

**Delos Insurance Company  
Accident & Sickness Plan  
for  
School of the Art Institute of  
Chicago Students**

**2007 • 2008**

**[www.AIPInternational.com](http://www.AIPInternational.com)**

**Policy Number DSP00012-07**

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

Associated Insurance Plans International, Inc.

1-800-452-5772

Post Office Box 189

Libertyville, Illinois 60048

Email: [office@AIPInternational.com](mailto:office@AIPInternational.com)

**How can I find a Beech Street Provider?**

Beech Street Preferred Provider Network

1-800-432-1776

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

**How can I find a MEDCO Pharmacy?**

MEDCO 1-800-400-0136

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

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

SAIC Student Accounts Office

312-629-6600

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This is an informal explanation of Student Accident and Sickness Insurance Benefits made available by Delos Insurance Company. This explanation is not a contract; however, the policy is available for review at the Office of Student Affairs, 36 South Wabash, 12th Floor, Chicago, Illinois 60603. Any discrepancy between this brochure and the Policy will be governed by the Policy.

**INTRODUCTION**

The School of the Art Institute of Chicago's (SAIC) 2007-2008 Student Accident and Sickness Insurance Plan provides continual protection, 24 hours a day, anywhere in the world during the period for which you have paid for this insurance.

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

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

**COST OF INSURANCE  
EFFECTIVE AND TERMINATION DATES**

	<b>ANNUAL</b>	<b>FALL</b>	<b>SPRING &amp; SUMMER</b>
<b>Domestic</b>	8/24/07-8/23/08	8/24/07-1/14/08	1/15/08-8/23/08
<b>International</b>	8/15/07-8/15/08	8/15/07-1/14/08	1/15/08-8/15/08
<b>Student Only</b>	\$1,478.00	\$739.00	\$739.00

Insurance costs include an administrative fee.

## ELIGIBILITY

**Health Insurance is required for all degree and certificate students enrolled for 12 or more credit hours, and for all international and exchange students.**

Unless degree and certificate students enrolled for 12 or more credit hours, and all exchange and international students submit a waiver through Self-Service\*\*, they will automatically receive the School's health insurance and the fee for health insurance will be charged to the student's account each term.

If a student has comparable coverage and wishes to have the School's insurance waived for the fall semester or the full year, a waiver must be completed online through Self-service\*\* prior to the first day of classes. For the entire academic year, or the Fall term only, the deadline is August 30, 2007. For the Spring term only, the deadline is January 24, 2008.

**Health Insurance Coverage is also available, upon request through Self-Service\*\* to all domestic degree seeking students enrolled in less than 12 hours.** The fee for health insurance is then added to the student's account each semester for which coverage is requested. Please request health coverage on line through Self-Service\*\* by August 30th for the Fall semester. Spring only request must be made on line through Self-Service\*\* by January 24, 2008 for the Spring semester.

**Reminder:** If a student registers for 12 or more credit hours and then drops to less than 12 hours before the end of the add/drop period, the health insurance coverage will not be provided. The health insurance charge will be added back to the account if the student requests health insurance on line through Self-Service by the end of the Fall add/drop period, September 12, 2007 or Spring add/drop period, February 6, 2008.

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

## COVERAGE FOR DEPENDENTS

Upon application and payment of an additional cost of insurance directly to the Insurance Company, Dependents may also be eligible for coverage. Coverage is effective on the date application and cost of insurance are received, or the effective date, whichever is later.

Cost of Insurance	Annual	Fall	Spring/Summer
Additional for spouse	\$4,820.00	\$2,410.00	\$2,410.00
Additional for each child	\$1,459.00	\$ 729.50	\$ 729.50

Call (800) 452-5772 or email at: [office@AIPInternational.com](mailto:office@AIPInternational.com) for payment terms for Dependent coverage.

## **TERMINATION OF COVERAGE**

Coverage terminates at the earliest of the following: the termination of the Policy; the last day of the term of coverage for which cost of insurance is paid; the last day of the period for which cost of insurance has been paid following the date a Dependent ceases to be a Dependent as defined; or the date a Covered Person enters full time military service. A refund of the unearned pro-rata cost of insurance will be made when a Covered Person enters full-time military service upon written request. Unless otherwise noted, there is no provision for cancellation, and no refund will be made available.

For medical expenses to be eligible for payment under the Student Accident and Sickness Insurance Plan, treatment must have been received while you are insured under this student insurance program. There is no insurance coverage in force under this program if cost of insurance has not been paid. Students who graduate or leave school and are no longer eligible for the insurance program after the last day of coverage may elect to purchase the continuation plan which is available by contacting Associated Insurance Plans International Inc., completing an application, and submitting cost of insurance payment directly to the Insurance Company.

