

Policy Form 9F149F-CL

Accident & Sickness Plan
A Non-Renewable Term Policy
Designed for

**School of the Art
Institute of
Chicago Students**

2009 • 2010

Underwritten by



COLUMBIAN LIFE
INSURANCE COMPANY

HOME OFFICE: CHICAGO, IL

ADMINISTRATIVE SERVICE OFFICE: VESTAL PARKWAY EAST

P.O. BOX 1381 • BINGHAMTON, NY 13902-1381

SERVICING AGENT:



ASSOCIATED
INSURANCE PLANS
INTERNATIONAL, INC.

AIP International, Inc.
28085 Ashley Circle, Suite 201
Libertyville, IL 60048-9658
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Website: www.AIPInternational.com

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For assistance and questions about Insurance Benefits, ID cards, or problems:

Associated Insurance Plans International, Inc.
Post Office Box 189
Libertyville, Illinois 60048
Phone: (800) 452-5772
Email: office@AIPInternational.com

For assistance and questions about claim status and claim processing:

Student Assurance Services, Inc.
Post Office Box 196
Stillwater, MN 55082
www.sas-mn.com
Phone: 1-800-328-2739

How can I find a Beech Street Provider?

Beech Street Preferred Provider Network
www.beechstreet.com
Phone: 1-800-432-1776

How can I find an Express Script Pharmacy?

www.express-scripts.com
Phone: 800-332-5455

For questions about student insurance enrollment/waiver process/billing:

SAIC Student Accounts Office
Phone: 312-629-6600

Columbian Life Insurance Company

Accident & Sickness Plan

for

School of the Art Institute of Chicago Students

2009 • 2010

This is a general summary of Student Accident and Sickness Insurance coverage. Keep this brochure for your records as no individual policy will be issued. This summary is not a contract; however, the Master Policy is available for review online at: www.AIPInternational.com.

Note: The Master Policy contains the contract provisions and shall prevail in the event of any conflict between the brochure and the Master Policy.

INTRODUCTION

The School of the Art Institute of Chicago (SAIC) is making available to students and their dependents a plan of Blanket Accident and Sickness Insurance Plan (hereinafter called "plan" or "Plan") underwritten by Columbian Life Insurance Company. It provides continual protection, 24 hours a day, anywhere in the world during the period of coverage for which you have paid the proper premium.

- The maximum benefit is \$100,000 per Accident or Sickness.
- Benefits are subject to a policy year deductible of \$250, which is reduced to \$150 per policy year if treatment is received from Michigan Avenue Urgent Care Center or St. James/Cathedral Counseling Center.
- Beech Street Preferred Provider Network Providers may be accessed throughout the United States, with the exception of Hawaii. If you obtain medical treatment from a Beech Street provider, you will receive a higher reimbursement towards your covered medical expenses.
- Express Scripts drug card to \$2,000 per policy year subject to copayments of \$15 for generic medications, \$25 for brand medications, \$35 for single source medications.
- \$500 per Policy Year for a Physical Exam or a Women's Wellness Exam.

IMPORTANT: This Accident and Sickness Insurance Plan covers Medically Necessary expenses incurred as a result of an Accident or Sickness. One Physical Exam for Wellness or Women's Wellness Exam is covered to \$500 each Policy Year. Additional expenses for preventive health care are not covered by this insurance plan, except as outlined in the Illinois state mandated benefits.

ELIGIBILITY

SAIC requires health insurance coverage for all degree and certificate students taking 12 or more credit hours, and for all international and exchange students.

Unless degree and certificate students taking 12 or more credit hours, and all exchange and international students submit a waiver online through **SAIC's Self-Service, they will automatically be enrolled in health insurance plan and the premium will be charged to the student's account each semester.

If a student has comparable coverage and wishes to have the health insurance plan waived for the fall semester or the full year, a waiver must be completed online through **SAIC's Self-service prior to the first day of classes. For the entire academic year or the Fall term only, the waiver deadline date is **September 3, 2009**. For the Spring term only, the waiver deadline date is **January 28, 2010**.

REMINDER: If a student registers for 12 or more credit hours and then drops to less than 12 hours before the end of the SAIC add/drop deadline date, the health insurance plan will not automatically be provided. The student premium will be added back to the SAIC account if the student requests health coverage online through **SAIC's Self-Service by the end of the Fall add/drop deadline date of **September 12, 2009** or Spring add/drop deadline date of **February 6, 2010**.

Health insurance coverage is also available upon request through **SAIC's Self-Service to all domestic degree seeking students taking less than 12 credit hours. The premium for health insurance will be charged to the student's account each semester for the coverage period requested. Students must request health coverage on line through **SAIC's Self-Service for entire academic year or Fall Term only, by enrollment deadline date **September 3, 2009**; for Spring term only by enrollment deadline date **January 28, 2010**.

International students who have graduated and are on Optional Practical Training and who wish to have health insurance coverage during that period should contact the Office of International Affairs for enrollment information.

COVERAGE FOR DEPENDENTS

Students who enroll in the health insurance plan may enroll dependents on a voluntary basis. Students must enroll dependents for entire academic year or Fall Term only, by enrollment deadline date **September 3, 2009**; for Spring term only by enrollment deadline date **January 28, 2010**.

Call (800) 452-5772 or email at: office@aipinternational.com to request an Enrollment Form and for payment terms for Dependent coverage.

EFFECTIVE AND EXPIRATION DATES OF COVERAGE

Student coverage under the Policy becomes effective on the later of the following dates:

- The Policy Effective date August 24, 2009 at 12:01 a.m. for domestic students; or
- The Policy Effective date August 15, 2009 at 12:01 a.m. for international and exchange students; or
- The first day of the Term for which the proper premium has been paid; or
- 12:01 a.m. following the date the proper premium is received by the Servicing Agent.

Student coverage under the Policy will expire on the earliest of the following dates:

- The last day of the Coverage Period for which the Premium is paid; or
- When premium payment for your health insurance coverage is due and unpaid; or
- The Policy Expiration date August 23, 2010 at 11:59 p.m. for Domestic Students; or
- The Policy Expiration date August 23, 2010 at 11:59 p.m. for International and Exchange Students.

Dependent coverage under the Policy becomes effective on the same date as the Insured Student for which the proper dependent premium payment is received. Coverage will not be effective prior to that of the Insured Student. Dependent coverage will expire on the date the Student's coverage expires or the date the dependent no longer meets the definition of a dependent.

