premiums</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fall (08/01/09-01/07/10)</td>
</tr>
<tr>
<td>Student ONLY</td>
<td>$432.00</td>
</tr>
<tr>
<td>Spouse ONLY</td>
<td>$1,342.00</td>
</tr>
<tr>
<td>One Child</td>
<td>$677.00</td>
</tr>
<tr>
<td>Two or more Children</td>
<td>$1,342.00</td>
</tr>
<tr>
<td></td>
<td>Spring/Summer (01/08/10-07/31/10)</td>
</tr>
<tr>
<td>Student ONLY</td>
<td>$571.00</td>
</tr>
<tr>
<td>Spouse ONLY</td>
<td>$1,778.00</td>
</tr>
<tr>
<td>One Child</td>
<td>$895.00</td>
</tr>
<tr>
<td>Two or more Children</td>
<td>$1,778.00</td>
</tr>
<tr>
<td>Optional Well Child Benefit</td>
<td>$25.00 per child</td>
</tr>
<tr>
<td>Semester Premium</td>
<td></td>
</tr>
</tbody>
</table>

Waive insurance online at www.studentinsurances.com

STUDENT PREMIUM REFUNDS ARE NOT ALLOWED unless the Covered Student enters full time active duty in any Armed Forces. Insurance Premium will appear on the Covered Student's tuition bill unless he or she shows proof of other insurance and waives coverage under this plan.

(*Excludes Reserve or National Guard duty for training unless it exceeds 31 days.
Submit proof of service to receive a pro-rata refund of premium for this period.)

Coordination of Benefits Provision The Company will coordinate benefits with other health carriers when duplicate coverage exists. Total payment from this coverage and other health coverages under which The Covered Person is enrolled shall not exceed 100% of the R & C Charges for covered services.

The Policy is Non-Renewable One-Year Term Insurance. It is the Covered Student's responsibility to obtain coverage the following year in order to maintain continuity of coverage. Covered Students who have not received information regarding a subsequent program prior to the Policy’s Termination Date should inquire regarding such coverage with the institution or its agent or visit www.studentinsurances.com.

Important Information: Please keep this brochure as a general summary of the insurance. This is only a brief description of the coverage available under policy series S30494NUFIC-GA. The Policy on file at the institution may contain definitions, reductions, limitations, exclusions and termination provisions. Full details of the coverage are contained in the Policy. If there is any conflict between the contents of this brochure and the Policy, the Policy shall govern. This Plan also covers Mandated Benefits as required by the State of Georgia.
Claims Procedures
Please call 1-888-722-1668 for pre-notification of all hospital
confinements and day surgery prior to admission.
1. Provider must photocopy the Covered Person's new insurance card.
PPO Providers and/or the Student Health Center will submit the Covered
Person's claims.
2. Claims must be submitted within 90 days.
3. Submit a completed claim form.
4. Claim forms can be obtained from the Student Accounts Insurance
Administrator, from the claims office (1-888-722-1668) or submit online at:
www.studentinsurance.com
5. The Covered Person shall retain one copy of claims information
submitted for his or her records.
PAYMENT WILL BE MADE TO THE PROVIDERS OF SERVICE
(Hospital, Doctors, and others), UNLESS A PAID RECEIPT
ACCOMPANIES THE BILL AT THE TIME THE CLAIM IS SUBMITTED.

Eligibility
The following students are required to have health insurance:
1. All graduate students receiving a Full Tuition Waiver as part of their gradu-
   ate assistantship award.
2. All graduate international students holding F or J visas.
3. All graduate students enrolled in programs that require proof of health
   insurance.
4. All graduate students receiving fellowships that fully fund their tuition.
5. The Dependents of a Covered Student. Eligible Dependents are the spouse
   or domestic partner of the Covered Student or any dependent, unmarried child
   of the Covered Student (a) under age 18 or age 23 if the child has been
   enrolled for five months or more as a full-time student at a postsecondary
   institution of higher learning in any calendar year since reaching age 18; or (b) 19
   or more years of age and primarily supported by the Covered Student and in-
   capable of self-sustaining employment by reason of mental or physical handicap.
Coverage for an adopted child shall be effective from the date of adoption.
6. A child shall cease to be a dependent upon the occurrence of the
   (1) marriage (2) attainment of the limiting age. Eligibility requirements
   must be met each time premium is paid to continue coverage. The Company
   maintains its right to investigate student status and attendance records to verify
   that the policy eligibility requirements have been met and continue to be met. If
   the Company discovers the Eligibility requirements have not been met or are not
   being met, its only obligation is to refund premium less any claims paid.
NOTE: Except as noted under Termination or as specifically provided under the
Extension of Benefits. Dependent coverage expires concurrently with that of
the Covered Student.
Student Insurance Premium will appear on the Tuition Bill, unless Student
shows proof of other insurance and waived coverage under this plan.

