

Eligibility, and Enrollment

Each Georgia State University student, who is enrolled for at least 6 semester hours and his or her spouse and children from 14 days to 19 years of age shall be eligible for this plan. Any family member who is also a student may be insured either as a student or a family member but not as both. Newborn children are covered for injury or sickness from birth until 31 days old. Coverage may be continued for that child if we are notified within 31 days from the date of birth and the required premium is paid. Enrollment in this program is permitted only during the enrollment period. The enrollment period shall be from the beginning of each semester until the following dates: Fall - October 1st, Spring - February 15th, Summer - July 1st.

Terms of Coverage

The coverage becomes effective at 12:01 a.m. on August 22, 2005 or the date the premium is received by the agent, whichever is later, and continues until 12:01 a.m. on the earlier of August 22, 2006, the last day of the period for which premium is paid, or the date the insured person enters full-time military service. A pro-rata refund of premium will be made upon request.

Benefits

For any sickness or injury, whether or not hospitalization is required, the Company will pay a percentage of the eligible expenses in excess of a deductible of \$50 per accident or illness (waived if the student is first treated by the Georgia State Infirmary) actually incurred by the Insured Person within 52 weeks of the date of the injury or the first treatment of sickness not to exceed in the aggregate \$25,000 as the result of any one accident or sickness. However, medical expenses resulting from a motor vehicle accident are limited to an aggregate maximum of \$10,000. The percentage payable shall be as follows. PPO providers 80% - Non-PPO providers - 60%. Prescription drugs shall be payable at 80% for Generic drugs and 50% for Brand Name drugs. Eligible expenses are only those items listed below under the heading "Covered Expenses". In addition, certain expenses incurred at the Georgia State Student Health Center are paid at 100%.

Dental treatment shall be covered only due to injury to sound, natural teeth and payment for such injury shall be limited to \$500.00.

Covered Expenses:

1. Physician's charges for surgery.
2. Charges for assistant surgeon and/or anesthesiologist.
3. Hospital room and board, not to exceed the hospital's average semi-private room rate unless in an Intensive Care section of the hospital.
4. Hospital Intensive Care expenses.
5. Miscellaneous services during hospital confinement, or when surgery is performed, including, but not limited to, operating room, anesthetic, medicines, drugs, laboratory tests, x-rays and surgical supplies.
6. X-ray, laboratory and similar expenses except that non-emergent CAT Scans, MRI's and other high cost diagnostic imaging procedures will be payable at 70% PPO and 50% Non-PPO.
7. Private duty L.P.N. or R.N. when medically necessary and prescribed by a physician.
8. Ambulance service to a hospital confinement.
9. Charges incurred for a Consultant, Assistant or second opinion of a physician or surgeon.
10. Drugs which can only be obtained with a Physician's written prescription for treatment of a covered injury or illness to a maximum of \$1500.00. (This includes coverage for oral contraceptives.)

Covered Expenses (Continued)

11. Physiotherapy or similar treatment including Diatherm, Ultrasonic, Microtherm, Manipulation, Massage, and Heat shall be covered on a usual, reasonable and customary basis while hospital confined, but such coverage shall be limited to five (5) visits at a maximum of \$25.00 per visit on an out-patient basis.

Georgia mandates coverage for the following benefits: maternity expenses and routine newborn care, including 48 hours care in a Hospital or birth center following a normal vaginal delivery and a minimum 96 hours following a caesarean section. If a mother and newborn are discharged prior to the postpartum inpatient length of stay, coverage include up to 2 Post-Partum Visits, provided that the first such visit shall occur within 48 hours of discharge; routine patient care costs for an approved clinical trial program for treatment of a dependent child's cancer; and treatment of temporomandibular joint dysfunction. Please see the Policy on file with the University for full details.

Extension of Benefits

The coverage provided under this Policy ceases on the termination date. However, if an Insured is hospital confined on the termination date from a covered illness or injury for which benefits are paid before the termination date, covered medical expenses for such injury or illness will continue until the Insured person is discharged or until the maximum benefit under the Policy has been paid. Maternity and newborn benefits (incurred while hospitalized) associated with a pregnancy will continue to be provided and paid after the termination date providing conception occurred while the Policy was in force.

Accidental Death Benefit

If within 180 days from the date of an accident the student incurs the loss of life, a payment will be made in the amount of \$1,000.00.

Right of Subrogation

The Company shall be fully and completely subrogated to the rights of the Covered Person against parties who may be liable to provide indemnity or make a contribution in respect to any matter which is the subject of a claim under The Policy.