COVERAGE PERIODS FOR DOMESTIC STUDENTS

TERM	DATE COVERAGE BEGINS	DATE COVERAGE ENDS
Annual	8-24-2009	8-23-2010
Fall	8-24-2009	1-13-2010
Spring & Summer	1-14-2010	8-23-2010

COVERAGE PERIODS FOR INTERNATIONAL & EXCHANGE STUDENTS

TERM	DATE COVERAGE BEGINS	DATE COVERAGE ENDS
Annual	8-15-2009	8-23-2010
Fall	8-15-2009	1-13-2010
Spring & Summer	1-14-2010	8-23-2010

COST OF INSURANCE FOR ALL STUDENTS AND THEIR DEPENDENTS

	Annual	Fall	Spring & Summer
Student	\$ 1,478	\$ 739	\$ 739
Spouse	\$ 4,820	\$ 2,410	\$ 2,410
Each Child	\$ 1,459	\$ 730	\$ 730

Insurance costs include an administrative fee.

PREMIUM REFUND POLICY

All premium refund requests must be made in writing and include any proof and date of occurrence. Refund requests should be sent to Associated Insurance Plans International, Inc. at Post Office Box 189, Libertyville, IL 60048 or by email to: office@aipinternational.com.

A prorated refund will only be issued for the following situations:

- Students who withdraw from school within 31 days following the Effective Date of coverage, unless medical benefits have been paid during the first 31 days; or
- Students who have entered into full-time active duty military service for any country; or
- Students who are non-immigrant Foreign Nationals who have left the North American Continent.

CONTINUATION OF INSURANCE AFTER GRADUATION OR TERMINATION

If a student who has been covered under the insurance plan graduates, leaves, or terminates enrollment at the School, he/she, and their previously insured dependents, may continue to be covered under this plan for the remainder of the policy year at the cost of insurance shown.

If continuous coverage is maintained under the student health plan you can re-enroll in the Insurance plan for up to 12 months at a higher cost, provided application is made within 31 days of the policy expiration date. The cost of insurance for the Continuation Plan must be paid in advance for the entire continuation period selected, either 3, 6, 9 or 12 months. No re-enrollment is permitted once the original term of coverage selected has expired. Please contact Associated Insurance Plans at (800) 452-5772. International Students (F-1 and J-1 non-immigrant visa holders) who are authorized for Optional Practical Training or Academic Training are eligible to extend coverage by completing an insurance request form. You will be billed accordingly.

BEECH STREET CORPORATION PREFERRED PROVIDER NETWORK

Persons insured under this health insurance plan may choose to be treated within, or out of, the Beech Street Preferred Provider Network. The Beech Street Preferred Provider Network consists of hospitals, doctors, and other health care providers, which are organized into a network for the purpose of delivering quality health care at a discounted fee. Providers may be accessed throughout the United States, with the exception of Hawaii. If you obtain medical treatment from a Beech Street provider, you will receive a higher reimbursement towards your covered medical expenses.

When an Insured Person uses the services of a Beech Street provider, the covered expenses incurred will be payable at 90% of the PPO Allowance. However, when treatment is rendered by providers outside the Beech Street Preferred Provider Network, expenses will be payable at 70% of the Usual and Customary covered charges.

Exception: Benefits will be paid at the 90% of PPO Allowance when 1) the insured person cannot reasonably obtain the services of a Beech Street PPO provider, due to an Emergency Medical Condition; 2) the covered service is performed by a non-PPO ancillary provider who is a radiologist, anesthesiologist, pathologist or other similar ancillary provider; or 3) the covered service is not available from a Beech Street PPO provider due to insufficient number, type, or distance and the Insured has made a good faith effort to utilize Beech Street PPO providers for a covered service.

In order to use the services of a Beech Street participating provider, you must present your Student Accident and Sickness Insurance Identification Card.

A complete listing of Beech Street participating providers is available on the web at: www.AIPInternational.com or by calling toll free to Beech Street Preferred Provider Network (800) 432-1776. The participation of individual providers is subject to change without notice. It is your responsibility to confirm a provider's participation when calling for an appointment or at time of visit.

EXPRESS SCRIPTS PRESCRIPTION DRUG PROGRAM

When the physician prescribes a drug for a covered Injury and Sickness, the student can purchase the Prescription Drug at a Participating Pharmacy by showing their ID card to the pharmacy as proof of coverage. The student pays a Copay based on the type of Prescription Drug purchased. Copay amounts are listed in the Benefits Schedule.

For a complete listing of participating pharmacies visit:

www.AIPInternational.com or www.express-scripts.com.

Coverage questions on a specific drug can be obtained from Express Scripts at 800-332-5455 or visiting their website.

Excluded drugs and medicines under the Prescription Drug Program include, but are not limited to:

- Over the counter drugs and medicines
- Drugs purchased outside the US which are not legal inside the US
- Drugs not approved by the FDA for any use/indication in the US
- Medical Supplies or devices, including Insulin prescribed needles, syringes, test scripts
- Charges for the administration or injection of any drug or medicine
- Injectable medication not designed for patient administration
- Serums and toxoids and vaccines
- A drug or medicine dispensed or administered while hospital confined, including any confinement any facility or institution that dispenses drugs
- Vitamins and minerals
- Growth hormones
- Drugs for weight loss
- Drugs for smoking cessation purposes
- Drugs solely for cosmetic purposes

IMPORTANT – You will receive your identification card for the Pharmacy Drug Program directly from Express Scripts. Until your permanent Identification Card is received, you must present the Express Scripts Temporary Identification Card (found by going to Online Services at www.saicinsurance.com) to your Pharmacist. You may also call 800-452-5772 and ask that a copy of the Temporary Identification Card to be sent to you.

ADDITIONAL PROGRAMS (These programs are not underwritten by Columbian Life Insurance Company)

SCHOLASTIC EMERGENCY SERVICES, INC. (TRAVEL ASSISTANCE)

Students who enroll and maintain medical coverage in this health plan are eligible for Scholastic Emergency Services, Inc. administered by Assist America. This program provides 24-hour assistance services whenever the student is traveling more than 100 miles away from home, school, or abroad.

All assistance services must be arranged and provided by Assist America, no claims will be accepted for assistance services provided any other provider or company.

Note: This program does not replace medical insurance. All claims for medical expenses should be submitted to Student Assurance Services Inc. for consideration.

