International Student / Scholars Injury and Sickness Insurance Plan
Georgia International Student Care Plan

2014-2015

PGH Global / Georgiacare is pleased to offer an International Student Injury and Sickness Insurance Plan underwritten by Student Resources (SPC) Ltd., a UnitedHealth Group Company, and made available through International Health Consortium SP.

Who is Eligible?

The students required to enroll in the plan are as follows:

- All undergraduate and ESL international students holding F or J visas.
- All graduate international students and visiting scholars holding F or J visas.

The named insured must actively attend classes for at least the first 31 days after the date for which coverage is purchased with the exception of those with a J visa or those engaged in an Optional Practical Training Program.

U.S. citizens are not eligible for this insurance coverage as an Insured or a Dependent.

Effective and Termination Dates

The Master Policy becomes effective on August 01, 2014. The individual student’s coverage becomes effective on the first day of the period for which premium is paid or the date the enrollment form and full premium are received by the Company (or its authorized representative), whichever is later. The Master Policy terminates on July 31, 2015. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier. Dependent coverage will not be effective prior to that of the insured student or extend beyond that of the insured student.

Qualifying Life Event

If you did not enroll, or did not enroll your dependents (dependents of hard waiver or voluntary students) during your open enrollment period and have since lost coverage under your original plan, you or the dependents may qualify for a Qualifying Life Event, upon providing proof of involuntary loss of coverage and payment, within 30 days of losing coverage. (Example: marriage, divorce, loss of job, etc.) The enrollment form, check or money order and the letter of creditable coverage must be received within 30 days of losing coverage. After 30 days, the student or dependents will no longer be eligible to enroll in the plan, until fall of the following school year.

Please contact us for cost and enrollment information as a Qualifying Life Event: customerservice@pghstudent.com

How do I Enroll

To enroll visit http://www.pghstudent.com/georgiacare, and follow instructions.

Open Enrollment

Annual Open Enrollment Period Deadline: August 31, 2014
Spring/Summer Open Enrollment Period Deadline: January 31, 2015

Maximum Benefit

Up to $250,000 for Each Injury or Sickness Maximum Benefit for Covered Medical Expenses.

Policy Deductibles

$100 Deductible for Preferred Providers Per Insured Person, Per Policy Year that is waived when treatment is rendered at the Student Health Center. $500 Deductible for Out of Network Providers Per Insured Person, Per Policy Year.

Covered Medical Expenses

Preferred Providers are payable at 80% of Preferred Allowance and Out of Network benefits are payable at 70% of Usual and Customary charges (all benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and copays as described in the policy). If a Preferred Provider is not available in the Network Area, benefits will be paid at the level of benefits shown as Preferred Provider benefits.

This plan is underwritten by Student Resources (SPC) Ltd., a UnitedHealth Group Company, and is based on policy 2014-202915-91. The Policy is a Non-Renewable One-Year Term Policy. Please read the Plan Brochure to determine whether this plan is right for you before you enroll. The Plan Brochure provides details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the coverage may be continued in force. Copies of the brochure may be viewed and downloaded at http://www.pghstudent.com/georgiacare. If you have any questions, please contact Customer Service at 1-888-251-6253.

Out-of-Pocket Maximums

Preferred Provider Out-of-Pocket Maximum of $10,000 Per Insured Person, Per Policy Year. After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% up to the policy maximum benefit subject to any applicable benefit maximums. Refer to the Plan Brochure for details about how the Out-of-Pocket Maximum applies.

Prescription Drug Benefits

Prescription Drug Benefits: $20 Copay for Tier 1 / 30% Coinsurance for Tier 2 / 40% Coinsurance for Tier 3 up to a 31-day supply per prescription filled at a UnitedHealthcare Network Pharmacy (UCHP). Prescriptions must be filled at a UnitedHealthcare Pharmacy (UHCP). Mail order through UHCP at 2.5 times the retail copay.

Preventive Care Services

Preventive Care Services which include, but are not limited to, annual physicals, GYN exams, routine screenings and immunizations are covered at 100% to $1,000 with no copay or deductible only when the services are received from a Preferred Provider. Preventive care limitations apply based on age and risk group factors.

Preferred Provider Network

The Preferred Provider Network for this plan is UnitedHealthcare Options PPO. Preferred Providers can be found using the following link, http://www.pghstudent.com/georgiacare.

FrontierMEDEX

International Students, and Dependents are eligible to receive FrontierMEDEX services worldwide, except in your home country, medical assistance services when traveling 100 miles or more from campus, permanent home or around the world. Services are available 24 hours a day, 365 days a year, and meet or exceed the United States J-1 visa requirements for international students.

Key services include:

- Evacuation
- Repatriation
- Return of Mortal Remains
- Critical Care Monitoring
- Prescription Assistance
- Foreign Hospital Admission Guarantee
- Legal and Interpreter Referrals
- Lost Luggage or Document Assistance
- Emergency Message Transmission
- Emergency Trauma Counseling

For more information go to http://www.pghstudent.com/georgiacare.

