

# 2012 - 2013

## STUDENT INSURANCE PLAN

PLAN 1. STUDENT ACCIDENT INSURANCE PLAN  
POLICY NO. CLSP-0061-12

PLAN 2. ACCIDENT AND SICKNESS PLAN  
POLICY NO. CLSP-0060-12



School of the Art Institute  
of Chicago

**Pre-Certification is not required**

Underwritten by:  
Companion Life Insurance Company

Servicing Agent:  
Associated Insurance Plans International  
P.O. Box 189

Libertyville, IL 60048

(800) 452-5772 • Fax (847) 281-8813

email: [office@AIPStudentInsurance.com](mailto:office@AIPStudentInsurance.com)

Student Insurance Website: [www.SAICInsurance.com](http://www.SAICInsurance.com)

Please contact between the hours of 8:00 a.m. to 7:00 p.m. Central Standard Time.



SCAN for a direct link to your  
student insurance website.

POLC-12-13

Form No. 3732-CL-12-IL W-15IL

This notice is required by the Healthcare Reform Law. It explains differences in the restrictions for annual dollar limits for group, individual; and student plans. It also gives notice to students under age 26 to check the parent's employer or insurance policy for enrollment eligibility.

Your student health insurance coverage, administered by Associated Insurance Plans (AIP) may not meet the group health or individual insurance minimum standards required by the health care reform law for the restrictions on annual dollar limits. The annual dollar limits ensure that students have sufficient access to medical benefits throughout the annual term of the policy. Restrictions for annual dollar limits for group and individual health insurance coverage are \$1.25 million for policy years before September 23, 2012; and \$2 million for policy years beginning on or after September 23, 2012 but before January 1, 2014. Restrictions for annual dollar limits for student health insurance coverage are \$100,000 for policy years before September 23, 2012, and \$500,000 for policy years beginning on or after September 23, 2012, but before January 1, 2014. Your student health insurance coverage put an annual limit of: \$100,000 on covered essential health benefits and other benefits including but not limited to: ambulatory care; emergency services; hospital services; maternity and newborn care; prescription drugs; laboratory, x-ray, and diagnostic services; preventive; chronic disease management; rehabilitative and habilitative care. Be advised that you may be eligible for coverage under a group health plan of a parent's employer or under a parent's Individual health insurance policy if you are under the age of 26. Contact the insurance carrier or plan administrator of the parent's employer plan or the parent's individual health insurance issuer for more information.

If you have any questions or concerns about this notice, contact Associated Insurance Plans at 800-452-5772. **To the best of our knowledge, this plan is in compliance with the Affordable Care Act (ACA).**

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### HOW DO I RECEIVE ASSISTANCE WITH A QUESTION OR PROBLEM?

Please call the Administrator, at (800) 452-5772, Monday through Friday, between the hours of 8:00 a.m. to 7:00 p.m. Central Standard Time, or email us through the Student Insurance website: [www.SAICInsurance.com](http://www.SAICInsurance.com)

We appreciate hearing from you with your comments, questions, and concerns.

## PLAN 1. ACCIDENT INSURANCE PLAN- FOR ALL FULL TIME DEGREE, CERTIFICATE AND EXCHANGE STUDENTS

Detach and keep in your possession.

School of the Art Institute 2012-2013  
Accident Insurance Plan Identification Card  
Companion Life Insurance Company  
NOTE: In a life threatening emergency, go to the nearest emergency room for treatment.

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Print name and school ID number

This ID card is for identification only. Possession of the card does not guarantee the right to services or other benefits unless the holder is complying with all provisions of the Member Policy and is currently insured on the date of service. Contact the Company to verify coverage.

Notification of Injury must be provided to the Company within 30 days after the date of accident. Bills for which benefit is to be paid must be submitted within 90 days of the date of treatment. Pre-certification is not required.

Policy Number: CLSP0061-12

Direct all claim inquiries and correspondence to:  
Administrative Concepts, Inc.  
Payor #: 22384  
994 Old Eagle School Road, Suite 1005  
Wayne, PA 19087-1802  
(800) 452-5772 - 8 am-7 pm CST  
[www.SAICInsurance.com](http://www.SAICInsurance.com)

 PHCS [www.phcs.com](http://www.phcs.com)  
800-922-4362

 Beech Street  
A VIANET NETWORK  
[www.beechstreet.com](http://www.beechstreet.com)  
800-877-1444

 **SAIC** School of the Art Institute  
of Chicago



Note: The attached is a temporary ID card. Once you are enrolled in the insurance plan a permanent ID card will be mailed to you. For a replacement card please call 800-452-5772. You may also print an ID card online at [www.SAICInsurance.com](http://www.SAICInsurance.com).

### THE SCHOOL OF THE ART INSTITUTE OF CHICAGO STUDENTS

#### PLAN 1. STUDENT ACCIDENT INSURANCE PLAN – FOR ALL FULL TIME DEGREE, CERTIFICATE AND EXCHANGE STUDENTS 2012-2013

The following is a brief description of the benefits of the Student Accident Insurance Plan which has been designed especially for all full time degree, certificate, and exchange students attending class at the School of the Art Institute of Chicago.

This program provides coverage for 52 weeks from the date of an accident occurring during the policy period for an accident occurring while at School, or during class, or for accident occurring while involved in a SAIC sponsored event or extra-curricular activity, including internships or practicums anywhere in the world.

Benefits include travel to and from School, or travel directly to and from a School activity. The exact provisions governing this insurance are contained in the Master Policy issued to The School by Companion Life Insurance Company and may be viewed online at [www.SAICInsurance.com](http://www.SAICInsurance.com).

### ELIGIBILITY

All full time degree, certificate and exchange students and all part-time students who have elected to purchase SAIC's Student Health Insurance Plan (Plan 2) are covered for accidents occurring while on campus at the School of the Art Institute of Chicago. Benefits are in force while attending class, internships or practicum programs, and while attending any SAIC sponsored event or activity. Coverage is also provided for travel directly to and directly from such events.

### EFFECTIVE DATES

Benefits will become effective at 12:00 am on August 18, 2012 and expire at 11:59 pm on August 27, 2013.

### TRAVEL ASSISTANCE FOR ALL STUDENTS

Included in this health insurance plan is access to a 24-hour worldwide assistance network for emergency assistance anywhere in the world. Simply call the assistance center collect. The multilingual staff will answer your call and immediately provide reliable, professional and thorough assistance. The following services are included in this Plan:

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

Contact On Call International for any of these services:

Toll Free from U.S. and Canada: 1-800-850-4556, or collect outside the U.S. and Canada, 603-328-1713, 603-898-9159.  
[www.oncallinternational.com](http://www.oncallinternational.com)

### 24-HOUR NURSE ADVICE LINE

Students may utilize the Nurse Advice Line when the school health clinic is closed or anytime they need confidential medical advice. ON CALL provides Members with clinical assessment, education and general health information. This service shall be performed by a registered Nurse Counselor to assist in identifying the appropriate level and source(s) of care for members (based on symptoms reported and/or health care questions asked by or on behalf of Members). Nurses shall not diagnose Member's ailments. Students must be enrolled in School of the Art Institute's Student Accident and Sickness Insurance Plan in order to be eligible to utilize the Nurse Advice program, which is sponsored by the school. This program gives students access to a toll-free nurse information line 24-hours a day, 7 days a week. One phone call is all it takes to access a wealth of useful health care information at 1-800-850-4556 or collect outside the U.S. and Canada, 603-328-1713.

**SCHOOL OF THE ART INSTITUTE**  
**SCHEDULE OF BENEFITS PLAN 1 – ACCIDENT POLICY**

<b>Eligibility/Terms of Coverage</b>	All full time degree, certificate and exchange students are covered for accidents occurring while on campus at the School of the Art Institute of Chicago. Benefits are in force while attending class, internships or practicum programs, and while attending any SAIC sponsored event or activity. Coverage is also provided for travel directly to and from such events.
<b>Policy Provisions</b>	Excess to any other valid or collectible insurance
<b>Benefit Maximum per Condition</b>	\$50,000
<b>Deductible</b>	None
<b>Benefit Period</b>	52 weeks from date of injury
<b>Coverage/Benefits</b>	
<b>Room &amp; Board Expense</b>	100% of Semi-Private Room Rate
<b>Hospital Miscellaneous</b>	100% of Reasonable and Customary
<b>Intensive Care</b>	Paid under Room & Board
<b>Physiotherapy (in or outpatient), Benefits are limited to one visit per day.</b>	100% of Reasonable and Customary
<b>Surgeon's Fees (in or outpatient)</b>	100% of Reasonable and Customary
<b>Anesthetist</b>	100% of Reasonable and Customary
<b>Physician's Visits (in or outpatient), Benefits are limited to one visit per day.</b>	100% of Reasonable and Customary
<b>Pre-Admission Testing</b>	100% of Reasonable and Customary
<b>Day Surgery Miscellaneous</b>	100% of Reasonable and Customary
<b>Medical Emergency Expenses</b>	100% of Reasonable and Customary
<b>Diagnosis X-ray and Laboratory Services</b>	100% of Reasonable and Customary
<b>Radiation Therapy &amp; Chemotherapy</b>	No Benefits
<b>Test &amp; Procedures</b>	100% of Reasonable and Customary
<b>Injections</b>	100% of Reasonable and Customary
<b>Prescription Drugs</b>	100% of Reasonable and Customary
<b>Ambulance Services</b>	100% of Reasonable and Customary
<b>Durable Medical Equipment</b>	100% of Reasonable and Customary
<b>Mental Health</b>	No Benefits
<b>Alcoholism/Substance Abuse</b>	No Benefits
<b>Consultant Physician Fees</b>	100% of Reasonable and Customary
<b>Dental Treatment</b>	\$5,000 per injury to sound; natural teeth
<b>Additional Programs – Accident Policy</b>	
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## DEFINITIONS FOR ACCIDENT POLICY

**"Accident"** means an unexpected and unintended event, which is the direct cause of an Injury. The Accident must occur while the Covered Person is insured under the Policy.

**"Allowable Charge"** means the charge which is the lesser of:  
1) The actual charge, or 2) the Usual and Customary Charge for a covered service.