## **CONTINUATION OF INSURANCE AFTER GRADUATION OR TERMINATION**

If a student who has been insured under this program 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 you can re-enroll in the Insurance plan for up to 12 months at a higher cost, provided application is made within 30 days of the policy expiration date. The cost of insurance for the Continuation Plan must be paid in advance for the entire continuation period selected, either 3, 6, 9 or 12 months. No re-enrollment is permitted once the original term of coverage selected has expired. Please contact Associated Insurance Plans at (800) 452-5772. International Students (F-1 and J-1 non-immigrant visa holders) who are authorized for optional practical training or academic training are eligible to extend coverage by completing an insurance request form. You will be billed accordingly.

## **BEECH STREET CORPORATION PREFERRED PROVIDER NETWORK**

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

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

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

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

**SCHEDULE OF BENEFITS**

<b>BENEFITS</b>		<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Maximum Medical Expense Benefit - Per Accident or Sickness</b>		\$ 100,000	\$ 100,000
<b>Out-of-Pocket Maximum</b>		\$ 10,000	\$ 10,000
<b>Deductible:</b> Reduced to \$150 per Policy Year if treatment is received from Michigan Avenue Urgent Care Center or St. James/Cathedral Counseling Center.			
<b>Prescription Drug Card (MEDCO)</b> - \$2,000 per Policy Year includes contraceptive medication prescribed by your doctor. Generic Drug: \$15 co-payment Brand Name: \$25 co-payment Single Source: \$35 co-payment		\$ 250	\$ 250
<b>One Annual Physical Exam for Wellness or Women's Wellness Exam:</b> (Deductible does not apply) Up to \$500 each Policy Year. Coverage includes cost of exam, recommended laboratory tests (cystologic screening provided under benefit mandated by the state of Illinois), and implantables or injectables relating to contraception.			
<b>Outpatient Benefits</b>			
(a)	Mental & Nervous Expense - \$5,000 per Policy Year - \$10 co-payment per visit;	90%	70%
(b)	Alcohol and Drug Abuse Benefit - \$5,000 per Policy Year - \$10 co-payment per visit;	90%	70%
(c)	Hospital outpatient department;	90%	70%
(d)	Diagnostic x-ray and laboratory testing;	90%	70%
(e)	Radiological lab or other similar facility licensed by the state;	90%	70%
(f)	An Ambulatory Surgical Center for covered surgery;	90%	70%
(g)	Radiation therapy, intravenous chemotherapy, kidney dialysis, inhalation therapy;	90%	70%
(h)	Surgical dressings, splints, casts, and other devices used to correct fractures and dislocations;	90%	70%
(i)	Speech therapy by a licensed speech therapist to restore speech loss or correct speech impairment after corrective surgery, or following an Injury for Sickness other than a mental or learning disorder. Speech therapy must be in keeping with a Doctor's written order;	90%	70%
(j)	Acupuncture, Chiropractic care, Physical and Occupational Therapy - \$10 co-payment per visit; \$2,500 Policy Year max.	90%	70%
(k)	Treatment must be received within 50 days of release by the doctor for Rehabilitation;		
(l)	Emergency Room - \$100 co-payment, waived if admitted;	90%	70%
(m)	A Doctor's office visit while not Hospital Confined - \$10 co-payment per visit;	90%	70%
(n)	Dental Injury - \$500 per Policy Year;	90%	70%
(o)	Coverage for HIV/AIDS testing as well as immunizations for diphtheria, tetanus, pertussis, measles, rubella, and mumps to \$250 lifetime maximum Durable Medical Equipment	90%	70%

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
<b>Inpatient benefits</b>		
(a) Hospitalization Expense Benefits - Room & Board in a semi-private room, nursing services and special care - \$50 co-payment;	90%	70%
(b) Mental & Nervous Expense - 7 days per Policy Year - \$50 co-payment per visit;	90%	70%
(c) Alcohol & Drug Abuse Benefit - 7 days per Policy Year - \$50 co-payment per visit;	90%	70%
(d) Maternity;	90%	70%
(e) Durable Medical Equipment;	90%	70%
(f) Anesthetist Expense;	90%	70%
(g) Assistant Surgeon;	90%	70%
(h) Licensed Nurse Expense	90%	70%
<b>Miscellaneous Hospital Expenses;</b>		
anesthesia, anesthesia supplies and services; operating, delivery and treatment rooms and equipment; diagnostic x-ray and laboratory tests; lab studies; oxygen tent; blood and blood services; prescribed drugs and medicines; medical and surgical dressings, supplies, casts and splints; radiation therapy, intravenous chemotherapy, kidney dialysis, and inhalation therapy; chemotherapy treatment with radioactive substances; intravenous injections and solutions, and their administration; physical and occupational therapy; and other necessary and prescribed Hospital expenses;	90%	70%
<b>In Hospital Doctor's Fees and Medical Expense;</b>		
(a) one Doctor visit per day;	90%	70%
(b) constant care and treatment while an Insured Person is confined in an intensive care unit;	90%	70%
(c) care by two Doctors during one Hospital stay when the Insured Person's condition requires the skill of separate Doctors;	90%	70%
(d) consultation by another Doctor when requested by the Insured Person's Doctor. Coverage is limited to one consultation per admission. Staff consultations required by Hospital rules are not covered;	90%	70%
<b>Ambulance - \$500 per Injury or Sickness;</b>	90%	70%
<b>Surgical Benefits - Inpatient or Outpatient, including Day Surgery;</b>	90%	70%
<b>Abortion - \$300 per Policy Year;</b>	90%	70%
<b>Multiple Surgical Procedures;</b>		
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;	See Information to Left	

