

**Student Accident Insurance**  
**Comprehensive Group Athletic Plan**  
**Policy Form GH-2200 (AR)(LA)(MN)(MT)(SD)(TX)(UT)**

**SUMMARY OF COVERAGE**

The school purchased a group insurance policy that provides benefits for accidental bodily injury incurred while the student is:

- a. Practicing for or competing in interscholastic sports which are exclusively sponsored and supervised by the School, as a representative of the policyholder and under the direct and immediate supervision of an employee of the policyholder.
- b. Traveling directly to or from such practice or competition in a vehicle designated by the policyholder and under the supervision of an employee of the policyholder.

The Medical Benefits and Exclusions below apply to the summary of coverage above.

**MEDICAL BENEFITS**

When injury covered by this policy results in treatment by a licensed physician within 60 days from the date of injury, the Company will pay the Usual and Customary (U&C) expenses incurred for necessary services and supplies as listed below, for expenses actually incurred within one year from the date of injury up to the specified maximum medical benefit of **\$50,000 per injury**. Unless stated otherwise, all amounts below are per injury.

In UT, injury means an accidental bodily injury or injuries sustained by the student which is the direct result of an accident, independent of disease or bodily infirmity or any other cause, and occurs while the coverage is in force. All related injuries and recurrent symptoms of the same or similar condition will be considered one injury.

This insurance plan is secondary to all other valid coverage. A claim must be filed with other valid coverage first! (This coverage is primary in ID, OH, SD) This insurance plan does not cover penalties imposed for failure to use providers preferred or designated by the primary coverage.

**PHYSICIAN'S SERVICES**

- a) Surgical operations (surgeon, assistant surgeon, anesthesia) - U&C, up to \$2,500
- b) Nonsurgical care (including physiotherapy treatment performed other than in a hospital, 1 treatment per day) - U&C, up to \$100 for each treatment, maximum 10 treatments

**HOSPITAL CARE**

- a) Inpatient Care
  - 1) Hospital's Semi-Private room - U&C, up to \$700 per day
  - 2) Hospital Miscellaneous - U&C, up to \$1,000
- b) Outpatient Care (facility charges for outpatient day surgery) - U&C, up to \$1,000
- c) Emergency Room - U&C for hospital miscellaneous charges incurred, up to \$1,000

**Note: benefits for Hospital Care miscellaneous charges are limited to services not scheduled under medical benefits.**

**X-RAY SERVICES** (includes charges for reading) - U&C, up to \$300

**DIAGNOSTIC IMAGING** (MRI, CT Scans, bone scans, includes charges for reading) - U&C, up to \$500

**DENTAL TREATMENT** (in lieu of all other medical benefits) - U&C, up to \$200 for repair and/or replacement of each sound and natural tooth (Sound tooth in SD)

**AMBULANCE SERVICES** - U&C, up to \$500

**ORTHOPEDIC APPLIANCES** (when prescribed by a physician for healing) - U&C, up to \$200

**PRESCRIPTION DRUGS** (take home) - U&C, up to \$100

**MOTOR VEHICLE INJURY** - Same as any Injury, up to \$1,000

The policy contains a provision limiting coverage to Usual and Customary charges. This limitation may result in additional out-of-pocket expenses for the insured.

## EXCLUSIONS - No Benefits Will Be Allowed For:

1. Any sickness, disease, infection (unless caused by an open cut or wound), including but not limited to: aggravation of a congenital condition, blisters, headaches, hernia of any kind, mental or physical infirmity, Osgood-Schlatter disease, osteochondritis, osteochondritis dissecans, osteomyelitis, spondylolysis, slipped femoral capital epiphysis, orthodontics.
2. Injuries for which benefits are payable under Workers' Compensation or Employer's Liability Laws.
3. Any Injury involving a two or three-wheeled motor vehicle or snowmobile or any motorized or engine driven vehicle not designed primarily for use on public streets and highways, unless the insured is participating in an activity sponsored by the Policyholder. (In ID, an insured person must be participating as a professional)
4. Replacement of contact lenses, eyeglasses, hearing aids or prescriptions or examinations thereof.

**It is not the intent of this policy to provide benefits for an existing medical problem.** A re-injury will be covered if the insured has been treatment free for a period of 180 days prior to the effective date of the policy.

## ACCIDENTAL DEATH AND DISMEMBERMENT

When injury covered by this policy results in Accidental Death or Dismemberment within 180 days from the date of accident, the following benefits will be payable.

Loss of Life	\$2,000	Double Dismemberment	\$10,000
Loss of an Eye	\$2,000	Single Dismemberment	\$ 2,000

## CLAIM PROCEDURE

Filing of the claim is the parent's responsibility.

1. Parents notify the school and obtain a claim form immediately. The school will fill out Part A if it is a school injury.
2. Parents complete Part B of the claim form. Answer all questions.
3. Parents submit copies of the student's itemized bills to the student's family medical or dental coverage first, even if there is a large deductible. The other insurance plan will send a report called an Explanation of Benefits (EOB). (This coverage is primary in ID, OH, SD)
4. Parents send the completed claim form, copies of the student's itemized bills and the EOB to:  
**STUDENT ASSURANCE SERVICE, INC.**  
**PO BOX 196 • STILLWATER MN 55082**
5. The claim will be completed when all of the above documents have been provided. Should you have a question as to the status of a claim, you can contact Student Assurance Services, Inc. at 1-800-328-2739, between 8am-4:30pm CST.

**NOTE:** Student must have been treated by a licensed physician within **60 days** of the date of injury. Proof of claim must be submitted within 90 days from the date of accident, or a reasonable time thereafter not to exceed one year. Itemized bills should be submitted within 90 days from the date of treatment or a reasonable time thereafter not to exceed one year. The company is responsible only for expenses incurred within one year from the date of injury. (In UT, itemized bills must be received within 90 days from the date of treatment or as soon as reasonably possible)

## EFFECTIVE AND EXPIRATION DATE

Coverage becomes effective the first day of authorized interscholastic sports practice. Interscholastic sports coverage will expire on the last day of the authorized season of the current school year.

**This provides a very brief description of some of the important features of the insurance policy. It is not the insurance policy and does not represent it. A full explanation of benefits, exceptions and limitations is contained in the Group Accident Insurance Policy Form GH-2200 (and any state specific) and any applicable endorsements. This policy is considered term accident insurance and is non-renewable. This product may not be available in all states and is subject to individual state regulations. The Master Policy is issued to the School District/School. A copy of the Privacy Notice and Certificate of Coverage (where applicable) may be obtained on the website [www.sas-mn.com](http://www.sas-mn.com).**



Underwritten by

**SECURITYLIFE**

INSURANCE COMPANY OF AMERICA  
MINNETONKA, MINNESOTA



Administered by

**STUDENT ASSURANCE SERVICES, INC.**

P.O. BOX 196

STILLWATER, MINNESOTA 55082