

14. Expenses incurred for services or supplies that are experimental or investigative in nature, except as provided under the Mandated Benefit provisions for Experimental and Investigational Therapies.
15. Any expenses in excess of Usual and Reasonable charges.
16. Expenses incurred for plastic or cosmetic surgery, unless they result directly from a Covered Injury that necessitates medical treatment within 24 hours of the Accident or results from reconstructive surgery. For the purposes of this provision, reconstructive surgery means surgery performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease to either improve function or to create a normal appearance, to the extent possible. For the purposes of this provision, cosmetic surgery means surgery that is performed to alter or reshape normal structures of the body in order to improve the patient's appearance.

**Preexisting Condition Limitation (not applicable to covered dependents under the age of 19)—**

The Policy does not cover Preexisting Conditions for the first twelve (12) months following effective date of an Insured Person's coverage. However, the Company will waive this Limitation for an Insured who: 1. Has been Continuously Insured, as defined in the Policy, for at least 12 consecutive months under one or more student insurance policies issued to the Policyholder; or 2. Can provide satisfactory evidence of prior Creditable Coverage, as defined in the Policy. To qualify for this waiver, an Insured must fulfill all of the following requirements: a) He or she must not be covered under any other health insurance. b) He or she must have had health insurance for a total of 18 months, with no break in coverage longer than 63 days. c) His or her most recent coverage must meet the definition of Creditable Coverage shown in the policy.


**TERMINATION OF COVERAGE**

Coverage ends at 12:01 a.m. local time at the address of the College, on the dates indicated below.

The Insured's coverage under this Plan will cease at the earliest of the following times:

1. The end of the period of continuous coverage.
2. The date on which this Plan terminates.
3. The date you withdraw from school to enter military service.

4. The end of the period for which the required payments have been received, if future payments cease.
5. If you're not eligible for coverage at the time you enroll or if you do not maintain full-time status for a minimum of 31 consecutive days as determined by the College. A full refund of premium would be due you and coverage is cancelled back to the initial effective date.

 <p><b>Beech Street</b> A VIVANT NETWORK</p>	<p>Your out-of-pocket costs may be lower when you utilize a Beech Street provider. For a listing of Beech Street providers go to: <a href="http://www.beechstreet.com">www.beechstreet.com</a> • 800-432-1776</p>
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**CLAIM PROCEDURES**

In the event of an accident or sickness the Student should:

Secure treatment at a hospital or consult a doctor and follow his/her instructions. Notify the Claims Administrator, Commercial Travelers Mutual Insurance Company, Special Risk Claims, as soon as possible.

Claim forms and instructions on claim procedures are available at the College Student Services Office or by visiting the website:

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

Written notice of injury or sickness, upon which a claim may be based, must be provided to the Company within 30 days of the date of the commencement of the first loss for which benefits arising out of each injury or sickness may be claimed, or as soon thereafter as is reasonably possible. Bills for which benefit is to be paid must be submitted within 90 days of the treatment.

**HOW TO FILE AN APPEAL**

Once a claim is processed and upon receipt of an Explanation of Benefits (EOB), an insured student who disagrees with how a claim was processed may appeal that decision. The student must request an appeal in writing within 60 days of the date appearing on the EOB. The appeal request must include why they disagree with the way the claim was processed. The request must include any additional information they feel supports their request for appeal, e.g. medical records, physician records, etc. Please submit all appeal requests to the Claims Administrator listed on the next panel.

NOTE: The time you were covered under this Plan may count as creditable coverage under State and Federal Law if you leave this Plan and go to an employer's plan within 63 days thereafter. You are eligible to receive a certification from the Company regarding the periods you were covered. Please

contact Wells Fargo Insurance Services at 800-228-6768 when you need such verification.

