

Offered by:



International Benefits Division

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Insured by:

UNITED STATES FIRE INSURANCE COMPANY
by Fairmont Specialty, a Division of Crum and Forster



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SCAD[®]

The University for Creative Careers[®]

INTERNATIONAL STUDENT HEALTH INSURANCE PLAN

2011-2012

SCAD-IB-11

POLICY NUMBER USOXXX

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DEFINITIONS (continued)

Injury means bodily injury caused solely and directly by violent, accidental, external and visible means occurring while this policy is in force. The injury must be the direct cause of the loss, independent of disease or bodily infirmity.

Sickness means sickness or disease which is the sole cause of the loss. Sickness includes both normal pregnancy and complications of pregnancy.

Pre-Existing Condition means an injury or illness or condition which first manifested itself, or for which a doctor was consulted, or for which treatment or medication was prescribed prior to the effective date of the Insured Person's coverage under this Plan.

Usual Reasonable & Customary Charges means charges as determined by data supplied by Ingenix for a particular service area in the 90th percentile table.

HOW TO FILE A CLAIM

To claim benefits you complete a claim form. Claim forms are available at the Savannah College of Art and Design International Student Services Office, the SCAD Student Health Center or from T. W. Lord & Associates.

One claim form must be completed for each Injury or Sickness. The claim form should then be returned to the address indicated on the form, along with itemized bills.

Policy Number: US0XXX

Claims for payment should be filed as promptly as possible and no later than 90 days from the date of service.

Helpful Hint: When in the Physicians office, request a super-bill or standard health insurance bill. When in the hospital, request a Form UB-92, or its equivalent. For prescription drugs, the company requires the date, name of drug, person for whom prescribed, and the charge. This is often attached to the bag by the pharmacist, but may come in other forms.

If you prefer to communicate by email, we can be contacted at **claims@twlord.com** with claims questions or to request claim forms.

WHO RECEIVES BENEFITS

Benefits will be paid directly to the provider unless the bills received by the claims office are marked "paid". In the case of prescription drugs and paid bills, reimbursement will be made directly to the student.

EXCLUSIONS (continued)

17. professional services rendered by a member of the Insured Person's Family or anyone who lives with the Insured Person;
18. expenses covered by any other valid and collectable medical, health or accident insurance;
19. services normally provided without charge by the Savannah College of Art and Design health service, infirmary, or Hospital, or by health care providers employed by the College;
20. elective treatment or elective surgery, except as specifically provided;
21. routine physical or health examinations;
22. expenses covered under any occupational benefit plan, Workers Compensation Act or similar law;
23. suicide or intentionally self-inflicted injury while sane or insane;
24. preventive medicines, serums, vaccines, hernia, acne or the cosmetic removal of moles or warts;
25. Expenses incurred beyond the Covered Person's coverage termination date.
26. Expenses incurred within the Insured Person's country except as provided by the "Home Country Coverage Benefit".
27. Services, prescriptions and treatment of hyperhidrosis.

DEFINITIONS

You, Your or Yours means the Insured Student.

We, Us, Our, Company, means United States Insurance Fire Company.

Insured Person means an Insured Student and their covered Dependent(s) while insured under this Plan.

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.

Loss means medical expense covered by this Plan as a result of Injury or Sickness as defined in this Plan.

Medical Emergency Care means bona fide emergency services provided after the sudden onset of a medical condition which manifests itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical care could reasonably expect to result in: 1) placing the Insured Person's health in serious jeopardy; 2) serious impairment to bodily functions; or 3) serious dysfunction of any bodily organ or part.

**To All International
Students & Scholars**



International Benefits Division

Marietta, Georgia

Dear Students and Scholars:

We are very pleased to have been given the opportunity to provide your insurance coverage for the 2011-2012 school year. Thank you for your participation.

This brochure describes the features of the insurance plan in general terms and is designed to explain your benefits in an understandable format. If you have questions about the plan, our office, as well as the Savannah College of Art and Design International Student Services Office, will be happy to answer your inquiries.