The Assist America program meets or exceeds the requirements of USIA for International Students and Scholar. The following services are provided:

1. Medical Consultation and Evaluation. Your call to the Alarm Center is evaluated by medical staff and referred to the appropriate provider.
2. Hospital Admission Guarantee - outside the U.S.A.
3. Emergency Evacuation. If adequate medical facilities are not available, whatever mode of transportation equipment and personnel necessary will be used to evacuate you or your family member to the nearest facility capable of providing proper care.
4. Critical Care Monitoring. Scholastic Emergency Services will stay in regular communication with the attending physician and/or hospital and relay information to your family.
5. Medically Supervised Repatriation. If you or your dependent is ready to be discharged from the hospital but is still in need of medical assistance, you will be repatriated to a rehabilitation facility or home, and if necessary will be provided a medical or non-medical escort.
6. Dispatch of Prescription Drugs. If you or a dependent forgets or loses a medication, a replacement will be arranged. If the medication is not available locally, the medicine will be dispatched when possible and legally permissible.
7. Transportation to Join Patient. If you are traveling alone and will be hospitalized for more than 7 days, transportation to the place of hospitalization will be provided for a designated family member or friend.
8. Care for Minor Children. If a minor child is left unattended as a result of an accident or illness, one-way transportation (with attendant if necessary) will be provided to the place of residence.
9. Return of Mortal Remains. In case of death, transport and reasonable assistance in legal formalities will be provided for the return of mortal remains.
10. Legal Referrals. Referrals for interpreters or legal personnel are available.

If you require assistance call Assist America at toll free inside the U.S. 800-872-1414 or outside the U.S. 609-986-1234 or email at medservices@assistamerica.com.

ASK MAYO CLINIC

Students and eligible dependents who enroll and maintain medical coverage in this health plan, have access to a 24-hour nurse line administered through the Mayo Foundation. This program provides:

- Phone-based, reliable health information in response to health concerns and questions; and
- Assist in decisions on the appropriate level of care for a sickness or injury. Appropriate care may include self-care at home, a call to a Physician, or visit to the emergency room.

Calls are answered 24 hours a day, 365 days a year by experienced registered nurses who have been specifically trained to handle telephone health inquiries.

This program is not a substitute for doctor visits or emergency response systems. *Ask Mayo Clinic* does not answer health plan benefits questions. Health benefit questions should be referred to Student Assurance Services, Inc. The *Ask Mayo Clinic* 24-hour nurse line toll free number is 877-351-9900.

EXPLANATION OF BENEFITS

PRE-CERTIFICATIONS AND REFERRALS

This health plan does not require pre-certification or referrals for any covered service prior to the date the service is performed. Covered services will be evaluated for benefits when the claim is submitted to Student Assurance Services Inc. for payment.

CO-INSURANCE, CO-PAY, DEDUCTIBLE, AND OUT-OF-POCKET MAXIMUM

Covered services are subject to co-insurance, co-pay, out-of-pocket maximum, and deductible unless indicated otherwise, up to the Benefits Schedule Policy Year Maximum of \$100,000 per Accident or Sickness.

Co-Pay is the amount the Insured person must pay to the Physician or Hospital for each procedure, office visit, or confinement, each time he or she receives a covered service, including prescription drugs.

Deductible is the amount subtracted from eligible expenses for the Policy year before benefits are considered. Each insured person must satisfy the deductible.

Co-insurance is the percentage of covered expense the health plan pays. After the deductible is satisfied, the Plan will pay a coinsurance of 90% of the Network Provider's Allowable fee; and for Non-Network Providers a coinsurance of 70% of Usual and Customary charges for eligible expenses, as a result of a covered accident or sickness.

Out-of-pocket expense is the amount the Insured person incurs before the health plan will begin to pay 100% of PPO Allowable or 100% of the Usual and Customary charges for eligible expenses, up to benefit limits and policy maximum listed in the Benefits Schedule. Out-of-pocket expense does not include co-pays, deductibles or ineligible expenses.

WAIVER OF EMERGENCY ROOM CO-PAYMENT

The \$100 Emergency Room Co-payment will be waived if the Insured Person is admitted to the Hospital immediately following emergency room treatment. The admission must be for the same condition for which the Insured Person received Medical Emergency care.

ORTHOPEDIC APPLIANCES AND DURABLE MEDICAL EQUIPMENT EXPENSE BENEFIT

If, by reason of Injury or Sickness, an Insured Person requires the use of Orthopedic Appliances or Durable Medical Equipment, the covered expenses incurred are payable at 90% of PPO Allowance or 70% of U&C for non-PPO; subject to the Deductible shown in the Schedule of Benefits. We will consider benefits for the purchase price when purchase is expected to be less costly than rental.

Orthopedic Appliances or Durable Medical Equipment: Any supportive appliance or device which (i) is prescribed by a Physician; (ii) is primarily and customarily used to serve a medical purpose; (iii) can withstand repeated use; (iv) generally is not useful to a person in the absence of Injury or Sickness; and (v) is used exclusively by the Covered Person. Replacement braces and appliances are not covered. No benefits will be paid for rental charges in excess of purchase price. Durable Medical Equipment does not include for example: non-prescription therapy devices or medical supplies; comfort and convenience items; modifications of the Covered Person's residence, property or automobiles; corrective shoes; exercise and sports equipment. A written prescription must accompany the claim when submitted. We reserve the right to determine whether an Orthopedic Appliance or Durable Medical Equipment is eligible as a Covered Service.

MATERNITY EXPENSE BENEFIT

We will pay benefits for an Insured Person's Covered Charges for maternity care, including Hospital, surgical and medical care.

With respect to Covered Services for Maternity, benefits will be provided the same as any Sickness for an Insured and her newborn child for:

1. a minimum of 48 hours of inpatient care following a vaginal delivery; and
2. a minimum of 96 hours of inpatient care following a caesarean section.

Benefits may be provided for a shorter length of inpatient stay for services related to maternity and newborn care if the attending Physician determines in accordance with the protocols and guidelines developed by the American Academy of Pediatrics or the American College of Obstetricians and Gynecologists that the mother and her newborn meet the appropriate guidelines for length of stay based upon evaluation of the mother and the newborn. In this instance Covered Services will include one post-discharge physician office visit or one in-home nurse visit, to verify the condition of the newborn in the first 48 hour after hospital discharge.

Covered services may be provided by a certified nurse-midwife under qualified medical direction if he or she is affiliated with or practicing in conjunction with a licensed facility.

We cover such charges the same way We treat Covered Charges for any other Sickness.

What We pay is shown in the Schedule of Benefits.

ABORTION EXPENSE BENEFIT

If as a result of pregnancy an Insured Person has an Elective Abortion, We will pay the Covered Percentage of the Covered Charges incurred subject to the Deductible and benefit maximum shown in the Schedule of Benefits. Expenses for the Elective Abortion must be incurred while the Policy is in force.