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
<b>Additional Benefits Mandated by the State of Illinois</b>		
Infertility Expense	90%	70%
Prostate Specific Antigen Testing	90%	70%
Diabetes Expense	90%	70%
Colorectal Cancer Screening Expense	90%	70%
Cytologic Screening (Pap Smear)		
Home Health Care Expense 130 visits per Policy Year	90%	70%
<b>Motor Vehicle Accident - \$25,000 Per Policy Year</b>	90%	70%
<b>Benefits for International Travelers</b>		
Repatriation of Body Remains - \$7,500		
Emergency Medical Evacuation - \$10,000		
<b>OPTIONAL DENTAL, VISION AND PRESCRIPTION DRUG DISCOUNT CARD</b>		
A separate dental, vision and prescription drug discount plan is available on an optional basis and is subject to payment of an additional premium. Please call (800) 452-5772 to request a brochure or visit our website at <a href="http://www.AIPInternational.com">www.AIPInternational.com</a> and click on "Dental, Vision, & Pharmacy".		



## EXPLANATION OF BENEFITS

### COINSURANCE AND CO-PAYMENT

Covered services are subject to Co-insurance, Co-payments and deductibles unless indicated otherwise. Co-insurance is the amount the Insured Person must pay to the Doctor or Hospital for each procedure, office visit, or confinement, each time he or she receives a covered service, including prescription drugs. The Co-insurance is not applied until after the Insured Person has paid any applicable Deductible that may be required under this policy.

After the annual deductible is satisfied, the Plan will pay 90% of the Allowance for Network Providers, and for Non-Network Providers 70% of Reasonable and Customary Expense for covered charges, as a result of a covered accident or sickness, up to the Schedule of Benefits Aggregate Maximum of \$100,000 per Accident or Sickness.

### MEDCO HEALTH - PRESCRIPTION DRUG CARD

Prescriptions purchased through the Medco Health Network including contraceptive medication, will be covered. For a complete list of pharmacy providers, please visit [www.AIPInternational.com](http://www.AIPInternational.com).

**\*\*NOTE:** The prescription drug benefit is through the **MEDCO Pharmacy Program**. The **MEDCO Pharmacy Network** includes national chains such as **CVS** and **Walgreens**, as well as local pharmacies. When you need to have a prescription filled, present your insurance ID card at a participating pharmacy. You will pay a co-payment for your medications. The pharmacy will submit additional charges to the Insurance Company. The plan pays a maximum of **\$2,000.00** per policy year towards prescription medications.

\$15.00 co-payment generic medications

\$25.00 co-payment brand medications

\$35.00 co-payment single source medications

Co-payments are for a 30 day supply only.

**\*\*It will NOT be possible to fully utilize the benefits of the Prescription Drug Card until the list of insureds is received from SAIC.** The name list of Fall Semester insureds is received by the Company mid-October, and new insureds for Spring Semester will be received by the Company mid-March. Until the list of insureds is received from SAIC, you will need to pay for the medication in full and you will be reimbursed once we receive the list of insureds. Submit the receipts to Medco Health, along with the prescription claim form provided at [www.AIPInternational.com](http://www.AIPInternational.com) or use the claim form enclosed.

**Insureds should check the website [www.AIPInternational.com](http://www.AIPInternational.com) to verify that the name list has been received by the Company. Notification of receipt of the list of insured students from SAIC will be posted on this website.**

### WAIVER OF EMERGENCY ROOM CO-PAYMENT

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

## **DURABLE MEDICAL EQUIPMENT EXPENSE BENEFIT**

If, by reason of Injury or Sickness, an Insured Person requires the use of Durable Medical Equipment, We will pay the Covered Percentage of the Covered Charges incurred by the Insured Person for such Durable Medical Equipment, subject to the Deductible shown in the Plan of Insurance. We pay the Covered Percentage of the Covered Charges incurred by the Insured Person for the purchase of such Durable Medical Equipment when the purchase price is expected to be less costly than rental. If durable medical equipment is purchased it is our property and is to be returned to Us, at Our expense, upon completion of the Insured Person's need, if so requested by Us. We do not pay for the replacement of Durable Medical Equipment. What we pay is shown in the plan of Insurance.

*"Durable Medical Equipment"* means medical equipment that: (1) is prescribed by the Doctor who documents the necessity for the item including the expected duration of its use; (2) can withstand long term repeated use without replacement; (3) is not useful in the absence of an Injury or Sickness; and (4) can be used in the home without medical supervision.