It is extremely important to us that you are provided prompt and courteous assistance whenever needed. Our staff is well trained and experienced in this type of insurance; however, if you ever have a problem or a difficult question, please do not hesitate to call me personally.

Best wishes for a happy and healthy school year.

Sincerely,

A handwritten signature in black ink, appearing to read 'T.W. Lord, III', with a long horizontal line extending to the right.

Thomas W. Lord, III

SAVANNAH COLLEGE OF ART AND DESIGN INTERNATIONAL STUDENT HEALTH INSURANCE PLAN

ELIGIBILITY FOR COVERAGE

INSURANCE FOR STUDENTS

All International students or scholars with a current passport and a non-immigrant visa temporarily residing outside their home country while actively engaged in education or educational research at the Savannah College of Art and Design are required to be insured under this Plan.*

*Exemptions from participation may be granted at the discretion of the administrator for students who are already covered under certain government or embassy sponsored plans. To apply for an exemption, the student should contact the Savannah College of Art and Design International Student Services Office.

INSURANCE FOR DEPENDENTS

Eligible students who enroll may also insure their Dependents. Eligible Dependents are the spouse (residing with the Insured Student) and unmarried children under 19 years of age who are not self-supporting and reside with the Insured Student. Newborn children of an Insured Student are also eligible if added within 31 days of the date of birth. Request for Dependent coverage must be made at the time of the Student's application, or within 31 days from the date the Dependent becomes eligible to be covered under the Plan.

Applications for dependent coverage are available at the Savannah College of Art and Design International Student Services Office.

PREMIUMS

Premiums are collected based on the quarter of enrollment at Savannah College of Art and Design. The starting date for the Policy for the 2011-2012 school year is September 12, 2011. Premiums are deemed received when paid to Savannah College of Art and Design or when received in the Office of the Administrator. Unless extended, the ending date of the Policy will be September 12, 2012.

EXCLUSIONS

This Plan does not cover nor provide benefits for:

1. medical expenses incurred for the injuries sustained in a motor vehicle accident which are paid or payable by any other insurance, motor vehicle act or law.
2. medical expenses involving a 2 or 3 wheeled motor vehicle above \$25,000.
3. eyeglasses, contact lenses, hearing aids, or prescriptions or examinations thereof;
4. injury sustained from voluntary participation in a riot;
5. treatment to the teeth, gums, jaws or structures directly supporting the teeth, including surgical extractions of teeth. This exclusion does not apply to the repair of injuries to sound natural teeth caused by an Injury, in which case dental treatment will be limited as outlined in the Plan;
6. pre-existing conditions (until a person has been continuously insured under the Savannah College of Art and Design International Student Health Insurance Plan for 1 year); and congenital conditions, except as specifically provided for newborn infants;
7. expenses incurred for plastic or cosmetic surgery unless they result from an Injury; correction of deviated septum, and any service performed primarily to improve physical appearance without correction or material improvement of a bodily malfunction, shall be considered cosmetic surgery for the purpose of this Plan;
8. treatment of alcoholism;
9. expenses incurred while the Insured Person is under the influence of any drug unless taken under the advice of a doctor;
10. war or any act of war, whether declared or undeclared;
11. accident occurring in consequence of riding as 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; injury sustained or sickness contracted while in the service of the Armed Forces of any country. Upon the Insured Person entering the Armed Forces of any country, we will refund the unearned pro-rata premium to such Insured Person;
12. expenses incurred for services and supplies not: i) Medically Necessary for the diagnosis or treatment of an Injury or Sickness; and ii) recommended by the attending Physician;
13. expenses incurred as a result of diagnostic or surgical procedures in connection with fertility or infertility;
14. claims arising out of participation in intercollegiate, club, or professional sporting events – (except as provided under the intercollegiate sports benefit on page 5);
15. treatment provided in a government Hospital unless there is a legal obligation to pay such charges in the absence of insurance;
16. expenses incurred for out-patient treatment in connection with the detection or correction by manual or mechanical means of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference as a result of or related to distortion, misalignment, or subluxation of or in the vertebral column;

ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT

If a Covered Injury results in your loss of life or one or more body members (an arm, hand, leg, foot or an eye) within 365 days after the day of a Covered Accident, this benefit will pay the Principal Sum shown below opposite the loss. This benefit will not pay more than the Principal Sum for all your losses, due to same Covered Accident.