BENEFITS MANDATED BY THE STATE OF ILLINOIS

DIABETES BENEFIT

Benefits are payable on the same basis as any Sickness for Physician's services provided for outpatient self-management training and education of Insureds with Type 1 or Type 2 diabetes, or gestational diabetes mellitus. Services may include:

- a. up to 3 Medically Necessary visits to a provider upon initial diagnosis of diabetes by the Insured's Physician.
- b. up to 2 Medically Necessary visits to a provider when the Insured's Physician determines that a significant change in the Insured's symptoms or medical condition has occurred.
- c. regular foot care exams by physician.
- d. prescribed pharmaceuticals and supplies for insulin; syringes and needles; test strips for glucose monitors; FDA approved oral agents used to control blood sugar; and glucagon emergency kits.
- e. durable medical equipment for the following prescribed equipment: blood glucose monitors, blood glucose monitors for the legally blind, cartridges for the legally blind, and lancets and lancing devices.

COLORECTAL CANCER SCREENING BENEFIT

Benefits are payable on the same basis as any Sickness for colorectal cancer examinations and laboratory tests for colorectal cancer as prescribed by a Physician. Benefits are payable in accordance with the published American Cancer Society guidelines on colorectal cancer screening or other existing colorectal cancer screening guidelines issued by nationally recognized professional medical societies or federal government agencies, including the National Cancer Institute, the Centers for Disease Control and Prevention, and the American College of Gastroenterology.

CERVICAL AND PROSTATE CANCER TEST BENEFITS

Benefits are payable on the same basis as any Sickness for all of the following:

1. An annual cervical smear or Pap smear test for female Insureds.
2. An annual digital rectal examination and prostate-specific antigen test, for male Insureds upon the recommendation of a Physician licensed to practice medicine in all its branches for:
 - a. Asymptomatic men age 50 or older;
 - b. African-American men age 40 or older; and
 - c. Men age 40 or older with a family history of prostate cancer.
3. Annual surveillance tests (CA-125 serum tumor marker testing, transvaginal ultrasound, or pelvic examination) for ovarian cancer for female Insureds who are at risk for ovarian cancer. At risk for ovarian cancer means (1) having a family history with one or more first degree relatives or cluster of women relatives with breast cancer, or nonpolyposis colorectal cancer; or (2) testing positive for BRCA1 or BRCA2 mutations.

MAMMOGRAPHIC EXAMINATION BENEFIT

Benefits are payable on the same basis as any Sickness for screening by low-dose mammography for the presence of occult breast cancer according to the following schedule:

1. A baseline mammogram for women 35 to 39 years of age; or
2. An annual mammogram for women 40 years of age or older; or
3. A mammogram at the age and intervals considered medically necessary by the women's health care provider for women 40 years of age and having a family history of breast cancer or other risks.

PRE-EXISTING CONDITION

This policy does not cover any injury or sickness for which medical advice, diagnosis, care, or treatment was recommended or received within the 6 months immediately prior to the student or dependent's Effective Date of Coverage.

A pre-existing condition is subject to a 12 month pre-existing condition waiting period. During this waiting period, the student or dependent must be continuously covered under this health plan for 12 consecutive months. The pre-existing condition waiting period must expire before benefits for a pre-existing condition will be considered for payment under this health plan.

If any break in continuous coverage occurs, the pre-existing condition exclusion will apply.

Provisions that Reduce or Eliminate the Preexisting Condition Waiting Period:

- If a student or dependent had 12 months of continuous coverage under a prior student health plan, the injury or sickness which began during the prior year coverage will not be considered a pre-existing condition.
- The pre-existing condition waiting period will be reduced by the period of time a student or dependent was covered by Prior Creditable Coverage, if such coverage was continuous (no break in coverage for 63 days or more to a date immediately prior to the effective date of coverage under this Policy). You must show proof of Prior Creditable Coverage by submitting a Certificate of Prior Coverage from the prior plan or other satisfactory evidence of coverage.

Prior Creditable Coverage means Your prior Student health insurance policy of the Policyholder or other coverage provided in the United States under any of the following: a group health plan; health insurance coverage under any hospital or medical service policy or certificate, hospital or medical service plan contract, or health maintenance organization contract; Medicare; Medicaid; military health care; a medical care program of the Indian Health Service or of a tribal organization; a state health benefits risk pool; the Federal Employee Health Benefits Program; a public health plan; or a health benefit plan of the Peace Corps. Prior Creditable Coverage does not include prior coverage before a break in coverage. A break in coverage occurs when an individual does not have health coverage for 63 or more continuous days.

Schedule of Benefits	IN-NETWORK	OUT-OF-NETWORK
Maximum Medical Expense Benefit - Per Accident or Sickness	\$100,000	\$100,000
Out-of-Pocket Maximum	\$10,000	\$10,000
Deductible: Reduced to \$150 per Policy Year if treatment is received from Michigan Avenue Urgent Care Center or St. James/Cathedral Counseling Center.	\$ 250	\$ 250
Prescription Drug Card (Express Scripts)- \$2,000 per Policy Year includes contraceptive medication prescribed by your doctor.	100%	No Benefit
Generic Drug: \$15 co-payment		
Brand Name: \$25 co-payment		
Single Source: \$35 co-payment		
Annual Physical Exam for Wellness or Women's Wellness Benefit: (Deductible does not apply) Up to \$500 each Policy Year. Coverage includes cost of exam, recommended laboratory tests (pap smear screening provided under benefit mandated by the state of Illinois), and implantables or injectables relating to contraception.	90%	70%
Outpatient Benefits		
(a) Mental & Nervous Disorders - \$5,000 per Policy Year - \$10 co-payment per visit;	90%	70%
(b) Substance Abuse - \$5,000 per Policy Year - \$10 co-payment per visit;	90%	70%
(c) Hospital Outpatient Surgical Miscellaneous (includes Ambulatory Surgical Center)	90%	70%
(d) Diagnostic X-ray, Radiology, and laboratory services (includes kidney dialysis, inhalation therapy)	90%	70%
(e) Chemotherapy/Radiation Therapy;	90%	70%
(f) Speech Therapy (by a licensed speech therapist to restore speech loss or correct speech impairment after corrective surgery, or following an injury for Sickness other than a mental or learning disorder. Speech therapy must be in keeping with a Doctor's written order)	90%	70%
(g) Physiotherapy (includes Acupuncture, Chiropractic care, and Occupational Therapy) - \$10 co-payment per visit; \$2,500 Policy Year max. Treatment must be received within 50 days of release by the doctor for Rehabilitation;	90%	70%
(h) Hospital Emergency Room - \$100 co-payment; waived if admitted;	90%	70%
(i) Physician Non-surgical Visits - \$10 co-payment per visit;	90%	70%
(j) Dental Treatment - (Injury only) - \$500 per Policy Year;	90%	70%
(k) Orthopedic Appliances and Durable Medical Equipment;	90%	70%