**"Benefit Period"** means a period commencing on the first date of treatment for a covered Accident or covered Sickness and continuing for a maximum period shown in the Schedule of Benefits. The term, Benefit Period; includes any Extension of Benefits shown in the Policy.

**"Covered Accident"** means an Accident that occurs while coverage is in force for a Covered Person and results in a loss or Injury covered by the Policy for which benefits are payable.

**"Covered Expenses"** means expenses actually incurred by or on behalf of a Covered Person for treatment, services and supplies not excluded or limited by the Policy. Coverage under the Policy must remain continuously in force from the date the Accident or Sickness occurs until the date treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such treatment, service or supply, that gave rise to the expense or the charge, was rendered or obtained.

**"Covered Person"** means any eligible person or an eligible Dependent who applies for coverage, and for whom the required premium is paid to Us.

**"Deductible"** means the dollar amount of Covered Expenses that must be incurred as an out-of-pocket expense by each Covered Person on a Policy Term basis before benefits are payable under the Policy.

**"Doctor"** means a Doctor licensed to practice medicine. It also means any other practitioner of the healing arts who is licensed or certified by the state in which his or her services are rendered and acting within the scope of that license or certificate.

It will not include a Covered Person or a member of the Covered Person's Immediate Family or household.

**"Elective Surgery or Elective Treatment"** means those health care services or supplies that do not meet the health care need for a Sickness or Injury. Elective surgery or elective treatment includes any service, treatment or supplies that:

1. are deemed by the Insurer to be research, investigative, or experimental;
2. are not generally recognized and accepted medical practices in the United States.

**"Emergency Hospitalization" and "Emergency Medical Care"** means hospitalization or medical care:

That is provided for an Injury or a Sickness caused by the unexpected onset of a medical condition with acute symptoms of sufficient severity and pain that would cause a prudent layperson with an average knowledge of health and medicine to expect that the absence of immediate medical care to result in:

1. The Covered Person's health or in the case of a pregnant woman, the health of the woman and her unborn child, being placed in serious jeopardy.
2. Serious impairment of the Covered Person's bodily functions.
3. Serious dysfunction of any of the Covered Person's bodily organs or parts.

## DEFINITIONS FOR ACCIDENT POLICY (CONTINUED)

**"Experimental or Investigational"** means any procedure, treatment, facility, supply, device, or drug that:

1. is not generally accepted by the United States medical community as effective for diagnosis, care or treatment; or
2. is subject to research protocols indicating that the procedure, treatment, facility, supply, device, or drug is "experimental or investigational"; or
3. requires the patient to sign a consent form which indicates that the procedure, treatment, supply, device, or drug is "experimental or investigational" or is part of a research or study program; or
4. requires the provider's institutional review board to acknowledge that the procedure, treatment, facility, supply, device, or drug is "experimental or investigational," and subject to the board's approval.

**Important Notice** – The insurer may rely upon the advice of medical and dental peer review groups and other medical and dental experts to determine which services and/or supplies are experimental or investigational. The decision whether there is enough scientific data, and the decision whether a service or supply is "experimental or investigational" will be made by the insurer.

The insurer will determine, in its discretion, whether a procedure, treatment, facility, supply, device, or drug is "experimental or investigational."

**"Home Country"** means the Covered Person's country of domicile or citizenship named on the enrollment form or the roster, as applicable. However, the Home Country of an eligible Dependent who is a child is the same as that of the eligible participant.

**"Home Health Care"** means nursing care and treatment and Daily Living Services provided to a Covered Person in His home as part of an overall extended treatment plan. To qualify for Home Health Care Benefits:

1. the Home Health Care plan must be established and approved in writing by a Covered Person's attending Doctor, including certification in writing by the attending Doctor that confinement in a Hospital or extended care facility would be required in the absence of Home Health Care;
2. nursing care and treatment must be provided by a Hospital certified to provide Home Health Care services or by a certified Home Health Care agency; and
3. Daily Living Services must be approved in writing by the attending Doctor or by the provider of the nursing care services.

**"Daily Living Services"** means cooking, feeding, bathing, dressing and personal hygiene services performed by a Home Health Aide, and which are necessary to the care and health of the Covered Person.

**"Hospice"** means a public or private agency or facility which:

1. administers medically supervised, written plans of physical, psychological, social and spiritual care for terminally ill individuals and their immediate family;
2. has its own staff doctors, nurses and medical and social counseling services on call 24 hours a day, 7 days a week or contracts and monitors this staff if not furnished by the hospice itself;
3. is supervised on a full-time basis by a doctor or registered nurse (RN);



## DEFINITIONS FOR ACCIDENT POLICY (CONTINUED)

4. keeps a written record of all hospice services furnished to its patients and families;
5. makes use of trained volunteers and keeps written records of their use and cost savings;
6. is licensed or certified according to the laws of the state in which it is located; and
7. provides bereavement and medical social services.

**"Hospital"** means an institution that:

1. operates as a Hospital pursuant to law for the care, treatment, and providing of in-patient services for sick or injured persons;
2. provides 24-hour nursing service by Registered Nurses on duty or call;
3. has a staff of one or more licensed Doctors available at all times;
4. provides organized facilities for diagnosis, treatment and surgery, either:
  - a. on its premises; or
  - b. in facilities available to it, on a pre-arranged basis;
5. is not primarily a nursing care facility, rest home, convalescent home, or similar establishment, or any separate ward, wing or section of a Hospital used as such.

Hospital also means a licensed alcohol and drug abuse rehabilitation facility or a mental hospital. Alcohol and drug abuse rehabilitation facilities and mental hospitals are not required to provide organized facilities for major surgery on the premises on a prearranged basis.

**"Hospital Confined"** means a stay of 18 or more consecutive hours as a registered resident bed-patient in a Hospital;

**"Injury"** means accidental bodily harm sustained by a Covered Person that results directly and independently of disease and any bodily infirmity from a Covered Accident. All injuries sustained by one person in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

**"Insured"** means a person in a Class of Eligible Persons who enrolls for coverage and for whom the required premium is paid making insurance in effect for that person. An Insured is not a Dependent covered under the Policy.

**"Medically Necessary"** means a service, drug or supply which is necessary and appropriate for the diagnosis and treatment of a Covered Injury and Covered Sickness in accordance with generally accepted standards of medical practice in the United States at the time the service, drug or supply is provided. A service, drug or supply will not be considered as Medically Necessary if, it:

1. is investigational, experimental or for research purposes;
2. is provided solely for the convenience of the patient, the patient's family Doctor, Hospital or any other provider;
3. exceeds in scope, duration or intensity the level of care that is needed to provide safe, adequate and appropriate diagnosis or treatment;
4. could have been omitted without adversely affecting the person's condition or the quality of medical care; or
5. involves the use of a medical device, drug or substance not formally approved by the United States Food and Drug Administration.

## DEFINITIONS FOR ACCIDENT POLICY (CONTINUED)

**"Prescription Drugs"** mean 1) prescription legend drugs; 2) compound medications of which at least one ingredient is a prescription legend drug; 3) any other drugs that under the applicable state or federal law may be dispensed only upon written prescription of a Doctor; and 4) injectable insulin.

**"Usual and Customary Charge"** means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.

**"We, Our, Us"** means Companion Life Insurance Company, Inc., or its authorized agent.

## EXCLUSIONS FOR ACCIDENT POLICY

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. Charges that are not Medically Necessary or in excess of the Usual and Customary charge.
2. Suicide, or any attempt thereof or self-inflicted Injuries while sane;
3. Expenses in connection with services and prescriptions for eye examinations, eye refractions, eye glasses or contact lenses, or the fitting of eyeglasses or contact lenses, radial keratotomy or laser surgery for vision correction or the treatment of visual defects or problems;
4. Skeletal irregularities of one or both jaws including Temporomandibular Joint Dysfunction (TMJ), orthognathia and mandibular retrognathia; nasal or sinus surgery;
5. Expenses in connection with cosmetic treatment or cosmetic surgery, except as a result of:
  - a. covered Injury that occurred while the Covered Person was insured;
  - b. covered child's congenital defect or anomaly; or
  - c. as specifically provided for in the Policy.
6. Injuries arising out of:
  - a. playing or participating in an interscholastic or professional sport, contest or competition;
  - b. traveling to or from such sport, contest or competition as a participant; or
  - c. participation in any practice or conditioning program for such sport, contest, or competition.
7. Expenses incurred for birth control drugs, procedures, supplies or devices, including oral contraceptives used for birth control. Drugs and medications for the treatment of impotence and/or sexual dysfunction;
8. Reproductive/Infertility procedures and fertility tests, including but not limited to: family planning, fertility tests, infertility (male or female), including any supplies rendered for the purpose or with the intention of achieving conception; premarital examinations. Examples of fertilization procedures are: ovulation induction; in vitro fertilization; embryo transplant; or similar procedures that augment or enhance the Covered Person's reproductive ability; impotence organic or otherwise.

## **EXCLUSIONS FOR ACCIDENT POLICY (CONTINUED)**

9. Expenses incurred in connection with voluntary sterilization or sterilization reversal, vasectomy or vasectomy reversal and sexual reassignment;
10. War, or any act of war, whether declared or undeclared; service in the Armed Forces of any country. Loss which occurs during or as a result of committing or attempting to commit an assault, felony, or participation in a riot or insurrection, engaging in an illegal occupation;
11. Expenses incurred for Injury for which benefits are paid or payable under any Worker's Compensation or Occupational Disease Law or Act, or similar legislation.
12. Treatment, services, supplies, in a Veteran's Administration or Hospital owned or operated by a national government or its agencies unless there is a legal obligation for the Covered Person to pay for the treatment.
13. Expenses incurred for dental care or treatment of the teeth, gums or structures directly supporting the teeth, including surgical extractions of teeth. This exclusion does not apply to the repair of Injuries to sound natural caused by a covered Injury, and except as specifically provided in the Hospitalization and Anesthesia for Dental Procedures expense benefit;
14. Autistic disease of childhood, hyperkinetic syndromes, milieu therapy, conceptual handicap, developmental delay or disorder, or mental retardation;
15. Elective Surgery or Elective Treatment as defined by the Policy;

## **EXCLUSIONS FOR ACCIDENT POLICY (CONTINUED)**

16. Foot care including: flat foot conditions, supportive devices for the foot, subluxations, care of corns, bunions (except capsular or bone surgery), calluses, toenails, fallen arches, weak feet, foot strain, and symptomatic complaints of the feet, except those related to diabetic care;
18. Hearing examinations or hearing aids; or other treatment for hearing defects or problems. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
19. Immunizations, except as specifically provide in the Policy; preventive medicines or vaccines, except when required for treatment of a covered Injury or as specifically provided in the Policy;
20. Hirsutism, alopecia;
21. Weight management, weight reduction, treatment for obesity, surgery for the removal of excess skin or fat, or nutrition programs, except as related to treatment for diabetes;
22. Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of any Injury, except as specifically provided by the Policy.



