

2014 - 2015

STUDENT HEALTH INSURANCE PLAN

POLICY NO. 2014-S3-A12



Pre-Certification is not required

Underwritten by:

Companion Life Insurance Company - A+

Servicing Agent:

Associated Insurance Plans International

P.O. Box 189

Libertyville, IL 60048

(800) 452-5772 • Fax (847) 281-8813

email: office@AIPStudentInsurance.com

Student Insurance Website: www.SAICInsurance.com

Please contact between the hours of 9:00 a.m. to 5:00 p.m. Central Standard Time.



SCAN for a direct link to your student insurance website.

POLC-14-15

Form No. 3732-CL-13-IL W-15IL

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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 9:00 a.m. to 5:00 p.m. Central Standard Time, or email us through the Student Insurance website: www.SAICInsurance.com

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

HEALTH INSURANCE PLAN – FOR ELIGIBLE STUDENTS WHO HAVE NOT WAIVED COVERAGE

Detach and keep in your possession.

School of the Art Institute of Chicago 2014-2015
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: 2014-S3-A12

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

Payor #: 22384

994 Old Eagle School Road, Suite 1005
Wayne, PA 19087-1802
(888) 293-9229 - 8 am - 6 pm CST
www.SAICInsurance.com



EXPRESS SCRIPTS®



www.phcs.com
800-922-4362

Co-pays: \$25 Physician Visits,
\$300 Emergency Room, \$100 Hospital
Admission, \$100 Hospitalization
\$100 Day Surgery Hospital

School of the Art Institute
of Chicago



www.multiplan.com
800-464-0292

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.

HEALTH INSURANCE PLAN FOR THE SCHOOL OF THE ART INSTITUTE OF CHICAGO STUDENTS 2014 - 2015

This is a general summary of Student Health 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.

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 health 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.

- Benefits are subject to a policy year deductible of \$250 for treatment In-Network and to a policy year deductible of \$500 for treatment Out-of-Network.
- 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.
- 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 an Express Scripts drug card subject to co-pays of \$15 for generic medications, \$50 for brand medications, \$35 for single source medications.
- The plan provides coverage for all Essential Health Benefits and Wellness and Immunizations required under PPACA, as illustrated at www.healthcare.gov.

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 27, 2014. To waive health insurance for the spring semester only, the deadline is the first day of spring classes, January 22, 2015.

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 27, 2014. The deadline to request spring only health insurance coverage is January 22, 2015.

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 27, 2014. The deadline to request spring only health insurance coverage is January 22, 2015.

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 27, 2014; for Spring term only by enrollment deadline date January 22, 2015. Call (800) 452-5772 or email at: 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 22, 2014 at 12:01 a.m. for domestic students; or
- The Policy Effective date August 16, 2014 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 25, 2015 at 11:59 p.m. for Domestic Students; or
- The Policy Expiration date August 25, 2015 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	8-22-2014	8-25-2015
Fall	8-22-2014	1-21-2015
Spring & Summer	1-16-2015	8-25-2015

COVERAGE PERIODS FOR INTERNATIONAL & EXCHANGE STUDENTS

TERM	DATE COVERAGE BEGINS	DATE COVERAGE ENDS
Annual	8-16-2014	8-25-2015
Fall	8-16-2014	1-21-2015
Spring & Summer	1-13-2015	8-25-2015

COST OF INSURANCE FOR ALL STUDENTS AND THEIR DEPENDENTS

	ANNUAL	FALL	SPRING & SUMMER
*Student	\$2,060	\$1,030	\$1,030
**Spouse	\$6,416	\$3,208	\$3,208
**Each Child	\$1,960	\$ 980	\$ 980

*Insurance costs include an administrative fee.

**Monthly payment is available. Call 800-452-5772 for details.

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 31 days of the policy expiration date. The deadline for applications is September 26, 2014. 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 MULTIPLAN

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. Expenses treated Out-of-Network are subject to a higher deductible.

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. An I.D. card will also be mailed to you.

PERCENTAGE OF COVERED EXPENSES PAYABLE AND PREFERRED PROVIDER NETWORK PHCS AND MULTIPLAN (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.