	IN-NETWORK	OUT-OF-NETWORK
Schedule of Benefits (continued)		
Inpatient Benefits		
(a) Hospital Room & Board (semi-private room, nursing services and special care) - \$50 co-payment;	90%	70%
(b) Hospital Intensive Care;	90%	70%
(c) Mental & Nervous Disorders - 7 days per Policy Year - \$50 co-payment per visit;	90%	70%
(d) Substance Abuse - 7 days per Policy Year - \$50 co-payment per visit;	90%	70%
(e) Maternity Benefits;	90%	70%
(f) Orthopedic Appliances and Durable Medical Equipment;	90%	70%
(g) Anesthesia;	90%	70%
(h) Assistant Surgeon;	90%	70%
(i) Private Duty Nurse;	90%	70%
(j) Hospital Miscellaneous;	90%	70%
anesthesia, anesthesia supplies and services; operating, delivery and treatment rooms and equipment; diagnostic x-ray and laboratory tests; lab studies; oxygen tent; blood and blood services; prescribed drugs and medicines; medical and surgical dressings, supplies, casts and splints; radiation therapy, intravenous chemotherapy, kidney dialysis, and inhalation therapy; chemotherapy treatment with radioactive substances; intravenous injections and solutions; and their administration; physical and occupational therapy; and other necessary and prescribed Hospital expenses;	90%	70%
(k) Physician Non-Surgical Visits (one visit per day);	90%	70%
(l) Consultant Physician (when requested by the Insured Person's Doctor. Coverage is limited to one consultation per admission);	90%	70%
Other Covered Services		
(a) Ambulance - \$500 per Injury or Sickness;	90%	70%
(b) Surgical Treatment - Inpatient or Outpatient, including Day Surgery;	90%	70%
(c) Abortion - \$300 per Policy Year;	90%	70%
(d) Multiple Surgical Procedures;		
When Injury or Sickness requires multiple Surgical Procedures through the same incision. We will pay an amount not less than that for the most expensive procedure being performed. Multiple Surgical Procedures performed during the same operative session but through different incisions shall be reimbursed in an amount not less than the Covered Percentage of the Covered Charge of the most expensive Surgical Procedure then being performed, and with regard to the less expensive Surgical Procedure in an amount equal to 50 percent of the Covered Percentage of the Covered Charge for these procedures.		

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	IN-NETWORK	OUT-OF-NETWORK
OTHER COVERED SERVICES (continued)		
(e) Additional Benefits Mandated by the State of Illinois - See Description on page 9 and 14	90%	70%
Cervical and Prostate Cancer Tests Benefit	90%	70%
Colorectal Cancer Screening Benefit	90%	70%
Diabetes Benefit	90%	70%
Routine Inpatient Newborn Care	90%	70%
Mammographic Examination Benefit	90%	70%
Cytologic Screening (Pap Smear)	90%	70%
(f) Home Health Care Expense - 130 visits per Policy Year;	90%	70%
(g) Motor Vehicle Accident - \$25,000 Per Policy Year;	90%	70%
(h) Infertility Treatment;	90%	70%
(i) Immunizations - \$250 Lifetime Max (includes HIV/AIDS screening tests, pertussis, measles, rubella, and mumps);	90%	70%
(j) HPV Vaccine (Human Papillomavirus)	90%	70%
ADDITIONAL PROGRAMS		
OPTIONAL DENTAL, VISION AND PHARMACY DISCOUNT CARD		
A separate dental, vision and prescription drug discount plan is available on an optional basis and is subject to payment of an additional premium.		See Details Page 20
OPTIONAL DENTAL AND VISION INSURANCE PLAN		
A separate dental insurance plan with optional vision coverage. Several benefit options to choose from, subject to additional premium. Please call (800) 452-5772 to request plan details or visit our website at www.AIPInternational.com and click on Dental Insurance Plan.		
SCHOLASTIC EMERGENCY SERVICES (Travel Assistance)		
ASK MAYO CLINIC		See Details Page 7 See Details Page 7
Note: These Additional Programs are not underwritten by Columbian Life Insurance Company.		

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EXCLUSIONS

This Policy does not provide Benefits for expense resulting from:

1. Air flight, except as a fare-paying passenger on a regularly scheduled flight of a commercial airline.
2. Dental treatment except as specifically provided in the Schedule of Benefits.
3. Treatment where no Injury or Sickness is involved (physical examinations or preventive medicines) except as specifically provided in the Schedule of Benefits; or Elective Surgery and Elective Treatment. It does not include cosmetic surgery made necessary by Injury. Non-medical self-care or self-help training; health or fitness club memberships; personal comfort or convenience items; treatment for Hirsutism, hair growth or baldness.
4. Motor Vehicle Accidents, to the extent covered by another valid and collectible insurance policy, prepaid services contract, or similar plan. The Motor Vehicle Injury Benefit Limit is shown on the Schedule of Benefits.
5. Eyeglasses, contact lenses, and examination for prescribing or fitting them; any other procedure for correction of refractive disorder of the eye or eyes; hearing aids and hearing examinations.
6. Injury or Sickness for which benefits are paid under Worker's Compensation or Occupational Disease Act or Law.
7. Growth Hormone therapy; Patient Controlled Analgesia;
8. Injury sustained while participating in the practice or play of interscholastic sports or Intercollegiate Sports, including the participation in any practice or conditioning program for such sport, contest or competition.
9. Intentional self-inflicted Injuries.
10. Routine newborn baby care, well baby nursery and related Physician's charges, except as specifically provided in the Schedule of Benefits.
11. Services provided normally without charge by the Health Service of the Policyholder; or by any person employed or retained by the Policyholder; or services covered or provided by the student health fee.
12. Treatment for nicotine addiction or smoking cessation.
13. Use of any services or supplies which are experimental and/or not in accord with generally accepted standards of medical practice; Organ Transplants including donor expenses.
14. War or act of war, whether declared or not; and Injury or Sickness resulting from full-time, active-duty military service.
15. Pre-existing Conditions, not subject to Credit for Prior Coverage, until continuously covered by the Policyholder's Student Accident and Sickness Insurance plan for a period of 12 consecutive months.
16. Weight management services and supplies related to weight reduction programs, weight management programs and related supplies; treatment of obesity; surgery for removal of excess skin or fat for weight reduction and treatment of obesity.