## PLAN 2. ACCIDENT AND SICKNESS PLAN – FOR ELIGIBLE STUDENTS WHO HAVE NOT WAIVED COVERAGE

Detach and keep in your possession.

School of the Art Institute of Chicago 2012-2013  
Accident and Sickness Insurance Plan Identification Card  
Companion Life Insurance Company  
NOTE: In a life threatening emergency, go to the nearest emergency room for treatment.

Print name and school ID number

This ID card is for identification only. Possession of the card does not guarantee the right to services or other benefits unless the holder is complying with all provisions of the Member Policy and is currently insured on the date of service. Contact the Company to verify coverage.

Notification of Injury must be provided to the Company within 30 days after the date of accident. Bills for which benefit is to be paid must be submitted within 90 days of the date of treatment. Pre-certification is not required.

Policy Number: CLSP-0060-12

\$10 co-pay for Physician Visits

\$100 co-pay for Emergency Room

Direct all claim inquiries and correspondence  
to: Administrative Concepts, Inc.

Payor #: 22384

994 Old Eagle School Road, Suite 1005

Wayne, PA 19087-1802

(800) 452-5772 - 8 am-7 pm CST

[www.SAICInsurance.com](http://www.SAICInsurance.com)



[www.phcs.com](http://www.phcs.com)  
800-922-4362

Beech Street  
A VANT NETWORK

[www.beechstreet.com](http://www.beechstreet.com)  
800-877-1444



School of the Art Institute  
of Chicago



Note: The attached is a temporary ID card. Once you are enrolled in the insurance plan a permanent ID card will be mailed to you. For a replacement card please call 800-452-5772. You may also print an ID card online at [www.SAICInsurance.com](http://www.SAICInsurance.com).

## PLAN 2. ACCIDENT AND SICKNESS PLAN FOR THE SCHOOL OF THE ART INSTITUTE OF CHICAGO STUDENTS 2012 - 2013

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.SAICInsurance.com](http://www.SAICInsurance.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 (hereinafter called "plan" or "Plan") underwritten by Companion 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 for each covered injury or sickness.
- SAIC Health Services: Lab services referred to Quest by SAIC Health Services are subject to a reduced deductible of \$50, if the policy year deductible has not been satisfied.
- Benefits are subject to a policy year deductible of \$250. The deductible is reduced to \$150 per policy year if treatment is received from Michigan Avenue Urgent Care Center or St. James/Cathedral Counseling Center.
- Preferred Provider network providers may be accessed throughout the United States. If you obtain medical treatment from a Preferred Provider, you will receive a higher reimbursement towards your covered medical expenses.
- The plan includes a Medco drug card subject to co-payments of \$15 for generic medications, \$25 for brand medications, \$35 for single source medications.
- The plan provides coverage for Wellness and Immunizations.

### ELIGIBILITY

SAIC requires health insurance coverage for all domestic undergraduate, graduate, exchange and certificate students enrolled full-time, and all international students.

Unless full-time domestic undergraduate, graduate, exchange and certificate students, and international students submit a waiver online through SAIC Self-Service, they will automatically be enrolled in SAIC's health insurance plan. The premium will be charged, per semester, to each student's account.

If a student has comparable coverage and wishes to waive SAIC's health insurance plan for the fall semester only or entire academic year, a waiver must be completed online in SAIC Self-Service by the first day of fall classes. The fall deadline is August 29, 2012. To waive health insurance for the spring semester only, the deadline is the first day of spring classes, January 24, 2013.

## ELIGIBILITY (CONTINUED)

**REMINDER:** If a student registers full-time and then drops to part-time before the end of the SAIC add/drop period, the health insurance plan will not automatically be provided. The student premium will be added back to the SAIC student account if the student requests health insurance coverage online through SAIC Self-Service by the end of the fall and/or spring add/drop deadline dates.

Health insurance coverage is also available upon request online through SAIC Self-Service to all domestic part-time students. The premium for health insurance will be charged to students' accounts each semester for which coverage is requested. The deadline to request health insurance coverage in Self-Service for fall only or the entire academic year is August 29, 2012. The deadline to request spring only health insurance coverage is January 24, 2013.

International students who have graduated, who have been approved for Optional Practical Training and who wish to have health insurance coverage during that period should contact SAIC Student Financial Services. The deadline to request health insurance coverage for fall only or the entire academic year is August 29, 2012. The deadline to request spring only health insurance coverage is January 24, 2013.

## COVERAGE FOR DEPENDENTS

Students who enroll in the health insurance plan may enroll dependents on a voluntary basis. Students should enroll dependents for entire academic year or Fall Term only, by enrollment deadline date August 29, 2012; for Spring term only by enrollment deadline date January 24, 2013. Call (800) 452-5772 or email at: [office@AIPStudentInsurance.com](mailto:office@AIPStudentInsurance.com) to request an Enrollment Form and for payment terms for Dependent coverage.

### DEPENDENT ELIGIBILITY

Eligible students who enroll in the plan may also enroll their eligible dependents. Eligible dependents are the Insured Student's spouse residing with the Insured Student; or the Insured Student's unmarried Children to age 26. Children must be fully supported by the Insured Student.

A child's coverage will not end because the child has reached the age limit shown above, if he or she: (a) is not able to earn his or her own living as a result of physical handicap or mental retardation; (b) became so handicapped before reaching the age limit; and (c) is chiefly dependent on the Insured Student for support and maintenance.

Within 31 days after the child reaches the age limit, the Insured Student must send us proof of the child's dependency or handicap. We may ask for more proof of the child's dependency and handicap, but we will not ask for proof more frequently than annually after the two year period following the child's attainment of the limiting age.

Any dependent on active duty in any military, naval, or air force of any country is not eligible for coverage under this Policy.

Dependent eligibility expires concurrently with that of the Insured Student.

## NEWBORN CHILDREN

Coverage for newborn children will consist of coverage for Sickness or Accident, including necessary care or treatment of congenital defects, birth abnormalities, or premature birth. Such coverage will start from the moment of birth, if the Insured Student is already insured for dependent coverage when the child is born. If the Insured Student does not have dependent coverage when the child is born, We cover the newborn child for dependent benefits from and after the moment of birth, or any minor child placed with an Insured Student for adoption for dependent benefits from and after the moment the child is placed in the physical custody of the Insured Student for adoption. To continue the newborn or adopted child's dependent benefits past the first 31 days, the Insured Student must notify Associated Insurance Plans International, Inc. in writing within 31 days of the child's birth or placement and remit any additional premium due.

## LATE ENROLLMENT FOR DEPENDENTS

An Eligible Student may add his or her Dependent as a late enrollee:

(a) When he or she marries. The application for coverage must be submitted within 31 days of the date of marriage. Coverage will be effective on the date of the marriage. Payment for the full semester is required even if the spouse is enrolled after the term has begun;

(b) When he or she acquires a Dependent child through birth, adoption or guardianship decree. The application must be submitted within 31 days of the date the child is born, adopted or acquired through decree. Coverage will be effective as of the date of birth, adoption or guardianship; (c) When his or her Dependent arrives from a foreign homeland. The application for coverage must be submitted within 31 days of the date of the Dependent's arrival from the foreign homeland. Coverage will be effective as of the date of the Dependent's arrival following direct travel from the homeland.

If the Eligible Student does not add a new Dependent within 31 days of the date the Dependent becomes eligible for coverage, he or she must wait until the following school term to add the Dependent for coverage.

### TERMINATION DATE OF INSURED PERSON'S COVERAGE

The insurance for an Insured Person shall terminate on the first of the following dates:

(a) On the date this Policy is terminated; or

(b) On the payment due date if the required payment for the Insured Person is not paid, except as a result of inadvertent error; or

(c) As of the date the Insured Person enters military service, in which case a pro-rata refund of insurance payment will be made to such Insured Person; or

(d) On the date the Insured Person no longer qualifies under the Description of Class as shown in the Schedule of Eligible Classes.

Termination of Insurance for an Insured Person shall be without prejudice to any claim which starts prior thereto.

## REFUND POLICY

There is no provision for cancellation other than upon entry into the Armed Forces or for medical withdrawal due to a covered Injury or Sickness. Any student withdrawing from school during the first 31 days of the period for which coverage is purchased (annual, fall, spring, or summer) shall not be covered under the Policy and a full refund of the payment will be made. Such a student will not be entitled to any benefits during the days preceding withdrawal, and no claims received will be honored. Students withdrawing after such 31 days will remain covered under the Policy for the full period for which the payment has been paid and no refund will be available unless the student does not attend classes for the next semester, and no claim has been made. In this instance the student may apply for a refund of the unearned premium. Pro-rata refunds will be made upon the entry of any insured person into the Armed Forces of any country. **NO OTHER REFUNDS WILL BE PERMITTED.** The administrative fee is not refundable.

## 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, 2012 at 12:01 a.m. for domestic students; or
- The Policy Effective date August 18, 2012 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 for dependents.