Exclusions & Limitations

This policy does not cover any loss caused by or contributed to by, nor is any premium charged for:

1. Treatment, services or supplies which: are not medically necessary; are not prescribed by a doctor as necessary to treat a sickness or injury; are determined to be experimental/investigational in nature by the Company; are received without charge or legal obligation to pay; would not routinely be paid in the absence of insurance; are received from any family member.
2. Expenses incurred as a result of loss due to war, or any action of war, declared or undeclared; service in the armed forces of any country.
3. Injury or Sickness arising out of or in the course of employment or which is compensable under any Workers' Compensation or Occupational Disease Act or Law.
4. Cosmetic surgery other than: reconstructive surgery incidental to or following surgery resulting from trauma, infection, or other diseases of the involved part; or reconstructive surgery because of a congenital disease or anomaly as provided for Dependent newborns.
5. Loss due to voluntarily using any drug, narcotic or controlled substance, unless as prescribed by a Doctor.
6. Riding as a passenger or otherwise in any vehicle or devise for aerial navigation, except as a fare-paying passenger in an aircraft operated by a commercial scheduled airline.

Exclusions & Limitations (Continued)

7. Expenses incurred as a result of committing or attempting to commit an assault or felony or participating in a riot or civil commotion or to which a contributing cause was the Covered Person's being engaged in an illegal occupation.
8. Surgery and/or treatment for: allergy testing; corns and calluses; deviated nasal septum, including submucous resection and/or other surgical correction thereof, unless due to injury occurring while coverage is in force; hammertoe, hernia of any kind; ingrown toenails; and nonmalignant warts, moles and lesions.
9. Orthotics or braces or the fitting thereof, except following surgery necessitated by a covered Accident occurring while the Policy is in effect and prescribed for the purpose of aiding the activities of normal daily living, not including participation in sports.
10. Physical exams, routine gynecology, pap smears, venereal disease, or skin disorders of any kind.
11. Treatment of Mental or Nervous Disorders.
12. Dental treatment or dental x-rays, except as otherwise provided and only when injury occurs to Sound Natural Teeth.
13. Preventative medicines (except prescription contraceptives), serums; vaccines; and vitamins.
14. Eye examinations or the fitting of glasses.
15. Treatment in any Veteran's Administration or federal Hospital, except if there is a legal obligation to pay.
16. Elective abortions.
17. Injury sustained while participating in practice or play of intercollegiate, club, professional, or semi-professional sports.
18. Any expenses for services rendered by employees or doctors retained by the Policyholder or the use of the Policyholder's facilities.
19. Suicide or attempted suicide while sane or insane; or intentionally self-inflicted injury.
20. Treatment in a government Hospital, unless there is a legal obligation for the Covered Person to pay for such treatment.
21. Injury resulting from an Accident involving a motorcycle.
22. Any expense for which benefits are payable under a blanket accident policy paid for by the Policyholder's student activity fee.
23. Covered Charges resulting from a covered motor vehicle Accident in excess of \$100 which are payable under any valid and collectible insurance or plan.
24. Covered Charges over \$500 for treatment furnished under any other valid and collectible insurance or plan.

Pre-existing Condition Limitation

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:

1. The Covered Person has been covered under the Policy for more than 12 months; or
2. (a) The individual seeking coverage under the Policy has an aggregate of 18 months of creditable coverage and becomes eligible and applies for coverage under the Policy within 63 days of termination of prior creditable coverage. We will credit the time the individual was covered under prior Creditable Coverage; and (b) whose most recent prior Creditable Coverage was under an employer group health plan; and (c) who accepted and used up COBRA continuation of coverage or similar state coverage if it was offered to him or her.

A Pre-existing Condition is a sickness or injury for which medical care, treatment, diagnosis or advice was received or recommended 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.

SEMI-ANNUAL PAYMENT OPTION

For students applying for coverage beginning in the FALL ONLY, a semi-annual payment option is offered. Premiums may be paid in two(2) equal installments. The first is due with the application and the second is due February 1, 2006. The premiums for this option are as follows:

Student: 2 payments of \$ 925.00 each
Spouse: 2 payments of \$2,250.00 each
Each Child: 2 payments of \$ 675.00 each

Students selecting this option are responsible for making the second payment in a timely fashion. Failure to receive a bill will not relieve the student of this responsibility. If the second payment is not received, no benefits will be payable for expenses incurred after February 22, 2006. Premiums for the Major Medical Option must be paid in full at the time of application.

Check here for Semi-Annual Option

GEORGIA STATE UNIVERSITY, Student Health Insurance Application

Term of Coverage: August 22, 2005 to August 22, 2006

Student _____ Social Security No. _____
Address _____ Birth Date _____
Beneficiary _____ Grade Level _____ Reg. for _____ Hours

COVERAGE Classification	Fall	Spring	Summer	Optional \$500,000 Major Medical		
				Under 25	25 & Above	Hours
Student	<input type="checkbox"/> \$1,795.00	<input type="checkbox"/> \$1,255.00	<input type="checkbox"/> \$ 625.00	<input type="checkbox"/> \$225.00	<input type="checkbox"/> \$ 450.00	<input type="checkbox"/> _____
Spouse	<input type="checkbox"/> \$4,480.00	<input type="checkbox"/> \$3,130.00	<input type="checkbox"/> \$1,560.00	<input type="checkbox"/> \$675.00	<input type="checkbox"/> \$1,350.00	<input type="checkbox"/> _____
Each Dependent Child	<input type="checkbox"/> \$1,320.00	<input type="checkbox"/> \$ 920.00	<input type="checkbox"/> \$ 460.00	<input type="checkbox"/> \$300.00	<input type="checkbox"/> \$ 300.00	<input type="checkbox"/> _____

NOTE: If Major Medical Option is selected all insured persons must be included. IMPORTANT - Do not check the box to purchase the optional major medical until you have read the accompanying brochure. Method of payment: Check MasterCard American Express

if credit card, I authorize T.W. Lord & Associates to bill my account for the Total Premium.