DEFINITIONS

Accident means accidental bodily injuries which are the direct cause of loss, independent of disease or bodily infirmity and occurring while the insurance is in force.

Dependent means the insured Student's spouse; or Domestic Partner; or Student's unmarried natural child (including step children if dependent on the insured Student or child for whom the insured Student is a legal guardian) under the age of twenty-three (23) years who is not self supporting. This provision also includes a child for whom the insured Student is a legal guardian, if the child is dependent on the insured Student. Dependent also includes a child over the age of 23 who is incapable of self sustaining employment because of a handicapped condition, and is chiefly dependent upon the insured Student for maintenance and support. Proof of a Dependent's incapacity or dependence shall be requested by Us within 60 days of a child's attainment of the limiting age. If the requested proof is not received within 31 days of Our inquiry coverage may terminate when the Dependent reaches the limiting age. In the absence of any such inquiry by Us, the Dependent's coverage will continue until otherwise terminated as provided in this Policy. We may request subsequent proof of incapacity or dependency no more than once every year. This provision applies whether the Dependent is dependent on parents or Other Care Provider for lifetime care and supervision. Other Care Provider includes Community Integrated Living Arrangement, group

home, supervised apartment and other residential services licensed or certified by Illinois.

A newborn child of the insured Student will be covered from birth until 31 days old. Coverage for such child will be for a Sickness and Injury including necessary care and treatment for medically diagnosed congenital defects and birth abnormalities. Coverage at the end of the 31 days will expire. To continue coverage past the 31 days, the Insured must enroll the newborn child within 31 days of birth and pay the required additional premium starting from the date of birth.

A child for whom the insured Student has a legal obligation for the purposes of adoption, will be covered from the date the legal obligation begins until 31 days after the date the legal obligation began. Coverage for such child will be for Sickness and Injury including necessary care and treatment for medically diagnosed congenital defects and birth abnormalities. Coverage at the end of the 31 days will expire. To continue coverage past the 31 days, the Insured must enroll the adopted child within 31 days from the date legal obligation began, and pay the required additional premium starting from the date the legal obligation began.

Benefits for routine well newborn or adoption child care expenses are covered, if the insured Student enrolls the child and pays the additional premium within 31 days from the date of birth or the date the legal obligation began.

Domestic Partner means a person who meets at least three of the following five conditions: (a) the person resides with the insured Student; (b) the person and insured Student hold common or joint ownership of the residence or of the lease for the residence; (c) the person and insured Student have joint ownership of a motor vehicle; (d) the person and insured Student have a joint checking account; and/or (e) the person must be designated as a beneficiary under the insured Student's life insurance coverage and/or identified as a primary beneficiary in the insured Student's will. To obtain coverage as a domestic partner, the insured Student and domestic partner must submit a written "Affidavit of Domestic Partnership" to the Policyholder's Student Health Center and to the Plan Administrator. In the Affidavit, the insured Student and domestic partner must attest that they are each other's sole domestic partner, that they have agreed to be responsible for their common welfare. They must also indicate which three of the five qualifying conditions have been met.

Elective Surgery and Elective Treatment means surgery or medical treatment which is not necessitated by a pathological change occurring after Your Effective Date of coverage or not covered under the policy. Elective Surgery and treatment includes but is not limited to: tubal ligation; circumcision; vasectomy; breast reduction; sexual reassignment surgery; temporomandibular joint dysfunction (TMJ); cosmetic procedures; submucous resection and/or other surgical correction for deviated nasal septum; hypnotherapy; learning disabilities; and weight management services.

Experimental and Investigational means any treatment, procedure, drug or device which (a) cannot be lawfully marketed without approval of the federal food and drug administration, (b) is determined to be experimental, investigational or for research purposes based on the informed consent document or the written protocols used by the treating Physician, Hospital or facility, (c) is subject to ongoing Phase 1 or Phase 2 clinical trials, (d) reliable evidence show the prevailing opinion among experts is that further studies or clinical trials are necessary, and (e) the outcomes data published in peer-reviewed medical and scientific literature is insufficient to substantiate its safety and effectiveness as compared with the standard means of treatment for the Injury or Sickness.

In making these determinations, the Plan Administrator will obtain an external evaluation by an appropriately licensed or qualified professional who will review the claim and any additional information provided for review.

Hospital means an institution duly licensed as a hospital in the state in which it is located and operating within the scope of such license. A

Hospital must have inpatient facilities, staff of Physicians available at all times, 24-hour a day nursing services, and accredited by the Joint Commission on the Accreditation of Healthcare Organizations. This does not include a facility primarily designed for use as an extended care facility, convalescent nursing home or skilled nursing facility. Hospital for Mental and Nervous Disorders and Substance Abuse includes facilities licensed by the state to provide inpatient Mental Nervous or Substance Abuse services or treatment in the state it is located.

Hospital Confined/Hospital Confinement means confined in a Hospital for at least 18 hours by reason of an Injury or Sickness for which Benefits are payable.

Injury or Injuries means accidental bodily Injury or Injuries which are the direct cause of loss, independent of disease or bodily infirmity and occurring while the insurance is in force. All related Injuries and recurrent symptoms of the same or similar condition will be considered one Injury.

Loss means medical expense or indemnity covered by this Policy as a result of any one Injury or Sickness.

Medical Emergency means a life threatening medical condition resulting from an Injury or Sickness of the Insured, which arises suddenly and requires immediate medical care to prevent permanent disability or loss of life to the Insured.

Medically Necessary means those Covered Services provided or prescribed by a Hospital or Physician which are: (a) consistent with the symptoms and diagnosis or treatment of the Sickness or Injury and which could not have been omitted without adversely affecting the quality of care rendered, (b) in accord with standards of generally accepted medical practice, (c) not provided solely for education purposes or primarily for the convenience of You or Your Physician, (d) the most appropriate supply or level of service which can safely be provided to You, and (e) within the scope, duration, or intensity of the level of care needed to provide safe, adequate and appropriate diagnosis or treatment and where ongoing treatment is not maintenance or preventive care.

Other Medical Coverage means any plan providing benefits or services for medical care or treatment, where such benefits or services are provided on a group basis by or under: group insurance; coverage provided by hospital or medical service organizations such as Blue Cross or Blue Shield or similar pre-paid medical service organizations; union welfare or trust plans; employer or employee benefit plans or arrangement whether on an insured or uninsured basis; Medicare as established by Title XVIII of the United States Social Security Act of 1965, as amended; any medical benefits coverage in group, group-type and individual automobile "no-fault" and traditional automobile "fault" type coverage; HMO (health maintenance organization); or PPO (preferred provider organization).