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 27, 2013 at 11:59 p.m. for Domestic Students; or
- The Policy Expiration date August 27, 2013 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	8-24-2012	8-27-2013
Fall	8-24-2012	1-23-2013
Spring & Summer	1-19-2013	8-27-2013

## COVERAGE PERIODS FOR INTERNATIONAL & EXCHANGE STUDENTS

TERM	DATE COVERAGE BEGINS	DATE COVERAGE ENDS
Annual	8-18-2012	8-27-2013
Fall	8-18-2012	1-23-2013
Spring & Summer	1-15-2013	8-27-2013

## COST OF INSURANCE FOR ALL STUDENTS AND THEIR DEPENDENTS

	ANNUAL	FALL	SPRING & SUMMER
*Student	\$1,810	\$905	\$905
**Spouse	\$6,418	\$3,209	\$3,209
**Each Child	\$1,942	\$971	\$971

\*Insurance costs include an administrative fee.

\*\*Monthly payment is available.

## 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 throughout the policy year, 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. Application must be submitted within 30 days of the policy expiration date. Please contact AIP Student Insurance at (800) 452-5772. International students (F-1 and J-1 non-immigrant visa holders), who have graduated and who have been approved for Optional Practical Training, are eligible to extend coverage by contacting SAIC Student Financial Services by the health insurance waiver/request deadlines. Students will be billed accordingly by SAIC.

## PERCENTAGE OF COVERED EXPENSES PAYABLE AND PREFERRED PROVIDER NETWORK PHCS AND BEECH STREET

**Note: Covered Medical Expense incurred at the Student Health Center will be reimbursed at 100%.**

Persons insured under this plan may choose to be treated within, or out of, the Preferred Provider Network. The Preferred Provider Network consists of Hospitals, Doctors, and other health care providers who have contracted to provide specific medical care at negotiated prices. Reimbursement rates will vary according to the source of care, as described under the Description of Benefits herein.

In order to use the services of a participating provider, you must present your identification card. Your permanent I.D. Card is available through the Student Insurance website at [www.SAICInsurance.com](http://www.SAICInsurance.com). An I.D. card will also be mailed to you.

## PERCENTAGE OF COVERED EXPENSES PAYABLE AND PREFERRED PROVIDER NETWORK PHCS AND BEECH STREET (CONTINUED)

You should always confirm that a Preferred Provider is participating at the time services are rendered (by asking the provider when you make an appointment for service).

A complete listing of participating providers is available on the web at [www.SAICInsurance.com](http://www.SAICInsurance.com).

**When an Insured Person uses the services of a Preferred Provider, the Covered Expenses incurred will be payable at 80% of the Preferred Allowance after the Deductible has been met. However, when treatment is rendered by providers outside the Preferred Provider Network, Expenses will be payable at 60% of Reasonable and Customary charges after the Deductible has been met, unless these medical Expenses are incurred outside of the United States.**

Assignment of a network Doctor does not guarantee eligibility or the right to Student Health Benefits.

## PERCENTAGE OF COVERED EXPENSES PAYABLE WHEN OUTSIDE OF THE UNITED STATES

The Preferred Provider Network is not available when you are traveling outside of the United States. Covered medical Expenses will be reimbursed at 80% of the Reasonable and Customary charge. Medical bills need to be submitted in English, and in United States currency.

## MEDCO HEALTH - PRESCRIPTION DRUG CARD

Prescriptions purchased from the Medco Health Network of pharmacies will be covered. For a complete list of pharmacy providers, please visit [www.SAICInsurance.com](http://www.SAICInsurance.com).

NOTE: The prescription drug benefit is through the MEDCO Pharmacy Program. The MEDCO Pharmacy Network includes national chains such as CVS and Walgreens, as well as local pharmacies. When you need to have a prescription filled, present your insurance ID card at a participating pharmacy. You will pay a co-payment for your medications. The pharmacy will submit additional charges to the Insurance Company.

Medco Drug Card co-payments:

\$15 co-pay generic medications.

\$25 co-pay brand medications.

\$35 for single source medications.

Co-payments are for a 30 day supply only.

## PHARMACY CO-PAYMENT DEFINITIONS

**Brand Drug:** A medication developed by a pharmaceutical company.

**Generic Drug:** A medication duplicated by another company once the patent expires.

**Single Source Drug:** A brand name drug without a generic equivalent.

## DEFINITIONS

**Accident** means a specific unforeseen event, which happens while the Insured Person is covered under this Policy and which directly, and from no other cause results in an Injury.

**Children** includes an Insured Student's biological children; step-children; adopted children from the date of placement and who depend on the Insured Student for financial support.

**Claim Form** is a form that must be completed and sent to the claim office when any medical/dental expenses are incurred. This claim form is available at [www.SAICInsurance.com](http://www.SAICInsurance.com).

**Coinsurance** means the percentage of Reasonable and Customary Expenses for which the Insured Person is responsible for a covered service.

**Co-payment** means the specified dollar amount an Insured Person must pay for specified charges. The co-payment is separate from and not a part of the Deductible or Coinsurance.

**Covered Charge or Expense** as used herein means those charges for any treatment, services or supplies that are: (a) for Network Providers, not in excess of the Preferred Allowance; (b) for Non-Network Providers, not in excess of the Reasonable and Customary Expenses; (c) not in excess of the charges that would have been made in the absence of this insurance; and (d) incurred while this Policy is in force as to the Insured Person except with respect to any expense payable under the Extension of Benefits Provision.

**Covered Percentage** means that part of the Covered Charge that is payable by the Company after the Deductible or Co-payment has been met.

**Deductible** means the amount of Expenses for covered services and supplies which must be incurred by the Insured Person before specified benefits become payable.

**Doctor** as used herein means: (a) a legally qualified physician licensed by the state in which he or she practices; or (b) a practitioner of the healing arts performing services within the scope of his or her license as specified by the laws of the state or residence of such practitioner; (c) a certified nurse midwife while acting within the scope of that certification.

**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.

**Hospital** means a facility which meets all of these tests:

(a) it provides inpatient services for the care and treatment of injured and sick people; and (b) it provides room and board services and nursing services 24 hours a day; and (c) it has established facilities for diagnosis and major surgery; and (d) it is supervised by a Doctor; and (e) it is run as a Hospital under the laws of the jurisdiction in which it is located. Hospital does not include a place run mainly: (a) for alcoholics or drug addicts;



## DEFINITIONS (CONTINUED)

(b) as a convalescent home; (c) as a nursing or rest home; or (d) as a hospice facility.

**Hospital Confinement** means a stay of 18 or more consecutive hours as a resident bed-patient in a Hospital.

**Injury** means bodily injury caused by an Accident which is the sole cause of the Loss. All injuries due to the same or related cause are considered one Injury.

**Insured Person** means an Insured Student and his or her covered Dependent(s) while insured under this Policy.

**Insured Student** means a student of School of the Art Institute of Chicago who is eligible and insured for coverage under this Policy.

**Loss** means medical expense covered by this Policy as a result of Injury or Sickness as defined in this Policy and other expenses specifically covered.

**Medical Emergency** means the sudden and, at the time, unexpected onset of an Injury or Sickness that manifests itself by symptoms of sufficient severity that would lead a prudent layperson, possessing an average knowledge of medicine and health, to believe that immediate medical care is required, which may include, but is not limited to:

- (a) placing the person's health in sufficient jeopardy;
- (b) serious impairment to a bodily function;
- (c) serious dysfunction of any bodily organ or part;
- (d) inadequately controlled pain; or
- (e) with respect to a pregnant woman if she is having contractions:
  - a. that there is inadequate time to effect to safe transfer to another Hospital before delivery; or
  - b. that transfer to another Hospital may pose a threat to the health or safety of the woman or unborn child.

## DEFINITIONS (CONTINUED)

**Medically Necessary** means that a service or supply is necessary and appropriate for the diagnosis or treatment of a Sickness or Injury based on generally accepted medical practice. A service or supply will not be considered as Medically Necessary if:

- (a) it is provided only as a convenience to the Insured Person or provider;
- (b) it is not the appropriate treatment for the Insured Person or provider;
- (c) it exceeds in scope, duration or intensity that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment.

**Non-Network Providers** have not agreed to any pre-arranged fee schedules.

**Policyholder** means the institution indicated on the face page of this Policy.

**Policy Year** means the 12 month period beginning on the Policy Effective Date.

**Reasonable and Customary Expense** means fees and prices generally charged within the locality where performed for medically necessary services and supplies required for treatment of cases of comparable severity and nature.

**Sickness** means sickness or disease, which is the sole cause of the Loss. Sickness includes both normal pregnancy and Complications of Pregnancy. All sicknesses due to the same or a related cause are considered one Sickness.

**We, Us or Our** means Companion Life Insurance Company.

**You, Your or Yours** means the Insured Person.

**SCHOOL OF THE ART INSTITUTE OF CHICAGO**  
**SCHEDULE OF BENEFITS PLAN 2 – ACCIDENT AND SICKNESS INSURANCE PLAN**

	IN-NETWORK	OUT-OF-NETWORK
<b>Maximum Medical Expense Benefit - Per Accident or Sickness</b>	\$100,000	\$100,000
<b>Out-of-Pocket Maximum</b>	\$ 10,000	\$ 10,000
<b>Deductible POLICY YEAR</b> (Reduced to \$50 when referred by SAIC Health Services to Quest Labs) (Reduced to \$150 per Policy Year if treatment is received from Michigan Avenue Urgent Care Center or St. James/Cathedral Counseling Center)	\$ 250	\$ 250
<b>Prescription Drug Card (Medco)</b> includes contraceptive medication (co-pays apply) prescribed by your doctor. Generic Drug: \$15 co-payment Brand Name: \$25 co-payment Single Source: \$35 co-payment	100%	No Benefit
<b>*Wellness and Immunizations:</b> (Deductible and co-pay does not apply in-network)	100%	60%
<b>Outpatient Benefits</b>		
(a) Mental & Nervous Disorders - \$10 co-payment per visit;	80%	60%
(b) Substance Abuse - \$10 co-payment per visit;	80%	60%
(c) Hospital Outpatient Surgical Miscellaneous (includes Ambulatory Surgical Center)	80%	60%
(d) Diagnostic X-ray, Radiology, and laboratory services (includes kidney dialysis, inhalation therapy)	80%	60%
(e) Chemotherapy/Radiation Therapy;	80%	60%
(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)	80%	60%
(g) Physiotherapy (includes Acupuncture, Chiropractic care, and Occupational Therapy) - \$10 co-payment per visit. Treatment must be received within 50 days of release by the doctor for Rehabilitation;	80%	60%
(h) Hospital Emergency Room - \$100 co-payment, waived if admitted;	80%	60%
(i) Physician Non-surgical Visits - \$10 co-payment per visit;	80%	60%
(j) Consultant Physician (when requested by the insured's physician) - \$10 co-payment per visit		
(k) Dental Treatment - (Injury only) - \$500 per Policy Year;	80%	60%
(l) Orthopedic Appliances and Durable Medical Equipment	80%	60%
<b>Inpatient Benefits</b>		
(a) Hospital Room & Board ( semi-private room, nursing services and special care)	80%	60%
(b) Hospital Intensive Care	80%	60%
(c) Mental & Nervous Disorders	80%	60%
(d) Substance Abuse	80%	60%
(e) Maternity Benefits	80%	60%
(f) Orthopedic Appliances and Durable Medical Equipment	80%	60%
(g) Private Duty Nurse	80%	60%
(h) Hospital Miscellaneous 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; surgical dressings, supplies, casts and splints; radiation therapy, intravenous medical and 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.	80%	60%
(i) Physician Non-Surgical Visits (one visit per day);	80%	60%
(j) Consultant Physician (when requested by the insured person's doctor)	80%	60%

\*Deductible and co-payment does not apply when in-network.