Open Enrollment
Enrollment is only allowed during Open Enrollment Periods. Open
Enrollment will be the first 31 days of the Fall Coverage Term, the first 31 days of the
Spring/Summer Coverage Term and the first 31 days of the Summer
Coverage Term for all eligible students. The only exceptions are the following
Qualifying Events with appropriate documentation: a. Adding a new Spouse
or Dependent Child (within 31 days of marriage, birth or adoption). b.
Enrolling as a new or transfer Student (within 31 days of date of enrollment at
the Institution). c. Ineligibility under another creditable plan (within 31 days of
loss of coverage). d. Change of Status at the Institution for a student moving
into one of the Mandatory Programs (within 31 days of Change of Status). e.
For International Students, arrival of eligible spouse or dependent children
from home country at the Institution (within 31 days of arrival).

Effective and Termination Dates
The Policy on file at the Institution becomes effective 12:01 a.m. on August 1,
2009 and terminates 11:59 p.m. July 31, 2010. Coverage for students automatically
enrolled through the Institution will be effective on the Effective Date of the
Coverage Term enrolled. Coverage for newly enrolling spouses and dependent
children will be effective on the Effective Date of the Coverage Term elected or
the day after Enrollment Card and correct premium are received - whichever is
later. Those spouses and dependent children insured under the 2008-09
Georgia State University Student Insurance Plan through the Termination Date of
the 2009-09 Policy Year will have 31 days after the 2009-10 Policy Effective
Date to re-enroll and maintain continuous coverage. Insurable End for the
Covered Person on the earliest of the date he or she becomes full time active
in any Armed Forces*, or the end of period for which premium was
paid. "Excludes Reserve or National Guard duty for training unless it exceeds 31
days. Submit proof of service to receive a pro-rata refund of premium for this
period.

PPO Providers
Persons insured under this plan may choose to be treated within or outside
of the First Health PPO Network. Reimbursement rates may vary according
to the source of care as described under the Mandatory Plan Summary of
Medical Expense Benefits herein. Assignment of a Network Provider does
not guarantee eligibility or right to student health benefits.

It is the Covered Person’s responsibility to verify that a provider is a
Participating Provider prior to services being rendered.
Please be aware that a Covered Person treated at PPO Hospital, it
does not mean that all providers at the Hospital are PPO providers. In
addition, if a Covered Person is referred by a PPO provider to another
provider or facility, it does not mean that the provider or the facility to which
the Covered Person is referred is also a PPO provider.
www.studentinsurance.com
1-888-722-1668

Pre-Existing Conditions
Pre-existing Conditions are not covered for the first 12 months following a
Covered Person's effective date of coverage under the Policy. This limitation
will not apply if: (a) the Covered Person has been covered under the
Policyholder's prior Policy for more than 12 consecutive months; or
(b) the individual seeking coverage under the Policy has an aggregate of 12
months of Creditable Coverage and becomes eligible and applies for coverage
under the Policy within 63 days of termination of prior Creditable
Coverage. Credit will be given for the time the individual was covered
under the prior Creditable Coverage; and (1) the individual is not eligible for
coverage under any other group health plan, Medicare or Medicaid; and (2) the
individual does not have other health coverage.

Pre-Existing Condition - means the existence of symptoms which
would cause an ordinarily prudent person to seek diagnosis, care or treat-
ment, or a condition for which medical advice, care or treatment was recommend-
ed or received from a provider of health services within the 12
months prior to the Covered Person's effective date of coverage under the
Policy or a pregnancy existing on the Covered Person's effective date of
Coverage under the Policy.

Additional Plan Benefits
Durable Medical Equipment: (For rental or purchase when prescribed by
the attending Doctor).

In-Network: 80% of PPO Allowance
Out-of-Network: 60% of Reasonable & Customary
Prosthetic devices: Up to $10,000 lifetime maximum benefit

All other durable medical equipment: Up to $5,000 lifetime maximum

Ambulance: (for Emergency Medical Condition only):
In-Network: Up to $1,000 maximum per trip
Out-of-Network: Up to $1,000 maximum per trip

Ambulance: (for Non-Emergency Medical Condition only):
in-Network: Up to $1,000 maximum per trip
Out-of-Network: Up to $1,000 maximum per trip

In-Network: 70% of PPO Allowance
Out-of-Network: 70% of Reasonable & Customary

Dental Treatment: (For emergency due to accident or injury and cost to full
Mandible or Wisdom teeth only)
In-Network: 70% of PPO Allowance
Out-of-Network: 60% of Reasonable & Customary

Dental Treatment: (Non-accident)
In-Network: 60% of PPO Allowance
Out-of-Network: 60% of Reasonable & Customary

Optional Well Child Visits up to age 12 months (additional premium required):

In-Network: 60% of PPO Allowance
Out-of-Network: 60% of Reasonable & Customary

Medical Evacuation and Repatriation: $1,000,000 combined maximum benefit
(Pre-Authorization required: 1-888-722-1668)

When hospitalized for at least 5 consecutive days.