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 Usual and Customary charges after the Deductible has been met, unless these medical Expenses are incurred outside of the United States. Out-of-network expenses are subject to a higher deductible.

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.

EXPRESS SCRIPTS - PRESCRIPTION DRUG CARD

Prescriptions purchased from the Express Scripts Network of pharmacies will be covered. For a complete list of pharmacy providers, please visit www.SAICInsurance.com.

NOTE: The prescription drug benefit is through the Express Scripts Pharmacy Program. The Express Scripts Pharmacy Network includes national chains 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-pay for your medications. The pharmacy will submit additional charges to the Insurance Company.

Express Scripts Drug Card co-pays:

\$15 co-pay generic medications.

\$50 co-pay brand medications.

\$35 for single source medications.

Co-pays are for a 30 day supply only.

PHARMACY CO-PAY 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.

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

Co-pay means the specified dollar amount an Insured Person must pay for specified charges. The co-pay 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-pay 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.

Essential Health Benefits has the meaning found in Section 1302(b) of the Patient Protection and Affordable Care Act and as further defined by the Secretary of the United States Department of Health and Human Services and includes ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care.

DEFINITIONS (CONTINUED)

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;

(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.

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.

DEFINITIONS (CONTINUED)

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.

OUT OF POCKET MAXIMUM

After the Out of Pocket Maximum has been reached as shown in the Schedule of Benefits, benefits will be paid at 100% of the Preferred Allowance (In-Network) or 100% of U&C (Out-of-Network). The Out-of-Pocket limit is the most you could pay during the Policy Year for your share of the cost of covered services. This limit helps you plan for health care expenses. The Deductible does not apply to the Out of Pocket Maximum amount.

**SCHOOL OF THE ART INSTITUTE OF CHICAGO 2014-2015
SCHEDULE OF BENEFITS**

	IN-NETWORK	OUT-OF-NETWORK
Medical Expense Benefit - Per Accident or Sickness	Unlimited Unless Specified	
Out-of-Pocket Maximum - includes co-pays and coinsurance, but does not include the Deductible	\$6,350 per Individual, \$12,700 per Family per Policy Year	
Deductible POLICY YEAR (Reduced to \$50 when referred by SAIC Health Services to Quest Labs)	\$250	\$500
Prescription Drug Card (Express Scripts) includes contraceptive medication (co-pays apply) prescribed by your doctor. Generic Drug: \$15 co-pay Brand Name: \$50 co-pay Single Source: \$35 co-pay	100%	No Benefit
Outpatient Benefits		
(a) *Wellness and Immunizations: (Deductible and co-pay does not apply in-network) benefits outlined on www.healthcare.gov .	100% of Preferred Allowance (PA)	60% of Usual & Customary (U&C)
(b) Mental & Nervous Disorders - \$25 co-pay per visit;	80% of PA	60% of U&C
(c) Substance Abuse - \$25 co-pay per visit;	80% of PA	60% of U&C
(d) Hospital Outpatient Surgical Miscellaneous (includes Ambulatory Surgical Center) – \$100 co-pay	80% of PA	60% of U&C
(e) Diagnostic X-ray, Radiology, and laboratory services (includes kidney dialysis, inhalation therapy)	80% of PA	60% of U&C
(f) Chemotherapy/Radiation Therapy;	80% of PA	60% of U&C
(g) 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% of PA	60% of U&C
(h) Physiotherapy (includes Acupuncture, Chiropractic care, and Occupational Therapy) - \$25 co-pay per visit. Treatment must be received within 50 days of release by the doctor for Rehabilitation;	80% of PA	60% of U&C
(i) Hospital Emergency Room - \$300 co-pay, waived if admitted;	80% of PA	60% of U&C
(j) Physician Non-surgical Visits - \$25 co-pay per visit;	80% of PA	60% of U&C
(k) Consultant Physician (when requested by the insured's physician) - \$25 co-pay per visit		
(l) Dental Treatment - (Injury only) - \$500 per Policy Year;	80% of PA	60% of U&C
(m) Orthopedic Appliances and Durable Medical Equipment	80% of PA	60% of U&C
Inpatient Benefits		
(a) Hospital Room & Board (semi-private room, nursing services and special care)	80% of PA	60% of U&C
(b) Hospital Intensive Care	80% of PA	60% of U&C
(c) Mental & Nervous Disorders	80% of PA	60% of U&C
(d) Substance Abuse	80% of PA	60% of U&C
(e) Maternity Benefits	80% of PA	60% of U&C
(f) Orthopedic Appliances and Durable Medical Equipment	80% of PA	60% of U&C
(g) Private Duty Nurse	80% of PA	60% of U&C
(h) Hospital Miscellaneous – \$100 co-pay 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% of PA	60% of U&C
(i) Physician Non-Surgical Visits (one visit per day);	80% of PA	60% of U&C
(j) Consultant Physician (when requested by the insured person's doctor)	80% of PA	60% of U&C