**SCHOOL OF THE ART INSTITUTE**  
**SCHEDULE OF BENEFITS PLAN 2 – ACCIDENT AND SICKNESS INSURANCE PLAN (CONTINUED)**

Other Covered Services	IN-NETWORK	OUT-OF-NETWORK
(a) Ambulance	80%	80%
(b) Surgical Treatment (Day Surgery Inpatient or Outpatient) - including IV infusion therapy	80%	60%
(c) Anesthesia (Inpatient or Outpatient)	80%	60%
(d) Assistant Surgeon (Inpatient or Outpatient)	80%	60%
(e) Abortion	80%	60%
(f) 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.		
(g) *Implantable and Injectable Contraception	100%	60%
(h) Additional Benefits Mandated by the State of Illinois		
*Cervical and Prostate Cancer Tests Benefit	100%	60%
*Colorectal Cancer Screening Benefit	100%	60%
Diabetes Benefit	80%	60%
Routine Inpatient Newborn Care	80%	60%
*Mammographic Examination Benefit	100%	60%
*Cytologic Screening (Pap Smear)	100%	60%
(i) Home Health Care Expense - 130 visits per Policy Year	80%	60%
(j) Motor Vehicle Accident - \$25,000 Per Policy Year	80%	60%
(k) Infertility Treatment	80%	60%
(l) *Immunizations (includes HIV/AIDS screening tests, pertussis, measles, rubella, and mumps)	100%	60%
(m) *HPV Vaccine (Human Papillomavirus)	100%	60%
Medical Evacuation	See Details Page 18	
Repatriation	See Details Page 17	
Additional Programs Accident and Sickness Plan		
Travel Assistance Service	See Details Page 18	
On Call Nurse Line	See Details Page 18	
OPTIONAL DENTAL, VISION AND PHARMACY DISCOUNT CARD	See Details Page 22	
A separate dental, vision and prescription drug discount plan is available on an optional basis and is subject to payment of an additional premium.		
OPTIONAL DENTAL AND VISION INSURANCE PLAN	See Details Page 22	
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 <a href="http://www.AIPStudentInsurance.com">www.AIPStudentInsurance.com</a> and click on Dental Insurance Plan.		
Note: These additional programs are not underwritten by Companion Life Insurance Company.		

\* Deductible and co-payment do not apply when in-network.

## BENEFITS MANDATED BY THE STATE OF ILLINOIS

### ALCOHOL AND DRUG ABUSE EXPENSE BENEFIT

If an Insured Person requires treatment on account of alcoholism, Alcohol Abuse, Drug Abuse or drug dependency, We will pay for such treatment as follows:

#### BENEFITS FOR INPATIENT HOSPITAL CONFINEMENT

When the Insured Person is confined as an inpatient in: (i) a Hospital; or (ii) a Detoxification Facility for the treatment of alcoholism, Alcohol Abuse, Drug Abuse, or drug dependency, We will pay the Covered Percentage of the Covered Charges incurred for such Hospital Confinement on the same basis as any other Sickness as described in Part A, Hospital Room and Board Expense of the Hospital Expense Benefit. Such confinement must be in a licensed or certified facility, including Hospitals.

#### BENEFITS FOR OUTPATIENT SERVICES

We will pay the Covered Percentage of the Covered Charges incurred for covered outpatient services for the treatment of alcoholism, Alcohol Abuse, Drug Abuse, or Drug Dependency.

Outpatient Treatment and Doctor services include charges for services rendered in a Doctor's office or by an outpatient treatment department of a Hospital, community mental health facility or alcoholism treatment facility, so long as the Hospital, community mental health facility or alcoholism treatment facility is approved by the Joint Commission on the Accreditation of Hospitals or certified by the Department of Health. The services must be legally performed by or under the clinical supervision of a licensed Doctor or a licensed psychologist who certifies every three (3) months that the Insured Person needs to continue such treatment.

*Alcohol Abuse* This term means a condition that is characterized by a pattern of pathological use of alcohol with repeated attempts to control its use, and with significant negative consequences in at least one of the following areas of life: medical, legal, financial, or psycho-social.

*Drug Abuse* This term means a condition which is characterized by a pattern of pathological use of a drug with repeated attempts to control its use, and with significant negative consequences in at least one of the following areas of life: medical, legal, financial, or psycho-social.

*Detoxification Facility* This term means a facility that provides direct or indirect services to an acutely intoxicated individual to fulfill the physical, social, and emotional needs of the individual by:

- (a) monitoring the amount of alcohol and other toxic agents in the body of the individual;
- (b) managing withdrawal symptoms; and
- (c) motivating the individual to participate in the appropriate addictions treatment programs for Alcohol or Drug Abuse.

### MATERNITY EXPENSE BENEFIT

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

We cover charges for a minimum of forty-eight (48) hours of inpatient care following an uncomplicated vaginal delivery and a minimum of ninety-six (96) hours of inpatient care following an uncomplicated cesarean section for a mother and her newborn child in a health care facility, unless the attending Doctor in consultation with the mother, makes an alternative decision on the length of inpatient stay. The decisions must be based on accepted medical practice.

For a mother and newborn child who remain in the Hospital for the minimum length of time stated above, We will pay for one home health care visit if prescribed by the attending Doctor.

For a mother and newborn child who have a shorter Hospital stay, We will pay for one home visit scheduled within twenty-four (24) hours after Hospital discharge; and an additional home visit if prescribed by an attending provider.

*Newborn Infant Care* – Newborn infant care is covered when the infant is confined in the Hospital and has received continuous Hospital care from the moment of birth. This does include: (a) nursery charges; (b) charges for routine Doctor's examinations and tests; and (c) charges for routine procedures. This benefit does not include circumcision. This benefit also includes the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities of newborn children covered from birth.

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

#### PEDIATRIC PREVENTIVE CARE EXPENSE BENEFIT

We cover charges for preventive services rendered to a child enrolled as a dependent including physical examinations, immunizations, history measurements, sensory screening, neuropsychiatric evaluation and development screening and assessment at the following intervals: (a) six times during the first year after birth; (b) up to a maximum of three times during the next year; and (c) annually until age 6.

Such charges will not be subject to a Deductible, if any.

#### MAMMOGRAPHY EXAMINATION EXPENSE BENEFIT

We will pay the Covered Percentage of the Covered Charges incurred for screening by low-dose mammography exams for the presence of occult breast cancer. The charges must be incurred while the Insured Person is insured for these benefits.

Benefits will be paid for mammographic exam charges incurred for the following:

- (a) One baseline Mammogram for a woman thirty-five through thirty-nine years of age;
- (b) One Mammogram every twelve months for a woman forty years of age or older.

*Low Dose Mammography* means an X-ray examination of the breast using equipment dedicated specifically for mammography, including X-ray tube, filter, compression device, image receptor, with radiation exposure of less than one rad per breast with two views of an average size breast.

## BENEFITS MANDATED BY THE STATE OF ILLINOIS (CONTINUED)

### MASTECTOMY EXPENSE BENEFIT

We cover charges for prosthetic devices; and reconstructive surgery incident to a mastectomy.

Coverage for prosthetic devices and reconstructive surgery will be subject to the Deductible and Covered Percentage provisions shown in the Plan of Insurance and is limited to two years after performance of a covered mastectomy which had revealed no evidence of malignancy.

Mastectomy means the removal of all or part of the breast for reasons that are determined by a licensed Doctor to be Medically Necessary.

### POST-MASTECTOMY EXPENSE BENEFIT

We cover charges for: (a) inpatient coverage following a mastectomy for a length of time determined by the attending Doctor to be Medically Necessary and in accordance with protocols and guidelines based on sound scientific evidence; and (b) a post-discharge Doctor's office visit or in-home nurse visit to verify the condition of the patient in the first 48 hours after discharge.

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

### CYTOLOGIC SCREENING (PAP SMEAR) EXPENSE BENEFIT

If an Insured Person requires a Cytologic Screening (Pap smear), We will pay the Covered Percentage of the Covered Charges incurred for one annual Cytologic Screening. Such benefit will include the examination, laboratory fee and the Doctor's interpretation of the laboratory results.

### PROSTATE-SPECIFIC ANTIGEN EXPENSE BENEFIT

If an Insured Person requires a Prostate-Specific Antigen test, We will pay the Covered Percentage of the Covered Charges incurred for one annual digital rectal examination and a Prostate-Specific Antigen Test, for male insureds upon the recommendation of a Doctor licensed to practice medicine in all its branches for:

- (a) Asymptomatic men age 50 and over;
- (b) African-American men age 40 and over; and
- (c) Men age 40 and over with a family history of prostate cancer.