Pharmacy services provided by 1st Rx, an SXC company

Detailed benefit information at www.studentinsurance.com

Georgia mandates coverage for the following benefits to be paid as any
other Sickness: Maternity expense and routine newborn care, including 48
hours care in a Hospital or birthing facility following a normal vaginal delivery
and a minimum of 56 hours following a cesarean section. If a mother and newborn
are discharged prior to the normal stabilization/observation period, the
hospital stay coverage includes up to 2 Post-Partum Visits, provided that the
first such visit shall occur within 48 hours of discharge, Benefits for Mammography, Pap Smears,
Chlamydia Screening, Benefits for Drug Treatment of Children's Cancer, Mental Health Benefits, Benefits for Prostate-Specific
Antigen (PSA) tests; Prescribed Contraceptives, Treatment of Temporomandibular Joint Dysfunction; and any other applicable mandated
benefits. Please see the complete Policy on file with the Policyholder for full details.

Student Assist: (see detailed information at www.studentinsurance.com)

Pre-Notification Requirement
1-888-722-1668
Required For Inpatient and Outpatient Procedures
It is the responsibility of the Covered Person to advise providers and ensure that pre-
notification is accomplished for those services to receive emergency health care being provided.
Covered Persons should not agree to any admission for inpatient surgery or care,
ambulatory or day surgery or treatment until benefits authorization is received from
Pre-Notification.

EXTENSION OF BENEFITS: If the Covered Person is confined to a Hospital on
the date his or her coverage terminates as a result of Sickness or Injury for which
benefits were payable prior to the date his or her coverage terminated, benefits will
be payable for the Eligible Expenses incurred until the earliest of: (1) the end
of Sickness or Injury; (2) the end of the 90 day period following the date his or
her coverage terminated; or (3) the date the applicable Maximum Amount is reached.
<table>
<thead>
<tr>
<th>BENEFIT CATEGORY</th>
<th>Health Care at University Health Services</th>
<th>HEALTH CARE IN NETWORK First Health PPO Network</th>
<th>HEALTH CARE OUT OF NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifetime Maximum per Covered Person (all conditions)</td>
<td></td>
<td>$1,000,000</td>
<td></td>
</tr>
<tr>
<td>Maximum per Covered Person per Policy Year (all conditions)</td>
<td></td>
<td>Per Student: $300,000 / Per Dependant: $50,000</td>
<td></td>
</tr>
<tr>
<td>Policy Year deductible per Covered Person</td>
<td>None</td>
<td>$250</td>
<td>$300*</td>
</tr>
<tr>
<td>Policy Year deductible per Family</td>
<td>None</td>
<td>$750</td>
<td>$900*</td>
</tr>
<tr>
<td>(In-Network and Out-of-Network Deductibles apply separately)</td>
<td></td>
<td></td>
<td>*Balance billing will not apply towards satisfying the deductible</td>
</tr>
<tr>
<td>Maximum Out-of-Pocket per Covered Person per Policy Year</td>
<td>$10,000</td>
<td>$10,000</td>
<td>$15,000*</td>
</tr>
<tr>
<td>(excluding deductible)</td>
<td></td>
<td></td>
<td>*Balance billing will not apply towards satisfying the deductible</td>
</tr>
<tr>
<td>Maximum Out-of-Pocket per Family per Policy Year (excluding deductible) (In-Network &amp; Out-of-Network Out-of-Pocket Maximums apply separately)</td>
<td>$30,000</td>
<td>$30,000</td>
<td>$45,000*</td>
</tr>
<tr>
<td>In order to maximize plan benefits, visit a PPO Provider</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### INPATIENT