## **TRAVEL ASSISTANCE SERVICES**

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

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

Contact On Call International for any of these services:

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

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

## **24-HOUR NURSE ADVICE LINE**

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 provides Members with clinical assessment, education and general health information. This service shall be performed by a registered Nurse Counselor to assist in identifying the appropriate level and source(s) of care for members (based on symptoms reported and/or health care questions asked by or on behalf of Members). Nurses shall not diagnose Member's ailments. Students must be enrolled in the Student Health Insurance Plan in order to be eligible to utilize the Nurse Advice program, which is sponsored by the school. This program gives students access to a toll-free nurse information line 24-hours a day, 7 days a week. One phone call is all it takes to access a wealth of useful health care information at 1-800-850-4556.

## **EMERGENCY MEDICAL EVACUATION EXPENSE BENEFIT**

This benefit applies only to Domestic Students while studying Abroad, International Students, and their dependents. This Benefit will pay benefits for the Covered Expenses incurred if any Injury or Sickness results in the Emergency Medical Evacuation of the Insured Person.

*Emergency Medical Evacuation* means:

- (a) the Insured Person's medical condition warrants immediate Transportation from the place where the Insured Person is injured or ill to the nearest Hospital or home residence where appropriate medical treatment can be obtained; or
- (b) for Domestic Students while Studying Abroad, International Students, and their Dependents after being treated at a local Hospital; the Insured Person's medical condition warrants Transportation to his/her Home Country to obtain further medical treatment to recover.

*Covered Expenses* are Expenses up to the maximum stated in the Plan of Insurance for:

- (a) transportation,
- (b) medical services, and
- (c) medical supplies necessarily incurred in connection with Emergency Medical Evacuation of the Insured Person. All transportation arrangements made for evacuating the Insured Person must be: a) by the most direct and economical conveyance, and b) approved in advance by the Company.

*Home Country* means the country from which the Insured Person holds a passport. Where the Insured Person holds more than one passport, the Home Country will be the country that the insured person has declared with the Company.

*Transportation* means any land, water or air conveyance required to transport the Insured Person during an Emergency Medical Evacuation. Expenses for special transportation must be: (a) recommended by the attending Doctor; or (b) required by the standard regulations of the conveyance transporting the Insured Person. Special transportation includes, but is not limited to: air ambulance, land ambulance, and private motor vehicle. **Expenses for medical supplies and services must be recommended by the attending physician.**

## **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 48 hours of inpatient care following an uncomplicated vaginal delivery and a minimum of 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 a decision for an earlier discharge from the Hospital. The Doctor's approval to discharge must be made in accordance with the most current version of the "Guidelines for Perinatal Care" prepared by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists, or similar guidelines prepared by another nationally recognized medical organization.

**Newborn Infant Care** – Newborn infant care is covered when the infant is in the Hospital and has received continuous Hospital care from the moment of birth. This includes (a) nursery charges; (b) charges for routine Doctor's examinations and tests; and (c) charges for medically diagnosed congenital defects and birth abnormalities of newborn children covered from birth.

## **MATERNITY EXPENSE BENEFIT (CONTINUED)**

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

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

What We pay is shown in the Plan of Insurance

## **ABORTION EXPENSE BENEFIT**

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

## **BENEFITS MANDATED BY THE STATE OF ILLINOIS**

### **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.

### **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 Persons who are 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.
- (b) Colorectal Cancer Screening with sigmoidoscopy or fecal occult blood testing once every 3 years for persons who are at least 30 years old.

## **HOME HEALTH CARE EXPENSE BENEFIT**

We will cover charges for Home Health Care services furnished to an Insured Person. Such benefits must be provided by a licensed Home Health Agency.

We will pay for Covered Charges up to a maximum of 130 visits in any calendar year or in any continuous period of 12 months. Covered Charges are subject to 90% of Allowance for network providers and 70% of the Reasonable and Customary Expense for non-network providers. Except for a home health aide, each visit by a representative of a Home Health Agency shall be considered as one home health visit. A visit of four (4) hours or less by a home health aide, shall be considered as one home health visit. Charges for such services are not subject to the Deductible.

## **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.

## **MAMMOGRAPHIC EXAMINATION EXPENSE BENEFIT**

We will pay the covered Percentage of the Covered Charges incurred for mammographic exams. 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 twenty-four months for a woman forty through forty-nine years of age, inclusive, or more frequently upon recommendation of a Doctor;
- (c) One Mammogram every twelve months for a woman fifty years of age or older;
- (d) A Mammogram for any woman, upon the recommendation of a Doctor, where such woman, her mother or her sister has a prior history of breast cancer.

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 up to the benefit maximum. Such benefit will include the examination, laboratory fee and the Doctor's interpretation of the laboratory results.