### DIABETES EXPENSE BENEFIT

We cover charges for Medically Necessary outpatient self-management training and education, equipment, and supplies for the treatment of type 1 diabetes, type 2 diabetes, and gestational diabetes mellitus.

Diabetes Self-Management Training, including medical nutrition education, shall be limited to the following:

- (a) up to three (3) Medically Necessary visits to a qualified provider upon initial diagnosis of diabetes by the patient's Doctor or, up to three (3) Medically Necessary visits to a qualified provider within one year after that effective date;
- (b) up to three (3) Medically Necessary visits to a qualified provider upon a determination by the patient's Doctor that a significant change in the patient's symptoms or medical condition has occurred. A "significant change" in condition means symptomatic hyperglycemia, severe hypoglycemia, onset or progression of diabetes, or a significantly different treatment regimen.

## BENEFITS MANDATED BY THE STATE OF ILLINOIS (CONTINUED)

Covered Charges for the following equipment and supplies include: blood glucose monitors and blood glucose monitors for the legally blind; cartridges for the legally blind; lancets and lancing devices; insulin; syringes and needles; test strips for glucose monitors; FDA approved oral agents used to control blood sugar; and glucagons emergency kits.

Covered Charges also include regular foot care exams by a Doctor, or by a referral from a Doctor.

If authorized by a Doctor, Diabetes Self-Management Training may be provided as part of an office visit, group setting, or home visit.

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

*Diabetes Self Management Training* means instruction in an outpatient setting which enables a diabetic patient to understand the diabetic management process and daily management of diabetic therapy as a means of avoiding frequent hospitalization and complications. Diabetes self-management training shall include the content areas listed in the National Standards for Diabetes Self Management Education Programs as published by the American Diabetes Association, including Medical Nutrition Therapy.

*Medical Nutrition Therapy* means "medical nutrition care" in the Dietetic and Nutrition Services Practice Act.

### COLORECTAL CANCER SCREENING EXPENSE BENEFIT

If an Insured Person requires a Colorectal Cancer Screening, We will pay the Covered Percentage of the Covered Charges incurred for such exams as follows:

- (a) Colorectal Cancer Screening with sigmoidoscopy or fecal occult blood testing once every 3 years for persons who are at least 50 years old; or
- (b) Colorectal Cancer Screening with sigmoidoscopy or fecal occult blood testing once every 3 years for persons who are at least 30 years old if the Insured Person is classified as high risk or Colorectal Cancer because the person or a first degree family member of the person has a history of Colorectal Cancer.

## REPATRIATION OF BODY REMAINS EXPENSE BENEFIT

This benefit applies only to Domestic Students while Studying Abroad, International Students, and their Dependents. In the event of the death of an Insured Person, We will pay the actual charges for the Covered Expenses for the preparation and transportation of the Insured Person's remains to his or her Home Country. This will be done in accordance with all legal requirements in effect at the time the body remains are to be returned to his or her Home Country. The death must occur while the person is insured for this benefit. You must first seek approval from the Claim Office, (800) 452-5772.

## EMERGENCY MEDICAL EVACUATION EXPENSE BENEFIT

This benefit applies only to Domestic Students while studying abroad, International Students and their Dependents. This benefit will pay benefits for the Covered Percentage of the Covered Charges incurred, if any Injury or Sickness results in the Emergency Medical Evacuation of the Insured Person. You must first seek approval from the Company Claim Office, (800) 452-5772.

### TRAVEL ASSISTANCE FOR ALL STUDENTS

Included in this health insurance plan is access to a 24-hour worldwide assistance network for emergency assistance anywhere in the world. Simply call the assistance center collect. The multilingual staff will answer your call and immediately provide reliable, professional and thorough assistance. The following services are included in this Plan:

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

Contact On Call International for any of these services:

Toll Free from U.S. and Canada: 1-800-850-4556, or collect outside the U.S. and Canada, 603-328-1713, 603-898-9159.  
[www.oncallinternational.com](http://www.oncallinternational.com)

### 24-HOUR NURSE ADVICE LINE

Students may utilize the Nurse Advice Line when the school health clinic is closed or anytime they need confidential medical advice. ON CALL provides Members with clinical assessment, education and general health information. This service shall be performed by a registered Nurse Counselor to assist in identifying the appropriate level and source(s) of care for members (based on symptoms reported and/or health care questions asked by or on behalf of Members). Nurses shall not diagnose Member's ailments. Students must be enrolled in School of the Art Institute's Student Accident and Sickness Insurance Plan in order to be eligible to utilize the Nurse Advice program, which is sponsored by the school. This program gives students access to a toll-free nurse information line 24-hours a day, 7 days a week. One phone call is all it takes to access a wealth of useful health care information at 1-800-850-4556 or collect outside the U.S. and Canada, 603-328-1713.

### EXCLUSIONS

The Plan does not cover nor provide benefits for unless otherwise provided within the Schedule of Benefits or Master Policy:

1. Services normally provided without charge by the Participating Organization student health service center, infirmary, or Hospital, or by Health Care Providers employed by the Participating Organization;

### EXCLUSIONS (CONTINUED)

2. Pre-existing Conditions as defined in this Policy.
3. Injury sustained or Sickness contracted while in service of the Armed Forces of any country, except as specifically provided. Upon the Insured Person entering the Armed Forces of any country, We will refund the unearned pro-rata Premium to such Insured Person;
4. Illness, Accident, treatment or medical condition arising out of the play or practice of or traveling in conjunction with intercollegiate sports, intercollegiate club sports, and professional sports;
5. Injury resulting from motor vehicle accident to the extent that benefits are payable under any automobile medical expense insurance or automobile no-fault plans;
6. Cosmetic surgery, except as the result of covered Injury occurring while this Policy is in force as to the Insured Person. This exclusion shall also not apply to cosmetic surgery which is reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other disease of the involved body part, and reconstructive surgery because of congenital disease or anomaly of a covered Dependent child which has resulted in a functional defect;
7. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law;
8. Expense incurred as the result of dental treatment, except as provided in the Sickness Dental Expense Benefit, if included in this Policy. This exclusion does not apply to treatment resulting from Injury to sound natural teeth;
9. Injury or Sickness resulting from declared or undeclared war; or any act thereof;
10. Injury due to participation in a riot;
11. Expense incurred for eye examinations or prescriptions, eyeglasses, and contact lenses (except for sclera shells which are intended for use of corneal bandages), eye refractions, vision therapy, multiphasic testing, or lasik or other vision procedures except as required for repair caused by a covered Injury;
12. An amount of a charge in excess of the Reasonable and Customary Expense;
13. Accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route;
14. Growth Hormone therapy; Patient Controlled Analgesia;
15. Treatment for nicotine addiction or smoking cessation.
16. 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.
17. 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.



## PRE-EXISTING CONDITIONS LIMITATION

**"Pre-existing Condition"** means a condition, regardless of the cause of the condition, for which medical advice, diagnosis, care or treatment was recommended or received during the six (6) months immediately preceding the Effective Date of the Insured Person's coverage under this Policy. The term does not include genetic information in the absence of a diagnosis of the condition related to such information.

The Pre-existing Condition Waiting Period is twelve (12) months. If an Insured Person receives treatment or service for a Pre-existing Condition: (a) We will not pay benefits for such condition until the day after a twelve (12) consecutive month period has passed from the Insured Student's effective date, and (b) We will pay only for Loss or expense incurred after such twelve (12) consecutive month period.

The Pre-existing Condition Waiting Period will be reduced by the aggregate period of Creditable Coverage of the Insured Person, if the Creditable Coverage was continuous to a date not more than 63 days before the Effective Date of the coverage.

Payment will be in accord with the provisions of this Policy. If the Insured Person has a lapse in coverage of more than 63 days, the Pre-existing Condition Waiting Period will have to be satisfied again.

The Pre-existing Condition Waiting Period will not apply:

- (a) To an insured person under age 19.
- (b) To pregnancy.
- (c) In the case of an Insured Person who, as of the last day of the 30-day period beginning on the date of his birth, is covered under Creditable Coverage.
- (d) In the case of a child who is adopted or placed for adoption before attaining the age of 18 years and who, as of the last day of the 30-day period beginning on the date of adoption or placement for adoption, whichever is earlier, is covered under Creditable Coverage. The provisions of this paragraph do not apply to coverage before the date of adoption or placement for adoption.
- (e) In the case of a condition for which medical advice, diagnosis, care or treatment was recommended or received for the first time while the Insured Person held Creditable Coverage, and the medical advice, diagnosis, care or treatment was a benefit under the plan, if the Creditable Coverage was continuous to a date not more than 63 days before the Effective Date of the new coverage.

The provisions of paragraphs (c) and (d) do not apply to an Insured Person after the end of the first 63-day period during all of which the Insured Person was not covered under any Creditable Coverage.

## PRE-EXISTING CONDITIONS LIMITATION (CONTINUED)

### Definition

**"Creditable Coverage"** means health benefits or coverage provided to a person pursuant to:

- a) A group health plan;
- b) Health insurance coverage;
- c) Part A or Part B of Title XVIII of the Social Security Act;
- d) Title XIX of the Social Security Act, other than coverage consisting solely of benefits under Sec. 1928 of that Title;
- e) The Civilian Health and Medical Program of Uniformed Services, CHAMPUS, Chapter 55 of title 10, U.S.C.;
- f) A medical care program of the Indian Health Service or of a tribal organization;
- g) A State health benefit risk pool;
- h) A health plan offered pursuant to the Federal Employees Health Benefits Program, FEHBP, under chapter 89 of title 5, U.S.C.;
- i) A public health plan as defined in 45 C.F.R. Sec. 146.113, authorized by the Public Health Service Act, 42 U.S.C. Sec. 300gg(c)(1)(I);
- j) A health benefit plan under Sec. 5(e) of the Peace Corps Act, 22 U.S.C. Sec. 2504(e).

## EXCESS PROVISION

No benefit under this Policy is payable for any Expense incurred for Injury or Sickness which is paid or payable by: (1) other valid and collectible medical, health or Accident insurance in excess of \$100 per Injury or Sickness; or (2) under an automobile insurance policy.