*In accordance with PPACA guidelines illustrated at www.healthcare.gov. Deductibles and co-pays do not apply for treatment received in-Network.

**SCHOOL OF THE ART INSTITUTE 2014-2015
SCHEDULE OF BENEFITS (CONTINUED)**

Other Covered Services	IN-NETWORK	OUT-OF-NETWORK
(a) Ambulance	80% of PA	80% of U&C
(b) Surgical Treatment (Day Surgery Inpatient or Outpatient) - including IV infusion therapy	80% of PA	60% of U&C
(c) Anesthesia (Inpatient or Outpatient)	80% of PA	60% of U&C
(d) Assistant Surgeon (Inpatient or Outpatient)	80% of PA	60% of U&C
(e) Abortion	80% of PA	60% of U&C
(f) Surgical Procedures	80% of PA	60% of U&C
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% of PA	60% of U&C
(h) Transgender Benefits Medical, psychological and other counseling; surgery; hormones and hormone therapy; will be covered subject to the plan's standard policy terms, exclusions and limitations, and medical necessity criteria. (Please review qualifying medical necessity criteria at www.SAICInsurance.com)	80% of PA	50% of U&C
(i) Additional Benefits Mandated by the State of Illinois		
Cervical and Prostate Cancer Tests Benefit	100% of PA	60% of U&C
Colorectal Cancer Screening Benefit	100% of PA	60% of U&C
Diabetes Benefit	80% of PA	60% of U&C
Routine Inpatient Newborn Care	80% of PA	60% of U&C
Mammographic Examination Benefit	100% of PA	60% of U&C
Cytologic Screening (Pap Smear)	100% of PA	60% of U&C
(j) Home Health Care Expense - 130 visits per Policy Year	80% of PA	60% of U&C
(k) Motor Vehicle Accident - \$25,000 Per Policy Year	80% of PA	60% of U&C
(l) Infertility Treatment	80% of PA	60% of U&C
(m) *Immunizations (includes HIV/AIDS screening tests, pertussis, measles, rubella, and mumps)	100% of PA	60% of U&C
(n) *HPV Vaccine (Human Papillomavirus)	100% of PA	60% of U&C
(o) Pediatric Dental Services – subject to a \$500 Deductible per policy year, pays for the following: • Preventive Services - including exams and cleanings (two per year), fluoride treatments and sealants to age 16; • Basic Services - including fillings, x-rays, oral surgery and simple extractions; • Major Services - including endodontics, periodontics, crowns, bridges and dentures; • Orthodontia.	80% of PA	60% of U&C
(p) Pediatric Vision Services – subject to a \$20 co-pay per exam, and a \$40 co-pay for materials and supplies.	100% of PA	100% of U&C
Additional Programs Health Insurance Plan		
Emergency Medical Evacuation	Unlimited benefit maximum, see Details Page 12	
Repatriation of Remains	Unlimited benefit maximum, see Details Page 12	
Travel Assistance Service	See Details Page 12	
On Call Nurse Line	See Details Page 12	
OPTIONAL DENTAL, VISION AND PHARMACY DISCOUNT CARD	See Details Page 16	
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 16	
A separate dental insurance plan with optional vision coverage. Several benefit options to choose from, subject to additional premium. Please call (800) 452-5772 to request plan details or visit our website at www.AIPStudentInsurance.com and click on Dental Insurance Plan.		
Note: These additional programs are not underwritten by Companion Life Insurance Company.		