Sickness means Your bodily sickness, mental sickness, or Maternity which is not a Pre-existing Condition and which causes Loss while Your coverage is in force. Sickness includes pregnancy, Complications of Pregnancy and trauma related disorders due to injuries which otherwise do not meet the definition of an Injury. All related sicknesses and recurrent symptoms of the same or similar condition will be considered one Sickness.

RIGHT OF REIMBURSEMENT

If an Insured incurs expenses for Sickness or Injury that occurred due to the negligence of a third party: (a) the health plan has the right to reimbursement for all benefits paid from any and all damages collected from the third party for those same expenses whether by action at law, settlement or compromise, by the Insured, the Insured's parents if the Insured is a minor, or the Insured's legal representative as a result of that Sickness or Injury; and (b) the health plan is assigned the right to recover from the third party, or his or her insurer, to the extent of the benefits paid for that Sickness or Injury.

The health plan shall have the right to first reimbursement out of all funds the Insured, the Insured's parents, if the Insured is a minor, or the Insured's legal representative, is or was able to obtain for the same expenses paid as a result of that Sickness or Injury.

The insured is required to furnish any information or assistance or provide any documents that the health plan may reasonably require in order to obtain their rights under this provision. This provision applies whether or not the third party admits liability.

EXCESS COVERAGE

When there is a basis for a claim under this health plan and Other Medical Coverage, benefits must be paid by Other Medical Coverage first before benefits are paid under this health plan. When submitting a claim for payment, include the Other Medical Coverage's explanation of payment with any itemized bills to Student Assurance Services, Inc.

CLAIM PROCEDURE

Send all medical, pharmacy or hospital itemized bills including diagnosis to the address below within 90 days of the date of the injury or sickness or as soon as reasonably possible. Information to identify the student or dependent must be provided and includes: student name, patient name, address, student ID number or social security number, and name of the Institution under which the student is insured.

A company claim form is not required, unless the itemized billing statements do not provide sufficient information to process the claim. A company claim form can be obtained from www.aipinternational.com, the University Health Service, or Student Assurance Services website www.sas-mn.com. A student may also complete the online claim form from website.

Bills submitted later than one year after the 90 days will not be considered for payment except in the case of no legal capacity.

Send claims or inquiries to:
Student Assurance Services Inc.
P.O. Box 196
Stillwater, MN 55082
(800) 328-2739
www.sas-mn.com

The claim office is available for calls between 8:00 a.m. to 4:30 p.m. Central Time, Monday – Friday.

COMPLAINTS AND CLAIM APPEALS

Students and dependents have a right to file a Grievance in writing for any provision of services or claim practices of Columbian Life Insurance Company which offers a health benefit plan or its claim administration by Student Assurance Services, Inc.

If there is a problem or concern, the student or dependent can first call customer service toll free number on the ID Card. A customer service representative will assist in resolving the problem or concern as quickly as possible. If the student or dependent continues to disagree with the decision or explanation given, a written request may be submitted for a review through the internal grievance process.

You may initiate the internal grievance process by contacting Student Assurance Services, Inc. You have the right to:

- Submit written comments, documents, records, and other material relating to the review;
- Receive upon request, reasonable access to and copies of all documents relevant to your request for benefits relating to an Adverse Determination.

Your grievance will be reviewed and a determination will be mailed to you. You may obtain our Grievance Procedures by contacting Student Assurance Services, Inc. or from the Master Policy on file with your School.

Grievance may be sent to:
Student Assurance Services Inc.
P.O. Box 196 • Stillwater, MN 55082
(800) 328-2739

COLUMBIAN FINANCIAL GROUP PRIVACY NOTICE

This notice is being sent to you to ensure our compliance with the Health Insurance Portability and Accountability Act of 1996. Columbian Financial Group supports the effort to protect patient confidentiality and the security of individual health information.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

This notice is effective April 13, 2003.

1. Statement of Our Duties

We are committed to maintaining the privacy of your personal health information and complying with all state and federal privacy laws. The purpose of this Privacy Notice is to inform you of our privacy practices and legal duties. We are required to:

- Maintain the privacy of protected health information;
- Provide you with this notice of our legal duties and privacy practices with respect to your health information;
- Abide by the terms of this notice;
- Notify you if we are unable to agree to a request restriction on how your information is used or disclosed;
- Accommodate reasonable requests that you may make to communicate health information by alternative means or at alternative locations; and
- Obtain your written authorization to use or disclose your health information for reasons other than those identified in this notice and permitted under law.

We reserve the right to change our information practices and to make the new provisions effective for all protected health information we maintain. Revised notices will be provided to you by mail.

2. Statement of Your Rights

You have a right to know how we may use or disclose your personal health information. This notice informs you of those uses and disclosures. There are certain uses and disclosures of your personal health information that we are permitted or required to make by law without your permission. For all other uses and disclosures, we first must obtain your permission. In addition, you have the following rights:

- The right to request that we place additional restrictions on our uses and disclosures of your personal health information. However, we are not obligated to agree to impose any such additional restrictions.
- The right to access, inspect and copy the protected information pertaining to you that we maintain in our files about you, and the right to have us correct or amend any information that we create in error. Requests to access or amend your health information should be sent to the contact person and address provided in Section 8.
- The right to receive an accounting of the disclosures of your personal health information that we make for purposes other than activities related to your treatment, or our payment functions or other health care operations.
- The right to request that you receive communications of personal health information in a confidential manner.
- If you have any questions regarding this notice, please contact the person(s) referenced in section 8.

3. Information We Collect About You

We collect the following categories of information about you from the following sources:

- Information that we obtain directly from you, in conversations or on applications or other forms that you fill out.
- Information that we obtain as a result of our transactions with you.
- Information that we obtain from your medical records or from medical professionals.
- Information that we obtain from other entities, such as health care providers or other insurance companies, in order to service your policy or carry out other insurance-related needs.

4. Permissible Uses and Disclosures of Protected Information

- **To Carry Out Treatment Functions.** We may use or disclose your health information without your permission in order for health care providers to provide you with treatment. (For Example: The provision, coordination, or management of health care and related services by health care providers; Consultation between health care providers relating to a patient/customer; The referral of a patient for health care from one health care provider to another.)
- **To Carry Out Payment Functions.** We may use or disclose your health information without your permission to carry out activities relating to reimbursing you for the provision of health care, obtaining premiums, determining coverage, and providing benefits under the policy of insurance that you are purchasing. (For example: reviewing health care services with respect to medical necessity, coverage under the policy, appropriateness of care, or justification of charges).
- **To Carry Out Certain Operations Relating to Your Benefits Plan.** We also may use or disclose your protected health information without your permission to carry out certain limited activities relating to your health insurance benefits, including reviewing the competence or qualification of health care professionals, conducting quality assessment activities, amending, replacing or adding benefits, and placing contracts for stop-loss insurance or reinsurance.