Online Services

Online Services: Insureds have online access to their claims status, EOBs, ID Cards, network providers, correspondence and coverage account information by logging in to My Account at http://www.pghstudent.com/georgiacare. To create an online account, select the “My Account” link and follow the simple, onscreen directions. All you need is your 7-digit Insurance ID number or the email address on file. Insureds can also visit our mobile site at my.uhcsr.com to access an electronic ID card.
PRE-EXISTING CONDITION means: 1) the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the 6 months immediately prior to the Insured’s Effective Date under the policy; or, 2) any condition which is diagnosed, treated or recommended for treatment within the 6 months immediately prior to the Insured’s Effective Date under the policy.

Exclusions and Limitations

No benefits will be paid for: a) loss or expense caused by, contributed to, or resulting from; or b) treatment, services or supplies for, at, or related to:

1. Acne;
2. Acupuncture;
3. Addiction, such as: nicotine addiction, except as specifically provided in the policy; and caffeine addiction; non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious; codependency;
4. Biofeedback;
5. Congenital conditions, except as specifically provided for Newborn or adopted Infants;
6. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy or for newborn or adopted children;
7. Custodial Care; care provided in: rest homes, home resorts, homes for the aged, halfway houses, college infirmaries or places mainly for domiciliary or Custodial Care; extended care in treatment or substance abuse facilities for domiciliary or Custodial Care;
8. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
9. Elective Surgery or Elective Treatment;
10. Eye examinations, eye refractions, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses, vision correction surgery, or other treatment for visual defects and problems; except when due to a covered Injury or disease process;
11. Routine foot care including the care, cutting and removal of corns, calluses, and bunions (except capsular or bone surgery);
12. Health Spa or similar facilities; strengthening programs;
13. Immunizations; preventive medicines or vaccines, except where required for treatment of a covered Injury;
14. Injury or Sickness for which benefits are paid or payable under any Workers’ Compensation or Occupational Disease Law or Act, or similar legislation;
15. Injury or Sickness outside the United States and its possessions except when traveling for academic study abroad programs, business or pleasure or to or from the Insured’s home country;
16. Injury or Sickness inside the Insured’s home country;
17. Injury or Sickness when claims payment and/or coverage is prohibited by applicable law;
18. Injury sustained while (a) participating in any interscholastic, intercollegiate, or professional sport, contest or competition; (b) traveling to or from such sport, contest or competition as a participant; or (c) while participating in any practice or conditioning program for such sport, contest or competition;
19. Investigational services;
20. Participation in a riot or civil disorder; commission of or attempt to commit a felony;
21. Pre-existing Conditions for a period of 6 months. The Pre-existing Condition exclusionary period will be reduced by the total number of months that the Insured provides documentation of continuous coverage under a prior health insurance policy which provided benefits similar to this policy provided the coverage was continuous to a date within 63 days prior to the Insured’s effective date under this policy.

22. Prescription Drugs, services or supplies as follows:
   a) Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use, except as specifically provided in the policy;
   b) Immunization agents, biological sera, blood or blood products administered on an outpatient basis;
   c) Drugs labeled, “Caution - limited by federal law to investigational use” or experimental drugs;
   d) Products used for cosmetic Purposes
   e) Drugs used to treat or cure baldness; anabolic steroids used for body building;
   f) Anorectics - drugs used for the purpose of weight control;
   g) Fertility agents or sexual enhancement drugs, such as Parlodiol, Pergoneal, Clomid, Profasi, Metrodin, Serophene, or Viagra;
   h) Growth hormones; or
   i) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.

23. Reproductive/Infertility services including but not limited to: family planning; fertility tests; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; premarital examinations; impotence, organic or otherwise; female sterilization procedures; vasectomy; sexual reassignment surgery; reversal of sterilization procedures;

24. Research or examinations relating to research studies, or any treatment for which the patient or the patient’s representative must sign an informed consent document identifying the treatment in which the patient is to participate as a research study or clinical research study;

25. Routine Newborn Infant Care, well-baby nursery and related Physician charges; in excess of 48 hours for vaginal delivery or 96 hours for cesarean delivery;

26. Preventive care services; routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury or Sickness;

27. Services provided normally without charge by the Health Service of the institution attended by the Insured; or services covered or provided by a student health fee;

28. Deviated nasal septum, including submucous resection and/or other surgical correction thereof; nasal and sinus surgery, except for treatment of a covered Injury or treatment of chronic purulent sinusitis;

29. Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planning, bungee jumping, or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;

30. Supplies, except as specifically provided in the policy;

31. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;

32. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;

33. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered); and

34. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat.

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UnitedHealthcare

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<td>Each Child</td>
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