*In accordance with PPACA guidelines illustrated at www.healthcare.gov. Deductibles and co-pays do not apply for treatment received in-Network.

IMPORTANT NOTE ABOUT YOUR BENEFITS

Should state law and/or federal law require certain benefits to be included in the Master Policy that are not included in this brochure, such benefits shall be deemed to be included in this brochure to the extent necessary to satisfy the minimum requirements of such law. For more information about your benefits, please read the Summary of Benefits and Coverages available at www.SAICInsurance.com and the Glossary of Terms available at www.cciio.cms.gov, or you may request a copy by calling 1-800-452-5772.

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.

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.

ADDITIONAL PROGRAMS – HEALTH INSURANCE PLAN

ON CALL INTERNATIONAL AN INTERNATIONAL ASSISTANCE PROGRAM

The International Assistance Program (IAP) is supplemental to the Student Insurance Plan. The IAP provides access to a 24-hour worldwide assistance network, On Call International, for emergency assistance anywhere in the world. Simply call the Assistance Center. The International Assistance Program and On Call International are not affiliated with Companion Life Insurance Company.

The multilingual staff will answer your call and immediately provide reliable, professional and thorough assistance. The following services are included in the International Assistance Program:

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 repatriation of remains.
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.

Students must be enrolled in the Student Health Insurance Plan in order to be eligible to utilize the International Assistance Program. Other services included in the International Assistance Program are listed below:

Repatriation of Remains – (Included in International Assistance Program)

In the event of the death of an Insured Person, On Call International will arrange for and pay the actual expenses incurred for preparing and transporting the Insured Person's remains to his or her home country. Covered expenses include expenses for embalming, cremation, coffin, and transportation. All expenses for Repatriation of Remains must be approved in advance by On Call International. Repatriation of Remains is a service provided by On Call International; it is not insurance but it is included as a service in your Student Health Insurance Policy.

Emergency Medical Evacuation – (Included in International Assistance Program)

In the event of a serious Injury or Sickness, On Call International will arrange for and pay the actual expenses incurred to evacuate an Insured Person if: (a) the Insured Person's medical condition warrants immediate transportation from the place where the Insured Person is injured or sick to the nearest hospital where appropriate medical treatment can be obtained; or (b) after being treated at a local hospital, the Insured Person's medical condition warrants transportation to the Insured Person's home country to obtain further medical treatment to recover. All expenses for emergency medical evacuation must be approved in advance by On Call International. Emergency medical evacuation is a service provided by On Call International; it is not insurance but it is included as a service in your Student Health Insurance Policy.

Contact: On Call International for any of the International Assistance Program services described here.

Toll Free from U.S. and Canada: 1-800-850-4556

Dial Direct/Call Collect Worldwide: 1-603-898-9159

Website: www.oncallinternational.com

24-HOUR NURSE ADVICE LINE

(Included in International Assistance Program)

Wouldn't you feel better knowing you could get health care answers from a Registered Nurse 24 hours a day? Students may utilize the Nurse Advice Line when the school health clinic is closed or anytime they need confidential medical advice. On Call International 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. 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 1-866-525-1955.

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;
2. 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;
3. 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;
4. Injury resulting from motor vehicle accident to the extent that benefits are payable under any automobile medical expense insurance or automobile no-fault plans, except as provided;
5. 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;
6. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law;
7. Expense incurred as the result of dental treatment, except as specifically provided under the Pediatric Dental Services benefit or 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;
8. Injury or Sickness resulting from declared or undeclared war; or any act thereof;
9. Injury due to participation in a riot;
10. 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, or except as specifically provided under the Pediatric Vision Services benefit;
11. An amount of a charge in excess of the Reasonable and Customary Expense;
12. 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;
13. Growth Hormone therapy; Patient Controlled Analgesia;
14. Treatment for nicotine addiction or smoking cessation.
15. 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.