For Loss Of:

Life The Principal Sum
One Hand One-Half The Principal Sum
One Foot One-Half The Principal Sum
The Sight of One Eye One-Half The Principal Sum
Any Combination of More Than One Hand, Foot or Eye
Due to One Accident The Principal Sum

	Principal Sum
Student	\$10,000
Spouse	\$ 5,000
Each Insured Child	\$ 2,500

This benefit is payable in addition to any benefits received under any other provision of this policy.

PRE-EXISTING CONDITION LIMITATION

Notwithstanding other provisions of this contract, when expenses are incurred because of injury sustained or sickness which first manifested itself prior to the effective date of coverage, benefits will be payable according to the policy schedule to a maximum of \$2,500. This benefit is not payable for the correction of congenital conditions or birth defects. Benefits are not payable for conditions which first manifested themselves in periods where an Insured Student was exempted from purchasing this coverage by reason of claiming coverage under another contract of insurance and such coverage was not maintained for the period for which the exemption was claimed; or when the existence or coverage limits of such contract of insurance were misrepresented in order to obtain an exemption.

REFUND OF PREMIUM

Premiums received by the insurance company will be considered fully earned and non-refundable. Refund of premium will be considered only if you cease to be eligible for this insurance or enter the armed forces.

SUBROGATION

If claims are incurred as a result of another person's negligence, the Company has the right to seek reimbursement in accordance with the Plan.

WHEN INSURANCE BEGINS

For students currently insured under the Savannah College of Art and Design International Student Health Insurance Plan:

Coverage will be continuous upon payment of your premium **prior** to the last day of registration for the quarter in which you enroll.

For students attending college or university in the United States for the first time, and with non-immigrant status (example F-1, J-1, etc.) specifically to attend Savannah College of Art and Design:

Coverage will begin upon your arrival in the United States. Under no circumstance, however, will coverage be provided for a period of longer than 30 days prior to the first day of classes for the quarter of initial enrollment, and any coverage extended is contingent upon subsequent payment of your premium prior to the first day of classes for that quarter.

For all other students:

Coverage will begin on the first day of the month that classes begin for the quarter of enrollment or the date the premium is received by the administrator, **whichever is later**.

WHEN INSURANCE COVERAGE ENDS

Coverage for all Insured Students and their Dependents will terminate on the earliest of the following:

- 11:59 p.m. Standard Time on the last day for which your premium has been paid, subject to the Grace Period;
- 11:59 p.m. Standard Time on the date you cease to be eligible for this insurance.
- 11:59 p.m. Standard Time on the date you depart your Country of Assignment for your Home Country; or
- 11:59 p.m. Standard Time on the date the policy expires.

EXTENSION OF BENEFITS

If the Covered Person is hospitalized on the date that insurance ends, benefits are payable until the earlier of the following:

- 1) 26 weeks from the date of the termination of such Covered person's coverage; or
- 2) 52 weeks from the date of a covered accident or the onset of a covered illness; or
- 3) the maximum benefit payable has been paid; or
- 4) the date the Covered Person is no longer hospitalized.

DESCRIPTION OF COVERAGE

ACCIDENT AND SICKNESS MEDICAL EXPENSES

For Insured Students: Subject to the Deductible, this Plan will pay for each Injury or Sickness a percentage of the first \$3,500 of Covered Medical Expenses. The percentage payable is as follows: First Health Network® providers 90%. Non-First Health Network® providers 70%. Prescription drugs 80%. Thereafter, this Plan will pay 100% of Covered Medical Expenses up to a Maximum Benefit amount of \$250,000 for each Injury or Sickness. The Deductibles are \$50.00 per Injury or Sickness (waived if student is first treated at Family Medical Associates Historic District) and a deductible of \$250.00 per hospital admission.