This brochure provides a summary of the essential provisions of the Student Accident & Sickness Insurance Plan. However, the controlling document is the Master Policy which describes the provisions of the Plan in detail. No individual certificates of coverage will be issued to Plan participants. **Please keep this description of coverage for future reference.**

*Underwritten by:*

**Companion Life Insurance Company**  
Columbia, SC

as policy form # CLBH-280(2011)(GA)

*Claims Administered by:*

**Commercial Travelers Mutual Insurance Company**  
Special Risk Claims

70 Genesee Street • Utica, New York 13502

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

**For a copy of the Claims Administrator's Privacy Notice, you may go to:**

[www.commercialtravelers.com/privacy.html](http://www.commercialtravelers.com/privacy.html)

*or Request one from:*

Commercial Travelers Mutual Insurance Company  
c/o Privacy Officer

70 Genesee Street • Utica, NY 13502

**(Please indicate the school you attend with your written request.)**

*Local Representative:*

**Wells Fargo Insurance Services**

P.O. Box 276 • Columbus, OH 43216-0276  
800-228-6768 • [wfis.wellsfargo.com/colleges](http://wfis.wellsfargo.com/colleges)

*Network Provider:*

Beech Street • 800-432-1776

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

**Representations of this plan must be approved by the Company.**

This is not the Policy. Rather it is a brief description of the benefits and other provisions of the Policy. The Policy is governed by the laws and regulations of the state in which it is issued. Any provisions of the Policy, as described in this brochure, that may be in conflict with the laws of the state where the school is located will be administered to conform with the requirements of that state's laws, including those relating to mandated benefits.

# Savannah College of Art and Design

## STUDENT HEALTH INSURANCE



**2011/2012**  
Policy No. 2011B1A28

This outline of coverage contains the essential provisions of the Plan and should be retained for reference because no Individual certificate will be issued. The Master Policy is maintained by the College.

## STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN

The following describes the Student Accident and Sickness Insurance Plan. This Plan is optional. However, it is designed to give you substantial protection against the expense of an accident or sickness, 24-hours a day, both at college and when away from campus.

### ELIGIBILITY AND COST

All full-time students carrying 12 credit hours or more, and all Graduate Students carrying 6 or more credit hours, attending Savannah College of Art & Design are eligible for this Plan, costing \$1,298 annually. Coverage becomes effective September 1, 2011 or the date following the postmark date on the envelope containing your premium and enrollment form whichever last occurs, and ends at 12:01 a.m. on September 1, 2012. No physical examination is required. Enrollment is on a voluntary basis.

The enclosed enrollment form and correct premium should be returned directly to Wells Fargo Insurance Services, Attn: College Dept., P.O. Box 276, Columbus, Ohio 43216-0276. If paying with a Debit/Credit Card, you may now enroll online at: [www.studentplanscenter.com](http://www.studentplanscenter.com) or fax to Lana Fletcher at 877-350-5543.

Coverage for students enrolling in this Plan at the beginning of the Spring/Summer, Summer (1) or Summer (2) periods will become effective on the date the "Period of Coverage" begins or the date following the postmark date on the envelope containing your enrollment form and correct premium whichever last occurs, and will continue through the period of coverage for which premium has been paid. Coverage for dependent spouse and/or child(ren) is available. Please see enrollment form for pricing and deadline dates.

**Enrollment and Alternative Coverage**—If you have any questions regarding enrollment in this Plan or if you do not meet the eligibility requirements of this Plan, please call Wells Fargo Insurance Services at 800-228-6768 for information.

Period of Coverage	Amount of Premium for Student Only Coverage	Postmarked Enrollment Deadline
9/01/11 to 9/01/12	\$1,298.00	10/10/11
9/01/11 to 1/01/12	\$ 458.00	10/10/11
1/01/12 to 9/01/12	\$ 874.00	01/31/12
3/18/12 to 9/01/12	\$ 663.00	04/16/12
6/17/12 to 9/01/12	\$ 312.00	07/16/12

## COVERAGE

This Plan, subject to the benefits, provisions and exclusions outlined in this brochure, protects the insured student of the Savannah College of Art & Design at home, at school or while traveling, 24-hours a day, anywhere in the world, during the term of the Student's Coverage.

1. Benefits become effective at 12:01 a.m. on September 1, 2011 or the date the envelope containing your premium and enrollment form is postmarked, whichever last occurs, and continues during the period for which the premium has been paid. The Master Policy expires at 12:01 a.m. on September 1, 2012.
2. In the event a Student ceases to be a Student at the College, coverage remains in effect until the end of the period for which premium has been paid. Upon any insured entering the armed forces of any country, coverage will automatically terminate and a pro-rata return of premium will be made upon request. **NO OTHER REFUNDS WILL BE MADE.**
3. Protection is in effect during all interim vacation periods.

### GENERAL INFORMATION

When medical care is needed because of injuries received or sickness contracted while the insured person's coverage is in force, the expenses actually incurred, during a period of continuous coverage for each injury or sickness, will be paid, subject to the provisions and conditions that follow.