EXCLUSIONS (CONTINUED)

16. Weight management services and supplies related to weight reduction programs, weight management programs and related supplies; treatment of obesity; surgery for removal of excess skin or fat for weight reduction and treatment of obesity.

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 30 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.

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 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
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
4. Please make certain all additional medical bills submitted show your name, school ID, 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 6:00 p.m. C.S.T.
6. You may check the status of a claim you have already filed at: 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 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 6:00 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
Visit us and **enroll on the Web** at:
www.SAICInsurance.com

PRIVACY PRACTICES NOTICE OF PRIVACY PRACTICES

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.

Our Privacy Promise

We understand the importance of handling your medical information with care. We are committed to protecting the privacy of your medical information. State and federal laws require us to make sure that your medical information is kept private. Federal law requires that we provide you with this Notice of Privacy Practices, which describes our legal duties and privacy practices with respect to your medical information and your legal rights with respect to our use and disclosure of your medical information. We are required by law to follow the terms of the Notice currently in effect. This Notice is effective September 23, 2013, and will remain in effect until it is changed or replaced.

We reserve the right to change our privacy practices and the terms of this notice at any time, as long as the law allows. These changes will be effective for all medical information that we keep, including medical information we created or received before we made the changes. When we make a material change to our privacy practices, we will provide a copy of a new notice (or information about the changes to our privacy practices and how to obtain a new notice) in a mailing to members who are covered under our health plans at that time.

Uses and Disclosures of Medical Information

Treatment, Payment, Health Care Operations:

We may use and disclose your medical information for purposes of treatment, payment and health care operations.

Treatment:

We may disclose your medical information to a physician or other health care professional to help him or her provide your treatment.

Payment:

We may use or disclose your medical information for these and other activities related to payment:

- Paying claims from physicians, hospitals and other health care providers.
- Obtaining premiums.
- Issuing explanations of benefits to the named insured.
- Providing information to health care professionals or other entities that are bound by the federal Privacy Rules for their payment activities.

Health Care Operations:

We may use or disclose your medical information in the normal course of conducting health care operations, including such activities as:

- Quality assessment and improvement activities.
- Reviewing the qualifications of health care professionals.
- Compliance and detection of fraud and abuse.
- Underwriting, enrollment and other activities related to creating, renewing or replacing a plan of benefits. We may not, however, use or disclose genetic information for underwriting purposes.
- Providing information to another entity bound by the federal Privacy Rules for its health care operations, in limited circumstances.

You and Your Family and Friends

We may use and disclose your medical information to communicate with you for purposes of customer service or to provide you with information you request. We may disclose your medical information to a family member, friend or other person to the extent necessary for him or her to assist with your health care or payment for your health care. Before we disclose your medical information to that person, we will give you a chance to object to us doing so. If you are not available, or if you are incapacitated or in an emergency situation, we may, in the exercise of our professional judgment, determine whether the disclosure would be in your best interest. We may also use or disclose your medical information to notify (or help notify, including identifying and locating) a family member, a personal representative or other person responsible for your care of your location, general condition or death.

Your Employer or Organization Sponsoring Your Group Health Plans

We may disclose summary information and enrollment information to your employer (or other plan sponsor). Summary information is a summary of the claims history, claims expenses or types of claims that members of your group health plan have filed. The summary information will not include demographic information about you or others in the group health plan, but your employer or plan sponsor may be able to identify individuals from the summary information provided.

Disaster Relief

We may use or disclose your medical information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

Public Benefit

We may use or disclose our members' medical information as authorized by law for the following purposes that are in the public interest or benefit:

- As required by law.
- For public health activities, including disease and vital statistics reporting, child abuse reporting, FDA oversight, and to employers regarding work-related illness or injury.
- To report adult abuse, neglect or domestic violence.
- To health oversight agencies.
- In response to court and administrative orders and other lawful processes.
- To law enforcement officials in response to subpoenas and other lawful processes concerning crime victims, suspicious deaths, crimes on our premises, reporting crimes in emergencies and to identify or locate a suspect or other person.
- To coroners, medical examiners and funeral directors.
- To organ procurement organizations.
- To avert a serious threat to health or safety.
- In connection with certain research activities.
- To the military and to federal officials for lawful intelligence, counterintelligence and national security activities.
- To correctional institutions regarding inmates.
- As authorized by state workers' compensation laws.