#### Pre-Notification Required

<table>
<thead>
<tr>
<th>BENEFIT CATEGORY</th>
<th>Not Applicable</th>
<th>80% of PPO Allowance up to the Semi-Private Room Rate</th>
<th>60% of Reasonable &amp; Customary up to the Semi-Private Room Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room and Board except Intensive Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital Miscellaneous except Intensive Care Miscellaneous</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intensive Care/Intensive Care Miscellaneous</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physiotherapy: Maximum of 10 visits per Policy Year</td>
<td>No Applicable</td>
<td>80% of PPO Allowance</td>
<td>60% of Reasonable &amp; Customary</td>
</tr>
<tr>
<td>Surgery: For multiple surgical procedures performed by a single doctor during a single admission, the most costly procedure will be covered at the full value of allowable benefits. The second procedure will be covered at 50% of the full value of allowable benefits.</td>
<td>No Applicable</td>
<td>80% of PPO Allowance</td>
<td>60% of Reasonable &amp; Customary</td>
</tr>
<tr>
<td>Assistant Surge</td>
<td>No Applicable</td>
<td>80% of PPO Allowance</td>
<td>60% of Reasonable &amp; Customary</td>
</tr>
<tr>
<td>Anesthesia</td>
<td>No Applicable</td>
<td>80% of PPO Allowance</td>
<td>60% of Reasonable &amp; Customary</td>
</tr>
<tr>
<td>Registered Nurse</td>
<td>No Applicable</td>
<td>80% of PPO Allowance</td>
<td>60% of Reasonable &amp; Customary</td>
</tr>
<tr>
<td>Doctor's Visits / Services</td>
<td>No Applicable</td>
<td>80% of PPO Allowance</td>
<td>60% of Reasonable &amp; Customary</td>
</tr>
<tr>
<td>Psychotherapy/Alcoholism and Substance Abuse (while confined in a hospital or for partial confinement in a hospital or treatment facility): Maximum of 30 days per Policy Year for psychotherapy, alcoholism and substance abuse combined.</td>
<td>No Applicable</td>
<td>80% of PPO Allowance after an additional $50 deductible per confinement</td>
<td>60% of Reasonable &amp; Customary after an additional $50 deductible per confinement</td>
</tr>
<tr>
<td>Pre-Admission Testing</td>
<td>No Applicable</td>
<td>80% of PPO Allowance</td>
<td>60% of Reasonable &amp; Customary</td>
</tr>
</tbody>
</table>

### OUTPATIENT

<table>
<thead>
<tr>
<th>BENEFIT CATEGORY</th>
<th>Not Applicable</th>
<th>80% of PPO Allowance</th>
<th>60% of Reasonable &amp; Customary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery: For multiple surgical procedures performed by a single doctor during a single admission, the most costly procedure will be covered at the full value of allowable benefits. The second procedure will be covered at 50% of the full value of allowable benefits.</td>
<td></td>
<td>80% of Allowable Charges</td>
<td>60% of Reasonable &amp; Customary</td>
</tr>
<tr>
<td>Day Surgery Miscellaneous</td>
<td></td>
<td>80% of PPO Allowance</td>
<td>60% of Reasonable &amp; Customary</td>
</tr>
<tr>
<td>Anesthesia</td>
<td></td>
<td>80% of PPO Allowance</td>
<td>60% of Reasonable &amp; Customary</td>
</tr>
<tr>
<td>Doctor's Visits</td>
<td>Covered under the Student Health Fee</td>
<td>80% of PPO Allowance</td>
<td>60% of Reasonable &amp; Customary</td>
</tr>
<tr>
<td>Physiotherapy: Maximum of 30 visits per Policy Year (Benefits are limited to one visit per day.)</td>
<td></td>
<td>80% of PPO Allowance</td>
<td>60% of Reasonable &amp; Customary</td>
</tr>
<tr>
<td>Emergency Room</td>
<td></td>
<td>80% of PPO Allowance after a $150 copayment per visit (in addition to deductible). Copayment will be reduced to $50 if admitted to the hospital within 24 hours.</td>
<td>80% of Reasonable and Customary after a $150 copayment per visit (in addition to deductible). Copayment will be reduced to $50 if admitted to the hospital within 24 hours.</td>
</tr>
<tr>
<td>X-Rays, Laboratory, Tests and Procedures</td>
<td></td>
<td>80% of Allowable Charges</td>
<td>60% of Reasonable &amp; Customary</td>
</tr>
<tr>
<td>Chemotherapy / Radiation Therapy</td>
<td></td>
<td>80% of PPO Allowance</td>
<td>60% of Reasonable &amp; Customary</td>
</tr>
<tr>
<td>Injections</td>
<td></td>
<td>80% of Allowable Charges</td>
<td>60% of Reasonable &amp; Customary</td>
</tr>
<tr>
<td>Outpatient Prescription Drugs: Up to $1,500 maximum per Policy Year, however obtained</td>
<td></td>
<td>InformedRx, an SXC company, participating pharmacies: 100% after $15 generic copay / $30 brand name copay per 30-day supply per month.</td>
<td>60% of Reasonable &amp; Customary</td>
</tr>
<tr>
<td>Psychotherapy/Alcoholism and Substance Abuse: Maximum of 30 visits per Policy Year for psychotherapy, alcoholism and substance abuse combined. Additional outpatient visits may be provided in lieu of inpatient hospital stays.</td>
<td></td>
<td>80% of PPO Allowance</td>
<td>60% of Reasonable &amp; Customary</td>
</tr>
<tr>
<td>Consultant</td>
<td></td>
<td>80% of PPO Allowance</td>
<td>60% of Reasonable &amp; Customary</td>
</tr>
</tbody>
</table>