## EXCLUSIONS

The Policy does not cover nor provide benefits for:

- (1) Services normally provided without charge by the Participating Organization's student health service center, infirmary, or Hospital, or by health care providers;
- (2) Preventive medicines, serums, immunizations or vaccines, except as specifically provided; or unless prescribed by a doctor for treatment of an accident or sickness.
- (3) Routine periodical physical examinations and routine chest x-rays, except as specifically provided;
- (4) Care and/or treatment in skilled nursing facility, except as specifically provided;
- (5) Hospice services, except as specifically provided;
- (6) Pre-existing Conditions as defined in this Policy;
- (7) Non-prescription drugs or medicines;
- (8) Injury sustained or Sickness contracted while in the 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;
- (9) 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;
- (10) Injury resulting from motor vehicle accident to the extent that benefits are payable under any automobile medical expense insurance or automobile no-fault plans;
- (11) 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;
- (12) Illness, Accident, treatment or medical condition arising out of hang-gliding, skydiving, glider flying, parasailing, sail planning, bungee jumping, racing or speed contests, skin diving, parachuting or bungi-cord jumping;
- (13) Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law;
- (14) Expense incurred as a result of dental treatment. This exclusion does not apply to treatment resulting from Injury to natural teeth;
- (15) Medical services that are not Medically Necessary or that do not conform with medical standards of practice within the community. Also services and supplies in connection with experimental or investigational care for the terminally ill;
- (16) Injury or Sickness resulting from declared or undeclared war; or any act thereof;
- (17) Charges for which Insured Persons have no legal obligation to pay in absence of this or like coverage;
- (18) For services or supplies rendered by a close relative of the Insured Person. By "close relative" We mean an Insured Person's spouse, children, parents, brothers and sisters;
- (19) Personal hygiene/convenience items; telephone consultations, missed appointments, photocopies or medical records, or completion of claim forms; expenses incurred for custodial care or services not needed to diagnose or treat an Injury or Sickness, including but not limited to services related to the activities of daily living;
- (20) For services, supplies or treatment, including any period of Hospital Confinement, which were not recommended, approved and certified as necessary and reasonable by a Doctor; or expenses non-medical in nature;

## EXCLUSIONS (CONTINUED)

- (21) Expenses incurred for eye examinations or prescriptions, eyeglasses, and contact lenses (except for sclera shells which are intended for use of corneal bandages) eye refractions, visions therapy, multi-phasic testing, or lasik or other vision procedures except as required for repair caused by a covered injury;
- (22) Well baby care, including routine exams and immunizations, except as specifically provided;
- (23) Expenses incurred for allergy testing;
- (24) Treatment provided in a governmental Hospital unless there is a legal obligation to pay such charges in the absence of insurance;
- (25) Expenses for any service or supply not specified in this Policy as a covered service;
- (26) An amount of a charge in excess of the Reasonable and Customary Expense;
- (27) Elective Treatment or elective surgery, except as specifically provided;
- (28) Services not Medically Necessary;
- (29) 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;
- (30) Suicide, attempted suicide, or intentionally self-inflicted injury;
- (31) Injuries incurred by the Insured Person while intoxicated or under the influence of any drug unless taken as prescribed by a Doctor;
- (32) Any treatment, service or supply in excess of the maximum benefit specified in this Policy;

## DEFINITIONS

When used in the Policy:

- (1) *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.
- (2) *Coinsurance* means the percentage of Reasonable and Customary Expenses for which the Insured Person is responsible for a covered service.
- (3) *Congenital Condition* means a condition which exists at or from birth. Such conditions include but are not limited to congenital disease or anomaly of the involved part which has resulted in a functional defect.
- (4) *Co-Payment* means the specified dollar amount an Insured Person must pay for specified charges. The CO-PAYMENT is separate from and not a part of the Deductible or Coinsurance.
- (5) *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.
- (6) *Covered Percentage* means that part of the Covered Charge that is payable by the Company after the Deductible or CO-PAYMENT has been met.
- (7) *Deductible* means the amount of Expenses for covered services and supplies, which must be incurred by the Insured Person before specified benefits become payable.

## DEFINITIONS (CONTINUED)

(8) *Dependent* means:

- (a) the Insured Person's legal spouse; or
- (b) the Insured Person's unmarried Children under the age of nineteen years. Children must be fully supported by the Insured Person.

(9) The term *Children* includes an Insured Person's biological children, step children, and adopted children.

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

10) A newborn child is eligible for coverage from the moment of birth. Coverage for such newborn children will consist of coverage for Sickness or Accident, including necessary treatment or treatment of congenital defects, birth abnormalities, or premature birth. A child who has been Placed for Adoption with the Insured Person is eligible for coverage upon the earlier of:

- (a) the date of Placement; or
- (b) the date of the entry of an order granting the Insured Person custody of the child for the purpose of adoption. Such coverage will start from the moment of birth, if the Insured Person 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 or a child who has been Placed for Adoption with the Insured Person for dependent coverage from and after the moment of birth, or after the moment the child is placed in the physical custody of the Insured Person for adoption for the first 31 days.

To continue the newborn child's dependent benefits past the first 31 days, the Insured Student must notify Us in writing within 31 days of the child's birth or date of Placement.

(11) *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 of residence of such practitioner; or
- (c) a certified nurse midwife while acting within the scope of that certification.

