

2015 - 2016

STUDENT HEALTH INSURANCE PLAN

POLICY FORM NUMBER: BSHP-PPO-POL
POLICY NUMBER: 2015A5A02



School of the Art Institute
of Chicago

Gold Coverage - Affordable Care Act Compliant

Pre-Certification is not required

Underwritten by:

Companion Life Insurance Company - A+

Servicing Agent:

Associated Insurance Plans International

609 N. Pine Street, Suite 202

Burlington, WI 53105

(800) 452-5772 • Fax (262) 758-6344

email: office@AIPStudentInsurance.com

Student Insurance Website: www.SAICInsurance.com

Please contact between the hours of 9:00 a.m. to 4:30 p.m. Central Standard Time.



SCAN for a direct link to your
student insurance website.

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HOW DO I RECEIVE ASSISTANCE WITH A QUESTION OR PROBLEM?

Please call the Servicing Agent, 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 2015-2016
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: 2015A5A02



EXPRESS SCRIPTS®

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 - 7 am - 7 pm CST

www.SAICInsurance.com

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



PHCS www.phcs.com
800-922-4362

SAIC

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 2015 - 2016

This is a general summary of Student Health Insurance coverage. Keep this brochure for your records as no individual certificate 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 eligible 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, 2015. To waive health insurance for the spring semester only, the deadline is the first day of spring classes, January 22, 2016.

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, 2015. The deadline to request spring only health insurance coverage is January 22, 2016.

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, 2015. The deadline to request spring only health insurance coverage is January 22, 2016.

COVERAGE FOR DEPENDENTS

Students who enroll in the health insurance plan may enroll eligible dependents on a voluntary basis. Students should enroll dependents for entire academic year or Fall Term only, by enrollment deadline date August 27, 2015; for Spring term only by enrollment deadline date January 22, 2016. Call (800) 452-5772 or email at: office@AIPStudentInsurance.com to request an Enrollment Form and for payment terms for Dependent coverage. Dependent coverage is only available for the same term the student is covered.

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 incapable of self-sustained employment by reason of a handicapped condition; (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 and adopted children will consist of coverage for Sickness or Accident, including necessary care or treatment of medically diagnosed congenital defects, birth abnormalities, premature birth, well-born care and routine nursery care related with a covered sickness. 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

In the event student withdraws from school within the first 31 days of the semester, We will refund any premiums paid for the student and any covered Dependents.

Except as otherwise indicated in the Classes of Eligible Persons section of the Policy, a pro-rata refund of premium will be made only in the event:

1. the Covered Person enters full-time active duty in any Armed Forces; and
2. We receive proof of such active duty service.

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 26, 2015 at 12:01 a.m. for domestic students; or
- The Policy Effective date August 22, 2015 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 30, 2016 at 11:59 p.m. for Domestic Students; or
- The Policy Expiration date August 30, 2016 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	8-26-2015	8-30-2016
Fall	8-26-2015	1-27-2016
Spring & Summer	1-01-2016	8-30-2016

COVERAGE PERIODS FOR INTERNATIONAL & EXCHANGE STUDENTS

TERM	DATE COVERAGE BEGINS	DATE COVERAGE ENDS
Annual	8-22-2015	8-30-2016
Fall	8-22-2015	1-27-2016
Spring & Summer	1-01-2016	8-30-2016

COST OF INSURANCE FOR ALL STUDENTS AND THEIR DEPENDENTS

	ANNUAL	FALL	SPRING & SUMMER
Student	\$2,100	\$1,050	\$1,050
**Spouse	\$2,100	\$1,050	\$1,050
**Each Child	\$2,100	\$1,050	\$1,050

Insurance costs include an administrative fee.

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

CONTINUATION OF INSURANCE AFTER GRADUATION OR TERMINATION

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

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. 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 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, 2) the negotiated charge that a Preferred Provider has agreed to accept for service, or 3) 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.

"Complications of Pregnancy" means conditions which require medical treatment before pregnancy ends, and whose diagnosis is distinct from, but are caused or affected by pregnancy. Such conditions are; acute nephritis or nephrosis, cardiac decompensation; missed abortion; hyperemesis gravidarum; pre-eclampsia; non-elective cesarean section; termination of ectopic pregnancy; and spontaneous termination when a live birth is not possible.

DEFINITIONS (CONTINUED)

Complications of Pregnancy does not include: false labor; occasional spotting; voluntary abortion; Doctor prescribed rest during pregnancy; morning sickness; and similar conditions not medically distinct from a difficult pregnancy.