- **In Situations Permitted or Required by Law.** We also may use or disclose your protected health information without your written permission for other purposes permitted or required by law, including the following:
 - As authorized by and to the extent necessary to comply with workers compensation or other no-fault laws.
 - To a health oversight agency for activities including audits or civil, criminal or administrative proceedings.
 - To a public health authority for purposes of public health activities (such as to the Food and Drug Administration to report consumer product defects).
 - To a law enforcement official for law enforcement purposes or in response to a court order or in the course of any judicial or administrative proceeding.
 - To organ procurement organizations, or to other entities for approved research purposes.
 - To a government authority, including a social service or protective services agency, authorized to receive reports of abuse, neglect or domestic violence.
 - **For Purposes For Which We Have Obtained Your Written Permission.** All other uses or disclosures of your protected health information will be made only with your written permission, and any permission that you give us may be revoked by you at any time.

5. Complaint About Misuse of Health Information

You may complain either directly to us or to the Secretary of Health and Human Services if you believe that your rights with respect to our protection of your health information have been violated. You may file a complaint with us by submitting a complaint in writing to the address shown in Section 8 that includes as many details (such as names and dates) as possible. You will not be retaliated against in any way for filing a complaint.

6. Our Practices Regarding Confidentiality and Security

We restrict access to nonpublic personal information about you to those employees who need to know that information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

7. Our Policy Regarding Dispute Resolution

Any controversy or claim arising out of or relating to our privacy policy, or the breach thereof, shall be settled by arbitration in Broome County, NY, in accordance with the rules of the American Arbitration Association, and judgement upon the award rendered by the arbitrator(s) may be entered in any court have jurisdiction thereof.

4. Contact Person For Filing Complaint or Obtaining Further Information

If you have any questions or complaints, please contact:

Administrator:
 Student Assurance Services, Inc.
 HIPAA Privacy Officer
 333 North Main Street
 PO Box 196
 Stillwater, MN 55082
 Phone: 1-651-439-7098
 Email: info@sas-mn.com

Columbian Financial Group refers to:
 Columbian Life Insurance Company
 Home Office: Chicago, IL
 Administrative Service Office:
 Binghamton, NY
 HIPAA Privacy Officer
 4704 Vestal Parkway East
 Binghamton, NY 13902
 Phone: 1-607-724-2472

Or
 Columbian Mutual Life Insurance Company
 HIPAA Privacy Officer
 4704 Vestal Parkway East
 Binghamton, NY 13902
 Phone: 1-607-724-2472

IMPORTANT! INSURANCE CARD (ID CARD)

1. You may detach and retain the temporary Identification Card provided in this brochure.
2. You MUST obtain your permanent Identification Card. The permanent identification card is necessary to check claim status online. Go to: www.AIPInternational.com choose your school and click on "Print ID Card". The website will ask for your first and last name, your identification number, and your date of birth. Questions should be directed to (800) 452-5772.
3. You may call (800) 452-5772 and request that your Identification Card be mailed to you.

**The School of the Art Institute of Chicago
 2009-2010 STUDENT ACCIDENT AND
 SICKNESS INSURANCE PLAN
 Policy No. 12-64-0015-016-605-9**

Insured



Underwritten by:
COLUMBIAN LIFE
 INSURANCE COMPANY
 HOME OFFICE: CHICAGO, IL
 ADMINISTRATIVE SERVICE OFFICE:
 STUDENT ASSURANCE SERVICES, INC.
 P.O. BOX 196 • STILLWATER, MN 55082-0196

Current eligibility is subject to verification by the Servicing Agent.

\$10 copay Physician Visits
 \$100 Emergency Room

Beech Street
 A VIANT NETWORK

**OPTIONAL – ADDITIONAL PREMIUM REQUIRED
DENTAL/VISION/PHARMACY DISCOUNT PLAN**
(Additional premium required)

No Claim Forms
No Waiting Periods
No Pre-existing Conditions
No Deductible or Maximums
No Age Restriction
Discount is immediate at time of service
Over 100,000 participating providers nationwide

The Co-Health Group Collegiate plan has been specifically designed to meet the needs of today's College and University students, whether they are incoming freshmen, graduate, evening students, international or domestic students attending School of the Art Institute.

The Co-Health Benefit Plan provides discounts in certain health care areas not normally reimbursed by insurance. In the "Collegiate Plan" we are offering the Vision, Dental and Pharmacy Discount Program as a single package of Benefits, or you may purchase discounts for pharmacy or vision separately. Here's how the plan works.

This is not an Insurance Plan. The Co-Health Group Collegiate Plan is a Discount Care Plan offering discounts and savings for Vision, Dental and Prescription Pharmacy expenses.

Each of the benefit programs (Vision, Dental and Prescription Pharmacy) has a network of Providers (for example, the participating dentists in the Dental Plan.) As a member of the Plan you can go to any of the providers listed and purchase their products or services on a negotiated discount basis. You receive your discount/savings on the spot. There are no exclusions for "pre-existing" conditions. There are no claim forms to fill out and no paperwork to be filed. Simply show your Co-Health membership card at the time of your scheduled appointment or at a participating pharmacy.

The discounts you will receive are substantial and these savings can be very important to you. The services that make up the Collegiate Plan (Vision, Dental and Pharmacy) are also the three most common areas where you will have unexpected expenses. With our Benefits, you can substantially reduce your out of pocket expenses, and as an added bonus, you can use our plan benefits anywhere in the United States, except the State of Washington.

You simply show your Co-Health ID Card and get your discount on the spot.

Annual Premiums – enroll anytime throughout the year at www.AIPInternational.com. You do not need to purchase health insurance to enroll in the optional dental/vision/pharmacy discount plan. For rate information call (800) 452-5772 or email at office@aipinternational.com.

Note: This program is not underwritten by Columbian Life Insurance Company.

SERVICED BY:
Associated Insurance Plans International, Inc.
Phone: 800-452-5772
www.AIPInternational.com

Direct All Claims and Correspondence to:
Student Assurance Services, Inc.
P.O.Box 196 • Stillwater, MN 55082-0196

- Written proof of loss must be furnished within 90 days after the date of such loss.
- The Master Policy prevails in the case of conflict.
- Precertification is not required.