(12) *Domestic Student* is a student classified as a United States Citizen or eligible Non-Citizen (Permanent Resident or Refugee).

(13) *Effective Date* means the first date a student becomes covered under the Policy.

(14) *Experimental or Investigational Care* means a service or supply:

- (a) that We, in Our discretion, determine is not commonly and customarily recognized as being safe and effective for the particular diagnosis or treatment, that is not commonly and customarily recognized by a general consensus of opinion of appropriate authorities as being safe and effective for the particular diagnosis or treatment; or
- (b) which requires approval by any governmental authority and such approval has not been granted before the service or supply is furnished.

We may rely upon the advice of medical consultants and commonly recognized national medical organizations in determining which services or supplies are experimental or investigational.



## DEFINITIONS (CONTINUED)

- (15) *Home Health Care*: This term means the continued care and treatment of an Insured person who is under the direct care and supervision of a Doctor but only if: (a) continued hospitalization would have been required if Home Health care were not provided; (b) the home health treatment plan is established and approved by a Doctor within 14 days after an inpatient Hospital Confinement has ended and such treatment plan is for the same related condition for which the Insured person was hospitalized; and (c) Home Health Care commences within 14 days after the Hospital Confinement has ended.
- (16) *Hospital Confinement* means a stay of 18 or more consecutive hours as a resident bed-patient in a Hospital.
- (17) *Hospital* means a duly licensed facility as defined in the Illinois Hospital Licensing Act and which meets all of these tests:
- it provides inpatient services for the care and treatment of injured and sick people;
  - it provides room and board services and nursing services 24 hours a day; and
  - it has established facilities for diagnosis and surgery;
  - it is supervised by a Doctor; and
  - 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:

- for alcoholic or drug rehabilitation;
  - as a convalescent home;
  - as a nursing or rest home; or
  - as a hospice facility.
- (18) *Injury* means bodily injury caused by an Accident, which is the sole cause of the Loss. All injuries due to the same or a related cause are considered one Injury.
- (19) *Insured Person* means an Insured Student and his or her covered Dependent(s) while insured under this Policy.
- (20) *International Student* is a student classified as a Non-Immigrant. For example, students holding visa types: "F" (Student), "J" (Exchange Visitor), "B" (Tourist), or "A" (Diplomat).
- (21) *Loss* means medical expense covered by this Policy as a result of Injury or Sickness as defined in this Policy and other expenses as specifically covered.
- (22) *Medical Emergency* means the sudden and, at the time, unexpected onset of an Injury or Sickness that manifests itself by symptoms or 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:
- placing the person's health in significant jeopardy;
  - serious impairment to a bodily function;
  - serious dysfunction of any bodily organ or part;
  - inadequately controlled pain; or
  - with respect to a pregnant woman if she is having contractions:
    - that there is inadequate time to effect to safe transfer to another Hospital before delivery;or
    - that transfer to another Hospital may pose a threat to the health or safety of the woman or unborn child;
- (23) *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 current medical practice. A service or supply will not be considered as Medically Necessary if:
- it is provided only as a convenience to the Insured Person or provider;
  - It is not the appropriate treatment for the Insured Person's diagnosis or symptoms;
  - It exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment.

The fact that any particular Doctor may prescribe, order, recommended, or approve a service or supply does not, of itself, make the service or supply Medically Necessary.

## DEFINITIONS (CONTINUED)

- (24) *Non-Network Providers* have not agreed to any prearranged fee schedules and are not a part of the Beech Street Network.
- (25) *Per Condition Aggregate Maximum* means, for each Insured Person, the total amount of benefits payable for each Injury or Sickness under this Student Health Insurance Policy or Policies issued to the Policyholder with respect to the Participating Organization immediately before this Policy.
- (26) *Preferred Allowance* means the amount a Network Provider will accept as payment in full for Covered Charges.
- (27) *Reasonable and Customary Expenses* 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.
- (28) *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.
- (29) *We, Us and Our* means Delos Insurance Company.
- (30) *You and Your* mean the Insured Person.

## DEFINITION OF CREDITABLE COVERAGE

“Creditable Coverage” means any individual or group policy, contract or program, that is written or administrated by a disability insurance company, health care service plan, fraternal benefits society, self-insured employer plan, or any other entity, in this state or elsewhere, and that arranges or provides medical, hospital, and surgical coverage not designed to supplement other private or governmental plans. These include:

- The federal Medicare program pursuant to Title XVIII of the Social Security Act.
- The Medicaid program pursuant to Title XIX of the Social Security Act.
- Any other publicly sponsored program, provided in the state or elsewhere, of medical, hospital and surgical cares.
- 10 U.S.C.A. Chapter 55 (commencing with Section 1071) (Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)).
- A medical care program of the Indian Health Service or of a tribal organization.
- A state health benefits risk pool.
- A health plan offered under 5 U.S.C.A. Chapter 89 (commencing with Section 8901) (Federal Employees Health Benefits Program (FFHBP)).
- A public health plan. A public health plan means any plan established or maintained by a State, the U.S. government, a foreign country, or any political subdivision of a State, U.S. government, or a foreign country that provides health coverage to individuals who are enrolled in this plan, as defined in 45 C.F.R. Sec. 146.113 authorized by the Public Services Act, 42 U.S.C. Sec. 300 gg(c)(1)(I).
- A health benefit plan under Section 5(e) of the Peace Corps Act (22 U.S.C.A. Sec. 2504(e)).
- Any other creditable coverage as defined by subsection (c) of Section 2701 of title XXVII of the federal Public Health Services Act (42 U.S.C. Sec. 300gg(c)).
- A blanket accident and health insurance policy.