Covered Medical Expenses exclude amounts not covered by the primary carrier due to penalties imposed on the Insured Person for failing to comply with policy provisions or requirements.

## EXTENSION OF BENEFITS

If an Insured Person is confined to a Hospital on the date his or her insurance terminates, charges incurred during the continuation of that Hospital Confinement shall also be included in the term "Expense," but only while they are incurred during the 30 day period following such termination of insurance.

If an Insured Person is not confined to a Hospital on the date his or her insurance terminates, charges incurred during the next 31 days shall also be included in the term expense, but only for a Sickness or Injury for which covered expenses were incurred before the termination date.

## SUBROGATION AND RECOVERY RIGHTS

If, after payments have been made under this Policy, any person has the right to recover damages from a responsible third party, Our right will be subrogated to that person's right to recover. The Insured Person will do what ever is necessary to enable Us to exercise Our right and will do nothing after Loss to prejudice it. If We are precluded from exercising Our Right to Subrogation, We may exercise Our Right to Reimbursement.

## THE FOLLOWING APPLIES TO BOTH PLANS

### APPEALS

If a claim is wholly or partially denied, a written notice or message on the Explanation of Benefits (EOB) will be sent to the Insured Person containing the reason for the denial. The notice or message will include a reference to the provision in the Plan and a description of additional information, which might be necessary for reconsideration of the claim.

#### HOW DO I OBTAIN MY IDENTIFICATION CARD?

You may obtain your Identification Card on the Internet at: [www.SAICInsurance.com](http://www.SAICInsurance.com) Access Online Services and "Click" on Print ID Card. You will need to provide your name, Student Identification Number, and your birthdate. If you experience any difficulty, please call us at (800) 452-5772.

#### HOW DO I FILE A CLAIM UNDER MY STUDENT INSURANCE PLAN?

Should an Injury or Sickness occur, the following steps should be taken:

1. Secure the necessary medical treatment. A listing of Preferred Providers is available at: [www.SAICInsurance.com](http://www.SAICInsurance.com)
2. Obtain itemized bills from your physician or provider.
3. You must complete a claim form. Claim forms may be obtained at SAIC Health Services, or on the Student Health Insurance Information Internet Site: [www.SAICInsurance.com](http://www.SAICInsurance.com)
4. Please make certain all additional medical bills submitted show your name, school ID, social security number, school, and description of medical condition. Only one claim form, per condition, needs to be mailed.
5. Mail the completed claim form and medical bills as soon as possible to:

**Administrative Concepts, Inc.**

994 Old Eagle School Road, Suite 1005  
Wayne, PA 19087-1802  
(888) 293-9229

Please contact between 8:00 a.m. and 7:00 p.m. C.S.T.

6. You may check the status of a claim you have already filed at: [www.SAICInsurance.com](http://www.SAICInsurance.com) and click on "Check Claims Online".

### HOW DO I CHECK THE STATUS OF A CLAIM I HAVE ALREADY FILED?

1. Online Inquiry:
  - a) go to: [www.SAICInsurance.com](http://www.SAICInsurance.com) to obtain your permanent identification card.
  - b) After obtaining your identification card, click on "Check Claims Online".
  - c) You will need to set up an account by providing your first and last name, your birthdate, your student identification number and the policy number. This information should be taken directly from your permanent identification card.
2. Telephone Inquiry: Call Administrative Concepts, Inc. at (888) 293-9229 between the hours of 8:00 a.m. to 7:00 p.m. CST.

### COMPLAINT RESOLUTION

Insured persons or their representatives may call the Customer Service Department with questions or complaints at (800) 452-5772. If the question or complaint is not resolved to the satisfaction of the complainant, the complainant may submit a written request to the claims review committee, which will make a thorough investigation and respond to the complainant in a timely manner. The Company will not retaliate against the complainant because of the complaint.

Any provisions of this Plan which, on its effective date, is in conflict with the statutes of the state in which the Insured Person resides on such date, is hereby amended to conform to the minimum requirements of such statutes.

This brochure is a brief description of the Plan Benefits. The exact provisions governing the insurance are contained in the Master Policy issued to School of the Art Institute of Chicago. Any discrepancies between this brochure and the Policy will be governed by the Policy.

#### Direct All Inquiries To:



**ASSOCIATED  
INSURANCE PLANS**  
INTERNATIONAL, INC.

Post Office Box 189  
Libertyville, Illinois 60048  
(800) 452-5772 • FAX (847) 281-8813  
(e-mail) [office@aipstudentinsurance.com](mailto:office@aipstudentinsurance.com)  
Visit us and **enroll on the Web** at:  
[www.SAICInsurance.com](http://www.SAICInsurance.com)



# HIPAA NOTICE OF PRIVACY PRACTICES FOR PERSONAL 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 is your Health Information Privacy Notice from COMPANION LIFE INSURANCE COMPANY (referred to as We or Us). This notice is effective April 14, 2003. This notice provides you with information about the way in which We protect Personal Health Information ("PHI") that We have about you. PHI includes individually identifiable information which relates to your past, present or future health, treatment or payment for health care services. This notice also explains your rights with respect to PHI. The Health Insurance Portability and Accountability Act ("HIPAA") requires Us to: Keep PHI about you private; provide you this notice of our legal duties and privacy notices with respect to your PHI; and follow the terms of the notice that are currently in effect.

**Use and Disclosure of PHI:** We obtain PHI in the course of providing and/or administering health insurance benefits for you. In administering your benefits, We may use and/or disclose PHI about you and your dependents. The following are some examples, however, not every use or disclosure in a category will be listed:

**For Health Care Payment Purposes:** For example, We may use and disclose PHI to administer and process payment of benefits under your insurance coverage, determine eligibility for coverage, claims or billing information, conduct utilization reviews, or to another entity or health care provider for its payment purposes.

**For Health Care Operations Purposes:** For example, We may use and disclose PHI for underwriting and rating of the plan, audits of your claims, quality of care reviews, investigation of fraud, care coordination, investigate and respond to complaints or appeals, provider treatment review and provision of services.

**For Treatment Purposes:** For example, We may use and disclose PHI to health care providers to assist in their treatment of you. We do not provide health care treatment to you directly.

**For Health Services:** For example, We may use your medical information to contact you to give you information about treatment alternatives or other health related benefits and services that may be of interest to you as part of large case management or other insurance related services.

**For Data Aggregation Purposes:** For example, We may combine PHI about many insureds to make plan benefit decisions, and the appropriate premium rate to charge.

**To You About Dependents:** For example, We may use and disclose PHI about your dependents for any purpose identified herein. We may provide an explanation of benefits for you or any of your dependents to you.

**To Business Associates:** For example, We may disclose PHI to administrators who are contracted with Us who may use the PHI to administer health insurance benefits on our behalf and such administrators may further disclose PHI to their contractors or vendors as necessary for the administration of health insurance benefits.

If your state has adopted a more stringent standard regarding any of the above uses or disclosures of your PHI, those standards will be applied.

**Additional Uses or Disclosures:** We may also disclose PHI about you for the following purposes: To comply with legal proceedings, such as a court or administrative order, subpoena or discovery requests. To law enforcement officials for limited law enforcement purposes. To a family member, friend or other person, for the purpose of helping you with your health care or with payment for your health care, if you are in a situation such as a medical emergency and you cannot give your agreement to the Plan to do this. To your personal representatives appointed by you or designated by applicable law. For research purposes in limited circumstances. To a coroner, medical examiner, or funeral director about a deceased person. To an organ procurement organization in limited circumstances.

To avert a serious threat to your health or safety or the health or safety of others. To a governmental agency authorized to oversee the health care system or government programs. To the Department of Health and Human Services for the investigation of compliance with HIPAA or to fulfill another lawful request. To federal officials for lawful intelligence, counterintelligence, national security purposes and to protect the president.

To public health authorities for public health purposes. To appropriate military authorities, if you are a member of the armed forces. In accordance with a valid authorization signed by you.

**Your Rights Regarding PHI That We Maintain About You:** You have various rights as a consumer under HIPAA concerning your PHI. You may exercise any of these rights by writing to Us in care of Associated Insurance Plans International, Inc., Post Office Box 189, Libertyville, IL 60048, Attn: HIPAA Privacy Office.

You have the right to inspect and copy your PHI. If you request a copy of the information, We may charge a fee for the costs of copying, mailing or other supplies associated with your request. You have the right to ask Us to amend the PHI that is contained in a "designated record set", e.g., information used to make enrollment, eligibility, payment, claims adjudication and other decisions. You have the right to request an amendment for as long as we maintain the PHI. Requests must be made in writing and include the reason for the request. We may deny the request if the PHI is accurate and complete or if we did not create the PHI. You have the right to request a list of our disclosures of the PHI. Your request must state a time period, may not include dates before April 14, 2003 and may not exceed a period of six years prior to the date of your request. If you request more than one list in a year, We may charge you the cost of providing the list. We will notify you of the cost and you may withdraw or modify your request before any costs are incurred. Any list of disclosures provided by Us will not include disclosures made for payment, treatment or healthcare operations; made to you or persons involved in your care; incidental disclosures, authorized disclosures, for national security or intelligence purposes or to correctional institutions. You have the right to request to restrict the way We use or disclose PHI regarding treatment, payment or health care operations. You also have the right to request to restrict the PHI We disclose about you to someone who is involved in your care or the payment for your care. We are not required to agree to your request. If We do agree, We will comply with your request unless the information is needed to provide you emergency treatment. Your request must be in writing and state (1) what information you want to restrict; (2) whether you want to restrict our use, disclosure or both; and (3) to whom you want the restrictions to apply. Uses and disclosures of your PHI, other than those listed above, require prior written authorization from you. You may revoke that authorization at any time by writing to Us at the address at the end of this notice. You have the right to request that We communicate personal information to you in a certain way or at a certain location. Your request must specify how or where you wish to be contacted. We will comply with reasonable requests. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice upon request. You may request a paper copy of this notice by calling Us at 800-452-5772 or submitting the request to COMPANION LIFE INSURANCE COMPANY, c/o Associated Insurance Plans International, Inc., Post Office Box 189, Libertyville, IL 60048, Attn: HIPAA Privacy Office.

