

STUDENT ACCIDENT INSURANCE

Select the insurance plan to help offset
the cost of medical care.....



- SCHOOL - TIME ACCIDENT COVERAGE
- FULL - TIME (24 HOUR) ACCIDENT COVERAGE
- DENTAL (24 HOUR) ACCIDENT OPTION • FOOTBALL INSURANCE PLAN
- COVERAGE FOR INTERSCHOLASTIC SPORTS

**SEE DETAILS INSIDE - Or Go to Our Website to
Purchase this Insurance**

www.sas-mn.com

Enrollment Form Enclosed

APPROVED BY YOUR SCHOOL FOR GRADES PK-12



Administered by

STUDENT ASSURANCE SERVICES, INC.
PO Box 196 • Stillwater MN 55082-0196
Toll Free 800-328-2739 - (651) 439-7098

www.sas-mn.com

G-1538

Premiums & Coverage Options

BASIC PLAN
One Time
Policy Year Premiums

**POLICY GA-2200Ed.11-16(ID)(KS)(LA)
(MN)(MT)(NC)(ND)(OH)(SD)**

PREMIER PLAN
One Time
Policy Year Premiums

Grades PK-12 \$85	 Full Time Coverage AND All Interscholastic Sports Coverage (Does NOT include Football Coverage) Covers the student 24 hours per day until school starts next year. Includes coverage while at home and school, on weekends, and during summer vacation. Covers participation in interscholastic sports for students in grades 7-12. Does NOT cover Football for students in grades 10-12 or students in grades 7-9 practicing or participating in grades 10-12 Football.	Grades PK-12 \$152
Grades PK-8 \$15 Grades 9-12 \$48	 School Time Coverage AND All Interscholastic Sports Coverage (Does NOT include Football Coverage) Covers the student while: a) attending regular school sessions; b) participating in or attending school-sponsored and supervised extracurricular activities; c) practicing for or competing in interscholastic sports which are scheduled by the school, and while the student is under the direct supervision of a school employee; and d) traveling directly to and from school for regular school sessions, and while traveling to and from school-sponsored and supervised extracurricular activities and interscholastic sports in school provided transportation. Does NOT cover participation in, or travel to and from Football for students in grades 10-12 or students in grades 7-9 practicing or participating in grades 10-12 Football.	Grades PK-8 \$28 Grades 9-12 \$90
\$116	 Football Coverage Grades 10-12 and Grades 7-9 Practicing or Participating in Grades 10-12 Football Covers the student while practicing for or participating in school-sponsored and school-supervised interscholastic Football, including travel in school-provided transportation.	\$240
PK-12 \$9	 Extended Dental Coverage Grades PK-12 Provides benefits up to a maximum of \$5,000 for any dental Injury. Covers the student 24 hours a day until school starts next year. Treatment must begin within 60 days from the date of the Injury and must be performed within one year from the date of Injury. However, if within the one year period following the date of Injury the student's attending dentist certifies that dental treatment and/or replacement must be deferred beyond one year, the policy pays the estimated cost of such deferred treatment, but not to exceed \$200 for each tooth. Benefits for prostheses are limited to \$500 per injury, including procedures performed to install them. Dental prostheses include, but are not limited to: crowns, dentures, bridges, and implants. Extended Dental does not cover treatment for orthodontics and dental disease, or expenses that exceed the dental prosthesis maximum benefit limit.	PK-12 \$9

The Medical Benefits and Exclusions apply to the Coverage Options listed above.

EFFECTIVE AND EXPIRATION DATES

Coverage becomes effective the later of: the Master Policy Effective Date; or 12:01A.M. following the date the envelope containing the enrollment form and premium payment is postmarked by the U.S. Postal Service; or for online enrollment 12:01A.M. following the date the proper premium is received by the Plan Administrator. Interscholastic sports coverage expires on the last day of the authorized season of the current school year. School-Time and Full-Time coverage expires on the first day of school next year.

MEDICAL BENEFITS (What the Insurance Plan Pays) - When injury covered by the policy results in treatment by a Licensed Physician within 60 days from the date of accident, the Company will pay the Usual and Customary (U&C) Charges incurred for covered services as listed below, for charges actually incurred within one year from the date of injury up to the Maximum Medical Benefit of \$50,000 per injury. (In MT and NC, benefits are payable after the deductible is satisfied, the deductible is the amount paid or payable for the same injury by other valid coverage) The policy will pay benefits regardless of Other Valid Coverage, if the covered claim expense is less than \$200. If the covered claim expense exceeds \$200, benefits shall be paid first by Other Valid Coverage. (In KS coverage is excess, and coverage is primary in MT and NC after the deductible and in ID, IL, SD)