"Co-payment" means a fixed dollar amount that the Covered Person must pay before benefits are payable under 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.

"Covered Sickness" means Sickness, disease or trauma related disorder due to Injury which:

1. causes a loss while the Policy is in force; and
2. which results in Covered Medical Expenses.

Covered Sickness includes Mental Health Disorders and Substance Use Disorders.

"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.

"Dependent" means: 1) an Insured's lawful spouse; or 2) an Insured's unmarried child, from the moment of birth to age 26.

A **"child"**, includes an Insured's: 1) natural child; 2) stepchild; and 3) adopted child, beginning with any waiting period pending finalization of the child's adoption.

Coverage will continue for a child who is 26 or more years old, chiefly supported by his or her parent or dependent on other care providers and incapable of self-sustaining employment by reason of a handicapped condition that occurred before the attainment of the limiting age. Proof of the child's condition and dependence will be requested by Us within 2 months prior to the date the child will cease to qualify as a child as defined above. Such proof must be submitted to Us within 31 days from the date of the request. We may, at reasonable intervals thereafter, require proof of the continuation of such condition and dependence. If proof is not submitted within the 31 days following any such request, coverage for the Dependent will terminate.

With respect to a handicapped child, "dependent on other care providers" means such child requires a Community Integrated Living Arrangement, group home, supervised apartment, or other residential services licensed or certified by the Department of Human Services, the Department of Public Health, or the Department of Public Aid.

DEFINITIONS (CONTINUED)

The term **"spouse"** also includes your domestic partner. You and your domestic partner must submit a complete domestic partner affidavit and meet the following criteria to qualify your domestic partner for insurance under this group policy. For at least six consecutive months prior to the effective date of your domestic partner insurance, you and your domestic partner:

1. are and have been each other's sole domestic partner, and have maintained the same principal place of residence and intend to do so indefinitely;
2. are both at least 18 years of age;
3. are not married or related by blood; and
4. are jointly responsible for each other's welfare and financial obligations.

The term also includes the child of your domestic partner. Any such child must be unmarried and under age 26.

We will not terminate coverage or deny the election of coverage for an unmarried Dependent by reason of the Dependent's age before the Dependent's 30th birthday if the Dependent (i) is an Illinois resident, (ii) served as a member of the active or reserve components of any of the branches of the Armed Forces of the United States, and (iii) has received a release or discharge other than a dishonorable discharge..

"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.

DEFINITIONS (CONTINUED)

3. Serious dysfunction of any of the Covered Person's bodily organs or parts.

"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.

DEFINITIONS (CONTINUED)

"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);
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.

"Immediate Family" means a Covered Person's parent, spouse, child, brother or sister.

"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

DEFINITIONS (CONTINUED)

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.

"Out-of-Network" means a provider who has not agreed to any prearranged fee schedules. We will not pay charges in excess of the Usual and Customary Charges.

"Preferred Allowance"; means the amount a Preferred Provider will accept as payment in full for covered medical expenses.

"Preferred Provider" means the Doctors, Hospitals and other health care providers who have contracted to provide specific medical care at negotiated prices.

"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.

"Covered Sickness" means Sickness, disease or trauma related disorder due to Injury which

1. causes a loss while the Policy is in force; and
2. which results in Covered Medical Expenses.

"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.

OUT OF POCKET EXPENSE LIMIT

The Out-of-Pocket Expense Limit is shown in the Schedule of Benefits. It provides a cap on the amount of Covered Medical Expenses an Insured Person has to pay. Expenses that are not eligible or amounts above any Maximum Benefit do not apply toward the Out-of-Pocket Expense Limit. However, the Insured Person's Coinsurance amounts, Deductibles, and Copayments will apply toward the Out-of-Pocket Expense Limit.