**Complaints:** If you believe your privacy rights have been violated, you may file a complaint with Us. When filing a complaint, include your name, address and telephone number and We will respond. All complaints must be submitted in writing to COMPANION LIFE INSURANCE COMPANY, c/o Associated Insurance Plans International, Inc., Post Office Box 189, Libertyville, IL 60048, Attn: HIPAA Privacy Office. You may also contact the Secretary of the Department of Health and Human Services. You will not be retaliated against for filing a complaint.

**Changes To This Notice:** We reserve the right to modify this Privacy Notice and our privacy policies at any time. If We make any modifications, the new terms and policies will apply to all PHI before and after the effective date of the modifications that We maintain. If We make material changes, We will send a new notice to insureds. If you have any questions regarding this notice, please call 800-452-5772 or send your written questions to the address at the end of this notice. Please include your name, the name of your insurance plan, your policy/ID number or copy of ID card, your address and telephone number and We will respond.

### ALL QUESTIONS AND REQUESTS REGARDING YOUR RIGHTS UNDER THIS NOTICE SHOULD BE SENT TO:

companion life INSURANCE COMPANY  
c/o Associated Insurance Plans International, Inc.  
Post Office Box 189, Libertyville, IL 60048  
Attn: HIPAA Privacy Office

## OPTIONAL DENTAL/VISION/PHARMACY DISCOUNT CARD

(Additional premium required)

No Claim Forms  
No Waiting Periods  
No Pre-existing Conditions  
No Deductibles 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 the School of the Art Institute of Chicago.

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 Plan 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 plans (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 get 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.SAICInsurance.com](http://www.SAICInsurance.com). You do not need to purchase health insurance to enroll in the optional dental/vision/pharmacy discount plan.**

ANNUAL PREMIUMS	Credit Card or Internet Payment	Check By Mail
<b>Dental/Vision/Pharmacy</b>		
Student Only	\$72.00	\$62.00
Family	\$88.00	\$78.00
<b>Dental &amp; Vision</b>		
Student Only	\$62.00	\$52.00
Family	\$79.00	\$69.00
<b>Dental &amp; Pharmacy</b>		
Student Only	\$62.00	\$52.00
Family	\$79.00	\$69.00
<b>Vision &amp; Pharmacy</b>		
Student Only	\$40.00	\$30.00
Family	\$50.00	\$40.00
<b>Vision</b>		
Student Only	\$25.00	\$15.00
Family	\$30.00	\$20.00
<b>Pharmacy</b>		
Student Only	\$25.00	\$15.00
Family	\$30.00	\$20.00

## OPTIONAL DENTAL AND VISION INSURANCE PLAN

(Additional premium required)

Underwritten by Security Life Insurance Company of America

- Freedom to Use Dentist of Your Choice
- Up to \$2,000 Annual Maximum
- Coverage for Adult Sealants
- Three Plan Design Options
- No Waiting Periods for Most Services
- Optional Vision Coverage for Additional Premium

### PERSONAL DENTAL PLANS

Dental Benefits	Elite Plan	Premier Plan	Select Plan
<b>Class A - Preventive Services</b> Initial & Periodic Exams (2 per year), Cleanings (2 per year), Fluoride Treatments (to age 16), Sealants (no age limitation)			
Benefit Year One	100%	100%	75%
Benefit Year Two	100%	100%	85%
Benefit Year Three and Each Benefit Year Thereafter	100%	100%	100%
<b>Deductible - Lifetime per Insured</b>	\$50	\$50	\$50
<b>Waiting Period</b>	None	None	None
<b>Class B - Basic Services</b> X-rays, Fillings, Simple Extractions			
Benefit Year One	35%	35%	25%
Benefit Year Two	65%	50%	35%
Benefit Year Three and Each Benefit Year Thereafter	80%	65%	50%
<b>Deductible - Calendar Year/Insured</b>	\$50/year	\$50/year	\$50/year
<b>Waiting Period</b>	None	None	None
<b>Class C - Major Services</b> Oral Surgery, Endodontics, Periodontics, Crowns, Bridges, Dentures			
Benefit Year One	15%	10%	10%
Benefit Year Two	50%	25%	25%
Benefit Year Three and Each Benefit Year Thereafter	50%	50%	50%
<b>Deductible - Calendar Year/Insured</b>	\$50/year	\$50/year	\$50/year
<b>Waiting Period</b>	None	None	None
<b>Class D - Orthodontic Services</b> Straightening of Teeth (for children under age 19)			
Benefit Year One	N/A	0%	N/A
Benefit Year Two	N/A	0%	N/A
Benefit Year Three and Each Benefit Year Thereafter	N/A	50%	N/A
<b>Deductible - Lifetime per Insured</b>	—	None	—
<b>Waiting Period</b>	—	24 months	—

## PERSONAL DENTAL PLANS (CONTINUED)

Dental Benefits	Elite Plan	**Premier Plan	Select Plan
Calendar Year Maximum for Classes A, B and C Combined	\$1,000	\$1,000	\$1,000
Calendar Year Max. for Class C - Major Services	\$500	\$500	\$500
Calendar Year Max. for Class D Lifetime Max. Per Child for Class D	—	\$500	—
	—	\$1,000	—
* Class B & C Deductible is combined for each calendar year. A maximum of three (3) individual deductibles per family shall apply.			
★CALENDAR YEAR MAXIMUM INCREASE OPTIONS			
Option One (1) \$1,500/Class C - Major Services limited to \$750	★\$1,500	★\$1,500	★\$1,500
Option Two (2) \$2,000/Class C - Major Service limited to \$1,000	★\$2,000	★\$2,000	★\$2,000
**Optional Vision Benefits Rider (Not a Stand-Alone Benefit)			
Class A - Vision Exams - 1/year Benefit Year One and Each Benefit Year Thereafter No Waiting Period	100%	85%	85%
Class B - Lenses and Frames - 1 pair every 2 years Benefit Year One and Each Benefit Year Thereafter 15 Month Waiting Period	50%	50%	50%
Class C - Contact Lenses - 1 pair every 2 years (in lieu of frames and lenses) Benefit Year One and Each Benefit Year Thereafter 15 Month Waiting Period	50%	50%	50%
Calendar Year Deductible	\$50/year	\$50/year	\$50/year
Calendar Year Maximum for Classes A, B and C	\$200	\$150	\$150

### ★Optional Feature

You may increase your Calendar Year Maximum Benefit, per individual, for an additional monthly fee. If you elect this feature, your Calendar Year Maximum for Major Services (Class C) will also increase. You must indicate your election of this feature on the enrollment form.

The above plans provide for an increase in coinsurance levels based upon each Benefit Year of coverage. Benefit Year begins with each insured's effective date and continues for 12 months. Each primary insured and dependent will have their own Benefit Year beginning with their specific effective date of coverage. This plan reimburses at the above percentages for covered dental expenses based upon the Reasonable and Customary (R&C) fees for those covered expenses.

**QUESTIONS? PLEASE CALL 800-452-5772.**

You do not need to purchase health insurance to enroll in the optional dental and vision insurance plan.

Enroll online at [www.SAICInsurance.com](http://www.SAICInsurance.com).

## PRIMESTAR PERSONAL DENTAL BENEFITS AND PREMIUM RATE TABLE FOR EFFECTIVE DATES APRIL 1, 2012 THROUGH OCTOBER 1, 2012

Monthly premiums illustrated are guaranteed for the initial twelve (12) months of coverage. Thereafter, premiums are likely to increase on a semi-annual basis.

Zip Code / Other IL / 600-605 / 606-608

RATE CHART			Area 1	Area 2	Area 3
UNDER AGE 65	ELITE	Applicant Only	\$ 30.00	\$ 33.00	\$ 36.00
		Applicant+Spouse	\$ 63.00	\$ 69.00	\$ 76.00
		Applicant+ Child(ren)	\$ 69.00	\$ 76.00	\$ 83.00
		Applicant + Family	\$ 106.00	\$ 116.00	\$ 128.00
	PREMIER	Applicant Only	\$ 26.00	\$ 28.00	\$ 31.00
		Applicant+Spouse	\$ 53.00	\$ 58.00	\$ 64.00
		Applicant+ Child(ren)	\$ 62.00	\$ 68.00	\$ 75.00
		Applicant + Family	\$ 94.00	\$ 103.00	\$ 113.00
	SELECT	Applicant Only	\$ 24.00	\$ 26.00	\$ 29.00
		Applicant+Spouse	\$ 46.00	\$ 50.00	\$ 55.00
		Applicant+ Child(ren)	\$ 47.00	\$ 52.00	\$ 57.00
		Applicant + Family	\$ 76.00	\$ 84.00	\$ 92.00
65 AND OVER	ELITE	Applicant Only	\$ 34.00	\$ 37.00	\$ 41.00
		Applicant+Spouse	\$ 71.00	\$ 77.00	\$ 85.00
	PREMIER	Applicant Only	\$ 28.00	\$ 31.00	\$ 34.00
		Applicant+Spouse	\$ 60.00	\$ 66.00	\$ 72.00
	SELECT	Applicant Only	\$ 25.00	\$ 27.00	\$ 30.00
		Applicant+Spouse	\$ 53.00	\$ 58.00	\$ 64.00

Optional Vision Rates for Under Age 65		
Elite Plan	Applicant Only	\$ 6.00
	Applicant + Spouse	\$ 13.00
	Applicant + Child(ren)	\$ 13.00
	Applicant + Family	\$ 17.00
Premier & Select Plans	Applicant Only	\$ 5.00
	Applicant + Spouse	\$ 10.00
	Applicant + Child(ren)	\$ 10.00
	Applicant + Family	\$ 13.00
Optional Vision Rates for Age 65 and Over		
Elite Plan	Applicant Only	\$ 6.00
	Applicant + Spouse	\$ 12.00
Premier & Select Plans	Applicant Only	\$ 5.00
	Applicant + Spouse	\$ 10.00

Call for rates if your permanent address is outside Illinois, or view online at [www.SAICInsurance.com](http://www.SAICInsurance.com).