Unless otherwise stated all amounts listed below are per injury

	BASIC PLAN	PREMIER PLAN
INPATIENT BENEFITS		
Hospital Room and Board (R&B)	Semi-private room charges, up to \$150 per day	Semi-private room charges up to \$500 per day
Intensive Care (in lieu of R&B).....	U&C, up to \$300 per day	U&C, up to \$500 per day
Hospital Miscellaneous Services (all charges except R&B or Intensive Care)....	U&C, up to \$500 per day	U&C, up to \$1,000 per day
Physician's Non-Surgical Visits (does not include physiotherapy).....	U&C, \$40 first visit, subsequent visits \$25; maximum 10 visits	U&C, \$60 first visit, subsequent visits \$40; maximum 10 visits
Physiotherapy (includes office visits)	Included in Hospital Miscellaneous Services	Included in Hospital Miscellaneous Services
X-rays and Radiology (includes charges for reading)	Included in Hospital Miscellaneous Services	Included in Hospital Miscellaneous Services
Registered Nurse	70% U&C	80% U&C
OUTPATIENT SURGERY BENEFITS		
Day Surgery (facility charge - includes room supplies and all other expenses for outpatient surgery)	U&C, up to \$500	U&C, up to \$1,000
OTHER OUTPATIENT BENEFITS		
Hospital Emergency Room Charges	U&C, up to \$150	U&C, up to \$300
X-rays Services (including charges for reading).....	70% U&C, up to \$200	80% U&C, up to \$500
Diagnostic Imaging (MRI, CT scan, bone scan, includes charges for reading)	U&C, up to \$300	U&C, up to \$700
Physician's Non-Surgical Visits (includes physiotherapy)	U&C, \$40 first visit, subsequent visits \$25; maximum 10 visits	U&C, \$60 first visit, subsequent visits \$40; maximum 10 visits
Orthopedic Appliances (when prescribed by a physician for healing)	U&C, up to \$100	U&C, up to \$200
Prescription Drugs	U&C, up to \$100	U&C, up to \$200
Ambulance Service	U&C, up to \$300	U&C, up to \$500
Laboratory Services	70% U&C	80% U&C
OTHER PHYSICIAN SERVICES		
Dental Treatment (in lieu of all other medical benefits; including x-rays of sound and natural teeth) (In SD, sound and natural is deleted)	U&C, up to \$150 per tooth	U&C, up to \$300 per tooth
Physician Surgical Care (inpatient or outpatient)	60% U&C, up to \$1,000	80% U&C, up to \$2,000
Assistant Surgeon Charges (inpatient or outpatient)	25% of Surgeon's Allowance	25% of Surgeon's Allowance
Anesthesia Charges (inpatient or outpatient)	25% of Surgeon's Allowance	25% of Surgeon's Allowance
Physician Consultation (when referred by attending physician).....	U&C, up to \$100	U&C, up to \$200
MISCELLANEOUS SERVICES		
Motor Vehicle Injury	Same as any injury, up to \$1,000	Same as any Injury, up to \$1,000
Replacement Eyeglasses and Hearing Aids (when medical treatment is required for a covered injury)	U&C, up to \$100	U&C, up to \$300

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	\$2,500	Double Dismemberment.....	\$10,000
Loss of an Eye	\$5,000	Single Dismemberment	\$ 5,000

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 (What the Plan DOES NOT Pay)

The Policy does not provide benefits 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. (In NC, benefits are excluded if the employee, employer, or carrier is responsible or liable according to final adjudication or settlement order under state law)
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, insured must be participating as a professional.)
4. Replacement of contact lenses, or prescriptions or examinations thereof.
5. The practice or play of Football, including travel to or from such practice or play for students in grades 10-12 or students in grades 7-9 practicing or participating in grades 10-12 Football (unless such coverage is purchased).
6. In Kansas - No benefits are payable for accidental bodily Injuries arising out of a motor vehicle accident to the extent such benefits are payable under any medical expense payment provision (by whatever terminology used including such benefits mandated by law) of any automobile policy.
7. In Ohio - Reinjury if the insured participated in a covered activity against medical advice.

IT IS NOT THE INTENT OF THE POLICY TO PROVIDE BENEFITS FOR AN EXISTING MEDICAL PROBLEM. A re-injury will not be covered if the insured has received treatment within a period of 180 days prior to the effective date of the policy. (In OH, this provision does not apply)

WHAT KIND OF INSURANCE IS THIS?

This is accidental bodily injury insurance; it covers accidental bodily injury occurring while the coverage is in force. Medical illnesses such as ear infections or sore throats are not covered.

WHO SHOULD CONSIDER BUYING THIS INSURANCE?

1. All families with no other health coverage.
2. Families with other medical or dental coverage having deductibles, copays or coinsurance. Our policy applies benefits toward your other health coverage out-of-pocket expenses. (Coverage is primary in MT and NC after the deductible and in ID, IL, SD)

HOW TO FILE A CLAIM

1. Notify the school and obtain a claim form immediately. The school will fill out Part A of the claim form if it's a school injury.
2. Parents complete Part B of the claim form. **Answer all questions.**
3. Submit copies of the student's *itemized bills* to the student's family medical and 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 plan is supplemental to all other valid coverage. The claim must be filed with the other coverage first! (Coverage is primary in MT and NC after the deductible and in ID, IL, SD) This Plan **DOES NOT** cover penalties imposed for failure to use providers preferred or designated by the primary coverage. (In KS, penalty does not apply)
4. Send the completed claim form, copies of student's itemized bills and EOB to:
STUDENT ASSURANCE SERVICES, INC. • PO BOX 196 • STILLWATER, MN. 55082
5. No claim can be completed until **all of the above documents** have been provided.

NOTE: Student must be treated by a Licensed Physician within 60 days of the date of the injury. Proof of claim should 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 reasonable time thereafter not to exceed one year. The policy is responsible only for expenses incurred within one year. (In NC, itemized bills should be submitted within 180 days from the date of treatment, not to exceed one 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 GA-2200Ed.11-16 (and any state specific), and any applicable endorsement(s). This policy is considered term accident insurance (except in ID) 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.

HAVE QUESTIONS? CALL US TOLL FREE AT (800) 328-2739 OR (651) 439-7098

Underwritten by