**SCHOOL OF THE ART INSTITUTE OF CHICAGO 2015-2016
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
Covered Inpatient Expenses		
Hospital Room & Board - Limited to the semiprivate room rate, includes nursing and special care	80% Preferred Allowance (PA)	60% of Usual & Customary U&C)
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 physical and occupational therapy; and other necessary and prescribed expenses.	80% of PA after a \$100 copay	60% U&C after a \$100 copay
Intensive Care	80% of PA	60% U&C
Surgery	80% of PA	60% U&C
Anesthetist & Assistant Surgeon Fees	80% of PA	60% U&C
Doctor's Visit - limited to 1 per day and does not apply when related to surgery	80% of PA	60% U&C
Day Surgery including day surgery miscellaneous expenses and IV infusion therapy	80% of PA	60% U&C
Consulting Doctor Fees - When requested and approved by the attending Doctor	80% of PA	60% U&C
Private Duty Nurse	80% of PA	60% U&C
Mental Health (Disorders and Substance Use Disorders)	Same as any other covered sickness	
Skilled Nursing Facility	80% of PA	60% U&C
Covered Outpatient Expenses		
Doctor's Visits - Does not apply when related to surgery. \$25 copay per visit	80% of PA	60% U&C
Consulting Doctor Fees - When requested and approved by the attending Doctor, \$25 Copay per visit	80% of PA	60% U&C
Day Surgery including day surgery miscellaneous expenses and IV infusion therapy	80% of PA	60% U&C
Anesthetist & Assistant Surgeon Fees	80% of PA	60% U&C
Urgent Care Center \$25 copay	80% of PA	60% U&C
Emergency Room - \$300 copay (waived if admitted)	80% of PA	60% U&C
Outpatient Rehabilitation and Habilitation Services (includes acupuncture, chiropractic care, physical therapy, speech therapy, pulmonary therapy, and occupational therapy) - \$25 copay per visit. Treatment must be received within 30 days of release by Doctor for rehabilitation	80% of PA	60% U&C
Chemotherapy/Radiation Therapy	80% of PA	60% U&C
Diagnostic X-ray, Radiology, and Laboratory services (includes kidney dialysis, inhalation therapy)	80% of PA	60% U&C
Hospital Outpatient Surgical Miscellaneous (includes ambulatory surgical center \$100 copay)	80% of PA	60% U&C
Dental Treatment (Injury to sound, natural teeth only) - Maximum \$500 per policy year	80% of PA	60% U&C
Mental Health (Disorders and Substance Use Disorders) - subject to \$25 copay per visit	Same as any other covered sickness	
Hospice	80% of PA	60% U&C
Home Health Care	80% of PA	60% U&C
Other Covered Expenses		
Ambulance Service	80% of PA	60% U&C
Maternity (including Birthing Center services)	80% of PA	60% U&C
Well Baby Care	Payable as any other Sickness	Payable as any other Sickness
Complications of Pregnancy		
Abortion	80% of PA	60% U&C
Implantable and Injectable Contraception	100% of PA	60% U&C
Transplant Services - see benefit for limitations	80% of PA	60% U&C
Orthopedic Appliances and Durable Medical Equipment	80% of PA	60% 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 2015-2016
SCHEDULE OF BENEFITS (CONTINUED)**

Prescription Drugs - 30-day supply only. Includes contraceptive medication prescribed by your Doctor Generic Contraceptives: \$0 copay Generic Drug: \$15 copay Brand Name: \$50 copay Single Source: \$35 copay Prescriptions filled at non-Express Scripts pharmacies are not covered.	80% of PA	60% U&C
Preventive Care Services (Deductible, Coinsurance and copay do not apply when service is rendered by a PPO Provider) in accordance with the Patient Protection and Affordable Care Act guidelines illustrated at www.healthcare.gov	100% of PA	60% U&C
Pediatric Dental Service Benefit - 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	100% of PA 50% of U&C for all other covered services	60% U&C 50% of U&C for all other covered services
Pediatric Vision Services Benefit - subject to a \$20 copay per exam, and a \$40 copay for materials and supplies.	100% of PA	60% U&C
Transgender Benefits - Medical, psychological and other counseling; surgery; 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
ADDITIONAL BENEFITS MANDATED BY THE STATE OF ILLINOIS		
• Alcohol or Narcotics Injury-Related Services Benefit		
• Breast Cancer Pain Medication and Therapy Benefit	80% of PA	50% of U&C
• Post-Mastectomy Benefit	80% of PA	50% of U&C
• Reconstructive Breast Surgery	80% of PA	50% of U&C
• Mental Illness and Substance Abuse Benefit	80% of PA	50% of U&C
• Clinical Cancer Trial Benefit	80% of PA	50% of U&C
• Diabetes Self-Management and Education	80% of PA	50% of U&C
• Dental Anesthesia Care Benefit	80% of PA	50% of U&C
• Autism Specturm Disorders Benefit	80% of PA	50% of U&C
• Multiple Sclerosis Preventive Physical Therapy Benefit	80% of PA	50% of U&C
• Shingles Vaccine Benefit	80% of PA	50% of U&C
• Human Papillomarvirus Vaccine Benefit	80% of PA	50% of U&C
• Amino Acid-based Elemental Formulas Benefit	80% of PA	50% of U&C
• Habilitative Services for Children Benefit	80% of PA	50% of U&C
• Mammography and Clinical Breast Examination	80% of PA	50% of U&C
• Infertility	80% of PA	50% 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.	See Details Page 16	
OPTIONAL DENTAL AND VISION INSURANCE PLAN		
A separate dental insurance plan with optional vision coverage. Several benefit options to choose from, subject to additional premium. Please call (800) 452-5772 to request plan details or visit our website at www.SAICInsurance.com and click on Dental Insurance Plan.		
Note: These additional programs are not underwritten by Companion Life Insurance Company.		