Your Authorization

We may not use or disclose your medical information without your written authorization, except as described in this notice. You may give us written authorization to use your medical information or to disclose it to anyone for any purpose. If you give us authorization, you may revoke it at any time by notifying us of your revocation in writing. Your revocation will not affect any use or disclosure permitted by the authorization while it was in effect. We need your written authorization to use or disclose psychotherapy notes, except in limited circumstances such as when a disclosure is required by law. We also must obtain your written authorization to sell your medical information to a third party or, in most circumstances, to send you communications about products and services. We do not need your written authorization, however, to send you communications about health-related products or services, as long as the products or services are associated with your coverage or are offered by us.

Individual Rights

You have certain rights with respect to the medical information we maintain about you. To exercise any of these rights or to obtain more information about these rights (including any applicable fees), contact us using the information listed at the end of this notice.

Access

You have the right to inspect or receive a paper or electronic copy of your medical information, with some exceptions. To inspect or receive your medical information, you must submit the request in writing. If you request to receive a copy of your records, we are allowed to charge a reasonable, cost-based fee.

Disclosure Accounting

You have the right to request, in writing, a record of instances in which we (or our business associates) disclosed your medical information for purposes other than treatment, payment, health care operations, and as allowed by law. We will provide you with a record of such disclosures for up to the previous six years. If you request a record of disclosures more than once in a 12-month period, we may charge you a reasonable, cost-based fee for each additional request.

Restriction

You have the right to request, in writing, that we place additional restrictions on our use or disclosure of your medical information. By law, we are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Any agreement to additional restrictions will be made in writing and signed by a person authorized to make such an agreement for us.

Confidential Communications

You have the right to request, in writing, that we communicate with you about your medical information by other means, or to another location. We are not required to agree to your request unless you state that you could be in danger if we do not communicate to you in confidence. In that case, we must accommodate your request if it is reasonable, if it specifies the other means or location, and if it permits us to continue to collect premiums and pay claims under your health plan. We will not be bound to your request unless our agreement is in writing.

Even if we agree to communicate with you in confidence, an explanation of benefits we issue to the named insured for health care services the named insured (or others covered by the health plan) received might contain sufficient information (such as deductible and out-of-pocket amounts) to reveal that you obtained health care services for which we paid.

Amendment

You have the right to request, in writing, that we amend your medical information. Your request must explain why we should amend the information. We may deny your request if we did not create the information you want amended and the person or entity that did create it is available, or we may deny your request for certain other reasons. If we deny your request, we will send you a written explanation.

Notice of Breach

We are required to notify affected individuals following a breach of unsecured medical information.

Electronic Notice

You may request a written copy of this notice at any time or download it from our website.

Questions and Complaints

If you want more information about our privacy practices, or if you have questions or concerns, please contact us using the information below.

If you believe we may have violated your privacy rights, you may submit a complaint to us using the contact information listed below. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with that address upon request.

We support your right to the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Information

Attn: Bruce Honeycutt, Privacy Officer
120 East @ Alpine Road (AX-E01)
Columbia, SC 29219
(803) 264-7258 (telephone)
(803) 264-7257 (fax)

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. 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
Dental/Vision/Pharmacy		
Student Only	\$72.00	\$62.00
Family	\$88.00	\$78.00
Dental & Vision		
Student Only	\$62.00	\$52.00
Family	\$79.00	\$69.00
Dental & Pharmacy		
Student Only	\$62.00	\$52.00
Family	\$79.00	\$69.00
Vision & Pharmacy		
Student Only	\$40.00	\$30.00
Family	\$50.00	\$40.00
Vision		
Student Only	\$25.00	\$15.00
Family	\$30.00	\$20.00
Pharmacy		
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
- Several Plan Design Options to choose from
- No Waiting Periods for Most Services
- Optional Vision Coverage for Additional Premium

DENTAL AND VISION COVERAGE

QUESTIONS? PLEASE CALL 800-452-5772.

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

View available options and enroll online at www.SAICInsurance.com.