### IMPORTANT DEFINITIONS

**ACCIDENT** means a sudden, unforeseeable external event that causes Injury to an Insured Person. The Accident must occur while coverage is in effect for the Insured Person.

**COVERED INJURY** means a bodily Injury that is: 1) Sustained by an Insured Person while he/she is insured under the Policy or the School's prior policies; and 2) Caused by an accident directly and independently of all other causes. Coverage under the School's policies must have remained continuously in force from the date of Injury until the date services or supplies are received for them to be considered as a Covered Medical Expense under this Plan. All injuries sustained by one person in any one accident, including all related conditions and recurrent symptoms of these Injuries are considered a single Covered Injury.

**COVERED SICKNESS** means Sickness, disease or trauma related disorder due to Injury which causes a

loss while the Policy is in force and which results in Covered Medical Expenses. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness. Sickness includes Complications of Pregnancy. Sickness will also include normal pregnancy.

### DEDUCTIBLE AMOUNT

\$200 per Period of Coverage

### MEDICAL EXPENSE BENEFIT

When as a result of a covered Injury or Sickness as defined in the Policy, the Insured requires treatment by a currently licensed physician or surgeon, hospital confinement, X-ray examination, surgical or medical supplies and services, use of an ambulance or the service of a licensed or graduate nurse, and the medical expenses incurred are in excess of the deductible, the Insurance Company will pay up to 80% of the usual and reasonable expenses incurred from the date of an accident or date of first treatment for such sickness.

*Since it is not intended that the Student receive greater benefits than the actual expenses incurred, any other group coverage will be taken into account in determining the amount of benefits payable under this portion of the Policy. BENEFITS WILL BE COORDINATED WITH ANY OTHER GROUP INSURANCE COVERAGE THE STUDENT MAY HAVE.*

The aggregate maximum medical expense payment under the Medical Expense Benefit shall not exceed the aggregate benefit of \$10,000 as the result of any one (1) accident or sickness during a period of continuous coverage. Benefits for multiple surgical procedures performed within the same operative field are limited to 150% of the amount payable for the primary procedure.

### MANDATED BENEFITS

The following benefits are mandated in the state of Georgia. They will be included in all plans issued under the Policy. Unless specified otherwise, all such coverage will be subject to any deductible, co-payment and co-insurance conditions of the Policy as well as all other terms and conditions applicable to any other covered sickness.

Mandated benefits include, but are not limited to: Cancer Screening Tests; Mastectomy or Lymph Node Dissection Coverages; Diabetic Treatment and Supplies; Medical Nutrition Therapy; Hospital Dental Procedures for Certain Individuals; Child Wellness Services; Drug Treatment for Children's Cancer; Off-label Prescription Drugs and Registered

Nurse First Assistant Expense. See the Policy on file with the school for further details on these benefits.

### EXCLUSIONS

The Policy does not cover loss nor provide benefits for any of the following, except as otherwise provided by the benefits of the Policy and as shown in the Schedule of Benefits.

1. Intentionally self-inflicted Injury, attempted suicide, including drug overdose, or suicide, while sane or insane.
2. Loss resulting from war or any act of war, whether declared or not, or loss sustained while in the armed forces of any country or international authority, unless indicated otherwise on the Insurance Information Schedule.
3. Services or supplies in connection with eye examinations, eyeglasses or contact lenses or hearing aids, except those resulting from a covered accidental Injury.
4. Loss incurred as the result of riding as a passenger or otherwise (including skydiving) in a 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 anywhere in the world.
5. Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any intercollegiate or professional sports.
6. Preventive medicines, serums or vaccines of any kind.
7. Elective surgery or treatment.
8. Elective abortions.
9. Dental treatment including orthodontic braces and orthodontic appliances, except as specified for accidental Injury to the Insured Person's teeth.
10. The Insured's use of alcohol or any drugs unless taken on the advice of a Physician.
11. Expenses covered under any Workers' Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.
12. Expenses incurred after: a) The date insurance terminates as to the Insured Person; b) The Aggregate Lifetime Maximum Benefit for each Covered Injury or Sickness has been attained; and c) The end of the Benefit Period specified in the Benefit Schedule.
13. Services or supplies not necessary for the medical care of the Insured Person's Injury or Sickness.