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.

HEALTH INSURANCE PLAN
www.SAICInsurance.com

EXCLUSIONS

NOTE:

Any exclusion in conflict with the Patient Protection and Affordable Care Act will be administered to comply with the requirements of the Act.

The Policy does not provide coverage for loss caused by or resulting from:

1. Charges that are not Medically Necessary or in excess of the Usual and Customary charge.
2. 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;
3. Expenses in connection with cosmetic treatment or cosmetic surgery, except as a result of:
 - a. a covered Injury that occurred while the Covered Person was insured;
 - b. a covered child's congenital defect or anomaly; or
 - c. as specifically provided for in the Policy.
4. Injuries arising out of:
 - a. playing or participating in an interscholastic, intercollegiate, 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.
5. Expenses incurred for birth control procedures, supplies or devices, except as otherwise provided under the Policy. Drugs and medications for the treatment of impotence and/or sexual dysfunction;
6. 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, except as mandated by the State of Illinois. 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.
7. Expenses incurred in connection with voluntary sterilization or sterilization reversal, vasectomy or vasectomy reversal and sexual reassignment;
8. 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 a felony, or participation in a riot or insurrection, engaging in an illegal occupation;
9. Expenses incurred for Injury or Sickness for which benefits are paid or payable under any Worker's Compensation or Occupational Disease Law or Act, or similar legislation.

EXCLUSIONS (CONTINUED)

10. 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.
11. Expenses incurred for dental care or treatment of the teeth, gums or structures directly supporting the teeth, including surgical extractions of teeth except as provided by the Pediatric Dental Benefit. This exclusion does not apply to the repair of Injuries to sound natural teeth caused by a covered Injury, and except as specifically provided in the Hospitalization and Anesthesia for Dental Procedures expense benefit;
12. Elective Surgery or Elective Treatment as defined by the Policy;
13. Immunizations, except as specifically provided in the Policy; preventive medicines or vaccines, except when required for treatment of a covered Injury or as specifically provided in the Policy;
14. Hirsutism, alopecia;
15. 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.
16. Routine physical examinations and routine testing, preventive testing or treatment, screening exams or testing in the absence of any Injury or Sickness, except as specifically provided by the Policy or as stated at www.healthcare.gov.

COORDINATION OF BENEFITS

This provision applies to persons covered by the Policy and one or more other medical or dental plans. This Plan is excess to any other plan of medical or dental insurance the Covered Person may have.

No benefit is payable for any Covered Expense incurred, which is paid or payable by any other valid and collectible insurance. Covered Expenses does not include any amount not covered by the primary carrier due to penalties for failure to comply with policy provisions or requirements.

This provision will not apply to the first \$100.00 of incurred Covered Expense.

EXTENSION OF BENEFITS

If a Covered Person is confined in a Hospital for a medical condition on the date his insurance ends, expenses Incurred during the continuation of that Hospital stay will be considered a Covered Expense, but only while such expenses are incurred during the 30 day period following the termination of insurance. We will not continue to pay these Covered Expenses if:

1. the Covered Person's medical condition no longer continues;
2. the Covered Person reaches the Policy Term Maximum per covered Accident or covered Sickness; or
3. the Covered Person obtains other coverage.
4. the Covered Expenses are incurred more than 30 days following termination of insurance.

If a Covered Person is not confined to a Hospital on the date his or her insurance terminates, charges incurred during the next 31 days will be considered a Covered Expense, but only for a Sickness or Injury for which Covered Expenses were incurred before the termination date.

ON CALL INTERNATIONAL GLOBAL ASSISTANCE PROGRAM

The Global Assistance Program (GAP) is supplemental to the Student Insurance Plan. The GAP provides access to a 24-hour worldwide assistance network, On Call International, for emergency assistance anywhere in the world. Simply call the assistance center at 1-855-226-7915 (toll free) or collect at 1-603-952-2045. The multilingual staff will answer your call and immediately provide reliable, professional and thorough assistance.

The Global Assistance Program is effective when you are outside your home country, or over 100 miles from home within the United States or when you are traveling.