Creditable Coverage includes continuation or conversion coverage but does not include accident only, credit, coverage for onsite medical clinics, disability income, Medicare supplement, long-term care insurance, dental, vision, coverage issued as a supplement to liability insurance, insurance arising out of a workers' compensation or similar law, automobile medical payment insurance, or insurance under which benefits are payable with or without regard to fault and that is statutorily required to be contained in any liability insurance policy or equivalent self-insurance.

## **REIMBURSEMENT AND SUBROGATION**

If We pay covered expenses for an accident or Injury You incur as a result of any act or omission of a third party, and You later obtain recovery from the third party, You are obligated to reimburse Us for the expenses paid. We may also take subrogation action directly against the third party. Our Reimbursement rights are limited by the amount You recover. Our Reimbursement and Subrogation rights are subject to deduction for the pro-rata share of Your costs, disbursements and reasonable attorney fees. You must cooperate with and assist Us in exercising Our rights under this provision and do nothing to prejudice Our rights.

## **PRE-EXISTING CONDITIONS LIMITATION**

“Pre-existing Condition” is a Sickness, Injury, or related condition which was contracted or which manifested itself, or for which a licensed Doctor was consulted; or for which treatment or medication was prescribed within six (6) months prior to the Effective Date of the Insured Person’s coverage under this Policy.

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

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

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

The covered person must provide proof of prior Creditable Coverage (a certificate of creditable coverage from your prior Insurance Company) to the claim department at the time of claim.

## **EXCESS PROVISION**

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

## **CLAIM PROCEDURE**

1. Obtain itemized bills and referral form (if referred by SAIC Health & Counseling Services) from your physician or provider.
2. Please make certain all medical bills submitted show your name, school ID number, school name and description of medical condition.

3. Complete a claim form. A claim form is available at:  
[www.AIPInternational.com](http://www.AIPInternational.com)

If your provider has already mailed your medical bills to the Insurance Company, you must complete the claim form (and send the explanation of benefits paid by your primary insurance company, if you have other health insurance), to the Claim Administrator.

If your medical bills have not yet been sent to the Insurance Company, you must complete a claim form and mail the completed claim form along with your medical bills (and the explanation of benefits paid by your primary insurance company, if you have other health insurance), to the Claim Administrator.

### **CLAIM ADMINISTRATOR**

**Administrative Concepts, Inc.  
997 Old Eagle School Road, Suite 215  
Wayne, PA 19087-1706  
(888) 580-5011**

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

### **IMPORTANT NOTE REGARDING CLAIM PAYMENT**

Because of the waiver process, we receive a list of insureds approximately 60 days following the effective date for both Fall and Spring Semesters. There will be a delay in processing claims submitted before the list of insureds is received from the School. Coverage cannot be verified, nor benefits paid by the Company, until the list of Insured students has been received by the Company from the school. Notification that the list of insureds has been received will be posted, both Fall and Spring Semesters, at [www.AIPInternational.com](http://www.AIPInternational.com). You will not be able to obtain your permanent identification card until the list is received. Health care providers may be able to verify coverage on an individual basis earlier, by contacting SAIC Student Accounts.

**The Plan is Underwritten by:  
Delos Insurance Company  
Policy Number: DSP00012-07**



**ASSOCIATED  
INSURANCE PLANS**  
INTERNATIONAL, INC.

**Plan Administrator**

**Associated Insurance Plans International, Inc.**

Post Office Box 189

Libertyville, IL 60048-9658

Phone: (800) 452-5772

Fax: (847) 537-6958

Email: [office@AIPInternational.com](mailto:office@AIPInternational.com)

Visit us on the web at:

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

**HIPAA NOTICE OF PRIVACY PRACTICES FOR  
PERSONAL HEALTH INFORMATION**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT  
YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET  
ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

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

**Use and Disclosure of PHI**

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

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

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

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

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

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

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

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

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

**Additional Uses or Disclosures.** We may also disclose PHI about you for the following purposes:

• To comply with legal proceedings, such as a court or administrative order, subpoena or discovery requests.

• To law enforcement officials for limited law enforcement purposes.

• To a family member, friend or other person, for the purpose of helping you with your health care or with payment for your health care, if you are in a situation such as a medical emergency and you cannot give your agreement to the Plan to do this.