Credit Card #:

Exp. Date:

Total Premium: _____

Signature _____ Date _____

Complete dependents information on back side.

Make check payable and mail to: T.W. Lord & Associates, P.O. Box 1185, Marietta, GA 30061

I hereby apply for coverage to ACE American Insurance Company and/or National Union Fire Insurance Company of Pittsburgh, PA. I understand that all premiums are fully earned and non-refundable. Total premium for the full term of coverage requested must be paid in full at the time application for coverage is made. Coverage purchased by credit card is subject to validation and acceptance by the credit card company.

Dependents Information Section

Enrollment Notes

Please make sure that all information on the application is filled out correctly. If you have questions about how to fill out the form please call T.W. Lord & Associates at (770) 427-2461 or 1-800-633-2360. Upon receipt of enrollment form and payment an ID Card and listing of Preferred Providers will be mailed to the student. Copies of the provider list are available in the Student Center or by calling T.W. Lord & Associates.

Spouse's Name (Please Print)							
	Last	First	Middle Initial	Age			
Child's Name (Please Print)							
	Last	First	Middle Initial	Age			
Child's Name (Please Print)							
	Last	First	Middle Initial	Age			
Child's Name (Please Print)							
	Last	First	Middle Initial	Age			

To All Parents and Students

Georgia State University

Atlanta, Georgia 30303-3083

Dear Parent, Guardian and Student:

This brochure outlines the coverage, benefits and premium for an insurance program specifically designed for the Georgia State University students and their dependents.

We at the University feel that health insurance coverage should be a primary concern of all students. The incurring of unexpected medical expenses could jeopardize a students ability to continue his or her education.

We encourage all students to maintain health insurance coverage. We hope this Plan provides those of you who are in need of insurance a useful way to obtain coverage.

Please read this brochure carefully to determine whether it meets your needs.

Rebecca Y. Stout
 Dr. Rebecca Y. Stout
 Associate Vice President &
 Dean of Students

Premiums

Premium beginning with the:

	Student	Spouse	Each Child
Fall Semester	\$1,795.00	\$4,480.00	\$1,320.00
Spring Summer	\$1,255.00 \$625.00	\$3,130.00 \$1,560.00	\$920.00 \$460.00

The above premiums are one-time premiums based on the semester of enrollment and cover the student through the end of the Policy Year (August 22, 2006). Such premiums shall be considered fully earned and non-refundable except upon proof of entry into the Armed Services of the United States or another country.

Semi-Annual payment option: Available FALL ONLY!

Student	Spouse	Each Child
\$925.00	\$2,250.00	\$675.00

The above premiums are payable at enrollment and again on February 1, 2006. Students selecting this option are responsible for making the second payment in a timely fashion. Failure to receive a bill will not relieve the student of this responsibility. If the second payment is not received, no benefits will be payable for expenses incurred after February 22, 2006.

NOTE

Although this brochure is not the contract of insurance, please be sure to retain this as it briefly describes many of the important provisions of the group Master Policy which is the GOVERNING contract that provides insured Student Health Benefits. This Group Master Policy and Certificate copies are on file with the University.

\$500,000 Major Medical Option

A separate insurance plan is available to provide insurance coverage to a maximum of \$500,000 (\$100,000 for dependants). This plan has a deductible of \$25,000 (designed to coordinate with the maximum benefit of the Georgia State University Student Insurance Plan described in this brochure). The major medical plan is underwritten by National Union Fire Insurance Company of Pittsburgh, PA, and is described in a separate brochure. DO NOT SIGN UP FOR THE OPTIONAL MAJOR MEDICAL PLAN UNTIL YOU HAVE READ THIS ACCOMPANYING BROCHURE. If you have not received a copy of the brochure with this brochure please contact:
 T.W. Lord & Associates at (770) 427-2461 or 1-800-633-2360.

OFFERED BY



25 Dodd Street • Marietta, Georgia 30060
 Telephone (770) 427-2461 • 1-800-633-2360
 Email: info@twlord.com

Underwritten By
ACE AMERICAN INSURANCE COMPANY

**STUDENT
 ACCIDENT and SICKNESS
 INSURANCE PLAN**



**Georgia State
 University**

designed especially for the students of

**Georgia State University
 2005-2006**