For Insured Dependents: Subject to the Deductible, this Plan will pay for each Injury or Sickness the above percentages of the first \$5,000 of Covered Medical Expenses and thereafter, 100% of Covered Medical Expenses up to a Maximum Benefit amount of \$100,000 for each Injury or Sickness. The Deductibles are \$50.00 per Injury or Sickness and a deductible of \$250.00 per hospital admission.

NOTE: Use of hospital emergency room for Sickness will result in an additional deductible of \$50.00. In addition the Covered Medical Expenses will be reduced by 20%. This limitation will not apply if it is a Medical Emergency or if the Insured Student is referred by Family Medical Associates Historic District.

COVERED EXPENSES

Covered Medical Expenses with respect to this Plan include but are not limited to the following Usual, Reasonable and Customary charges.

1. Fees for diagnosis or treatment by a Physician, surgeon, anesthetist, radiologist, physiotherapist, or other licensed medical professional acting within the scope of his or her license;
2. Hospital Room and Board charges; payment will be limited to the Hospital's semi-private room rate accommodations unless confined in an Intensive Care Unit;
3. Laboratory, diagnostic and X-ray examinations;
4. In-Patient and Out-Patient prescription drugs and medicines;
5. Expenses incurred for treatment of Mental or Nervous Disorders. Benefits are payable: a) for In-Patient expenses, We will pay for 30 days of confinement up to a lifetime maximum of \$25,000; b) for Out-Patient expenses, benefits will be payable up to \$1,000 per year;
6. Expenses incurred for a newborn child during the first 31 days for routine in-hospital nursery care to a maximum of \$500;
7. Professional ambulance service;
8. Expenses for repair of sound, natural teeth caused by an Injury up to a maximum of \$2,000 for any one accident.

REPATRIATION BENEFIT

In the event of the death of an Insured Person while covered under this Plan, the company will pay the necessary expenses incurred for the preparation and transportation of the remains to their Home Country or Country of regular domicile to a maximum of \$25,000. In addition, the company will pay the reasonable expenses for the round-trip air fare and lodging expenses for a family member or person designated by the family member to accompany the Insured Person's remains to the Home Country. All expenses must be approved by the insurance company before arrangements are made for transportation.

MEDICAL EVACUATION BENEFIT

When as a result of an Injury or Sickness, the Company will pay benefits for the necessary emergency medical evacuation of the Insured Person to an appropriate medical facility or to the Insured Person's Home Country, up to a maximum of \$50,000. A medical evacuation would be considered only if Medically Necessary and after being hospitalized for at least five consecutive days. In addition the company will pay the round trip airfare and lodging expenses for a family member or person designated by the family to help oversee the evacuation. Any expenses for medical evacuation require prior approval of both the attending physician and the insurance company.

Successful evacuation of the insured to his or her Home Country terminates all liabilities for future expenses by the insurance company.

FAMILY ASSISTANCE BENEFIT

In the event the insured participant or spouse requires hospitalization exceeding 7 days, the company will pay the round trip airfare and up to \$1,000 for room and board expenses for a family member to provide assistance. All expenses must be approved by the Company.

REUNIFICATION BENEFIT

In the event of the death of an insured's mother, father, brother or sister, the Company will pay up to \$750 towards the cost of an airline ticket for the insured to return for a visit home.

HOME COUNTRY COVERAGE

This coverage provides benefits during visits to your home country, not to exceed 90 days per 12 month period of coverage.

INTERCOLLEGIATE SPORTS COVERAGE

If a premium has been paid, injuries resulting from practice or play of intercollegiate sports will be covered to a maximum of \$10,000.