The following emergency services are included*:

Emergency Medical Evacuation and Repatriation If you suffer an accident, injury or sickness resulting in a serious medical condition which in the opinion of the On Call physician requires transportation to be treated adequately, On Call will arrange and pay for air and/or surface transportation, medical care during transportation, communication and all usual and customary ancillary charges incurred in moving and transporting you to the nearest hospital where appropriate medical care is available.

After being treated at a medical facility, On Call will arrange and pay for the transport of the Participant with a qualified medical attendant to the Country of Domicile or Country of Residence for further medical treatment or recovery should it be deemed medically necessary by the On Call physician.

Return of Remains In the event of death, On Call shall make the arrangements and pay for casket or air tray, preparation and transportation of his/her remains to his/her place of residence or to the place of burial.

Return of Dependent Children If your Dependent(s) are present but left unattended as a result of your hospitalization or Medical Evacuation, On Call shall make and pay for travel arrangements to return them home, including a non-medical escort as needed. This service has a limit of \$5,000.

Visit by Family/Friend If the Participant has or will be hospitalized for more than five (5) days while traveling, On Call shall make and pay for travel arrangements and suitable hotel accommodations for a person of your choice to join them. This service includes flights and up to \$200 a day for hotel for a maximum of seven (7) days, up to a combined service limit of \$5,000.

*On Call International must pay and arrange for all services included above, reimbursement for self-paid expenses will not be considered; it is not insurance but it is added as a service in your Student Health Insurance Policy.

Additional Medical and Travel Assistance

If there are third party costs associated with the following services, On Call will notify you and you will be responsible for the costs:

- Pre-Trip Information
- Referral to the nearest, most appropriate medical facility, and/or provider.
- Medical monitoring by board certified emergency physicians in the United States
- Guarantee of Payment to provider and assistance in coordinating insurance benefits
- Prescription Replacement Assistance or Dispatch of Medicine if not available locally
- Emergency Message Forwarding to family, friends, personal physician, school, etc.
- Emergency Travel Arrangements for disrupted travel
- Legal Consultation and Referral
- Interpreter Assistance and Referral
- Lost Luggage Assistance
- Lost/Stolen Travel Documents Assistance

24 Hour Nurse Helpline

Students may utilize the Nurse Advice Line when the school health clinic is closed or anytime they need confidential medical advice. A Registered Nurse counselor will provide a clinical assessment 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 Students). Nurses shall not diagnose Member's ailments.

Contact On Call International to access any of the GAP services described above.

Toll Free from U.S. and Canada: 1-855-226-7915

Collect Worldwide: 1-603-952-2045

mail@oncallinternational.com

This is only an outline of services and terms, conditions and exclusions apply.

SUBROGATION AND RIGHT OF REIMBURSEMENT

Subrogation: We are assigned the right to recover from the negligent third party, or his or her insurer, to the extent of the benefits we paid for that sickness or injury. You are required to furnish any information or assistance, or provide any documents that we may reasonably require in order to exercise our rights under this provision. This provision applies whether or not the third party admits liability.

Right of Reimbursement: If a Covered Person incurs expenses for Sickness or Injury that occurred due to the negligence of a third party, we have the right to reimbursement for all benefits We paid from any and all damages collected from the negligent third party for those same expenses whether by action at law, settlement or compromise, by the Covered Person, Covered Person's parents if the Covered Person is a minor, or Covered Person's legal representative as a result of that Sickness or Injury. You are required to furnish any information or assistance, or provide any documents that we may reasonably require in order to exercise our rights under this provision. This provision applies whether or not the third party admits liability.

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.

APPEAL PROCEDURE

If an Insured Person wishes to appeal an Adverse Determination based on a claim decision, contact the Claims Administrator either orally or in writing.

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.

HOW DO I FILE A CLAIM UNDER MY STUDENT INSURANCE PLAN? (CONTINUED)

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 7:00 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 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 7:00 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.

PRIVACY NOTICE

For a copy of Companion Life Insurance Company's Privacy Notice please:

1. Go to www.SAICInsurance.com or
2. Call AIP at 800-452-5772 and request a copy or
3. Email office@aipstudentinsurance.com and request a copy.

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.

609 N. Pine Street, Suite 201
Burlington, WI 53105

(800) 452-5772 • FAX (262) 758-6344
(e-mail) office@aipstudentinsurance.com

Visit us and enroll on the Web at:

www.SAICInsurance.com

The following Dental & Vision Services are not part of the plan underwritten by Companion Life Insurance Company.
They are provided by Security Life Insurance Company.

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.