• To your personal representatives appointed by you or designated by applicable law.

• For research purposes in limited circumstances.

• To a coroner, medical examiner, or funeral director about a deceased person.

• To an organ procurement organization in limited circumstances.

• To avert a serious threat to your health or safety or the health or safety of others.

• To a governmental agency authorized to oversee the health care system or government programs.

• To the Department of Health and Human Services for the investigation of compliance with HIPAA or to fulfill another lawful request.

• To federal officials for lawful intelligence, counterintelligence, national security purposes and to protect the president.

• To public health authorities for public health purposes.

• To appropriate military authorities, if you are a member of the armed forces.

• In accordance with a valid authorization signed by you.

**Your Rights Regarding PHI That We Maintain About You**

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

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

#### **Complaints**

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

#### **Changes To This Notice**

We reserve the right to modify this Privacy Notice and our privacy policies at any time. If We make any modifications, the new terms and policies will apply to all PHI before and after the effective date of the modifications that We maintain. If We make material changes, We will send a new notice to insureds.

If you have any questions regarding this notice, please call 800-452-5772 or send your written questions to the address at the end of this notice. Please include your name, the name of your insurance plan, your policy/ID number or copy of ID card, your address and telephone number and We will respond.

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

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

#### **COMPLAINT RESOLUTION**

Insured Persons or their representatives with questions or complaints, may call the Customer Service Department at Associated Insurance Plans International, Inc., at (800) 452-5772 or email us at [office@AIPInternational.com](mailto:office@AIPInternational.com). 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, Post Office Box 189, Libertyville, IL 60048, which will make a thorough investigation and respond to the complainant in a timely manner.

Delos Insurance Company maintains the right to investigate student status and attendance records to verify that Policy eligibility requirements have been met. If the company discovers that the Policy eligibility requirements have not been met, the Company's only obligation is refund of the cost of insurance.

This brochure is a brief description of the Plan Benefits. The exact provisions governing the insurance are contained in the Master Policy issued to The School of The Art Institute of Chicago. The Master Policy will govern in the event of any discrepancy between this brochure and the Master Policy.

#### **APPEAL PROCEDURE**

If a claim is wholly or partially denied, a written notice or a 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 any additional information, which might be necessary for reconsideration of the claim.

If an Insured Person or the Insured Person's provider would like additional information or has any complaints concerning the basis upon which payment was made, they may contact Us or Our Third Party Administrator (Administrative Concepts, Inc.) at 888-580-5011. The TPA will address concerns and attempt to resolve them satisfactorily. If the TPA is unable to resolve a concern over the phone, it will request submission of the concern in writing to pursue a formal appeal.

A formal appeal must be submitted, in writing to Us or Our Administrator at the following address:

**Delos Insurance Company**  
**3609 Wadsworth Blvd.**  
**Suite 565**  
**Lakewood Colorado, 80127**  
**800-777-7665**

A formal appeal should include:

- the insured Person's name, student ID number, and home address;
- policy number; and
- any other information, documentation, or evidence to support the appeal

A formal appeal must be submitted within sixty (60) days of the event that resulted in the complaint. The TPA will acknowledge a formal appeal within ten (10) working days of its receipt or within seventy-two (72) hours if the appeal involves a life-threatening situation. A decision will be sent to the Insured Person in writing within thirty (30) days following receipt of the formal appeal. If there are extraordinary circumstances requiring a more extensive review, the TPA may take up to an additional sixty (60) days to review the formal appeal before rendering a decision.

## **IMPORTANT!** **INSURANCE CARD (ID CARD)**

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

Detach and retain.

**Temporary Student Insurance Identification Card 2007-2008**  
Delos Insurance Company

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Print name and school ID number

The School Of The Art Institute Of Chicago

is entitled to the benefits provided under the policy issued by Delos Insurance Company for the entire period for which premium has been paid, 24 hours per day, anywhere in the world. Coverage expires at 12:00 a.m. on the last date for which premium has been paid. Possession of this card does not guarantee benefits. Contact the Plan Administrator to verify coverage at 800-452-5772.

**\$10 copay on physician visits**  
**\$100 copay emergency room**

Policy Number: DSP00012-07    The School Of The Art Institute Of Chicago

Direct all claim inquiries and correspondence to:	Administrative Concepts, Inc. <b>Payor #22384</b> 997 Old Eagle School Rd., Suite 215 Wayne, PA 19087-1706 888-580-5011 • 9-5 pm EST <a href="http://www.AIPInternational.com">www.AIPInternational.com</a>	 medcohealth  Beech Street Corporation The Managed Care Company
	Medco Health Prescription Services \$15/25/35 Grp# ARTINST <a href="http://www.medcohealth.com">www.medcohealth.com</a> Pharmacy Locations/Questions: (800) 400-0136	

Please keep card in your possession at all times. Pre-Certification is not required.

**Delos Insurance Company  
Accident & Sickness Plan for  
School of the Art Institute  
of Chicago Students**

**2007 • 2008**