

# 2020-2021 STUDENT ACCIDENT INSURANCE COVERAGE SOUTH TEXAS COLLEGE

Policy GA-2200Ed.11-16(TX)

## SUMMARY OF COVERAGE

### SCHOOL TIME COVERAGE

Coverage is in force for each insured for whom the School Time Coverage premium has been paid as set forth in the Policy:

- (a) **while on the School premises** during the hours and on the days School is in regular session, and during the hours and on the days when School is not in session while the insured is participating in or attending any Sponsored and Supervised Activity including intramural sports;\* and
- (b) **while away from the School premises**, other than traveling, if participating in a Sponsored and Supervised Activity including intramural sports;\* and
- (c) **while traveling directly to or from the Insured's residence and School** for regular School sessions, or for any Sponsored and Supervised Activity including intramural sports\*, in School provided transportation.

\*Excludes the practice or play of interscholastic or intercollegiate sports including travel to or from such practice or play.

### FULL TIME COVERAGE (24-HOUR COVERAGE)

Coverage is in force for each insured for whom the Full Time Coverage premium has been paid as set forth in the Policy on a twenty-four (24) hour per day basis, including intramural sports. Coverage does not include the practice or play of interscholastic or intercollegiate sports including travel to or from such practice or play. The School-Time Coverage provision will not apply.

### EXTENDED DENTAL COVERAGE

Provides benefits up to a maximum of \$5,000 for any dental injury. Covers students 24 hours a day until school starts next year. Treatment must begin within 90 days from the date of injury and must be performed within one year from the date of injury. The injury must occur to a natural tooth or teeth. Excludes orthodontic treatment and the repair or replacement of existing bridges, dentures or implants.

**The Medical Benefits and Exclusions below apply to the Summary of Coverage options above.**

## MEDICAL BENEFITS

When injury covered by the Policy results in treatment by a licensed physician within 90 days from the date of injury, the Company will pay the usual and customary expenses incurred for covered services as listed below, for expenses actually incurred within one year from the date of injury up to a Maximum Medical Benefit of **\$25,000 per covered injury**. The Policy will pay benefits regardless of other valid coverage. Unless otherwise stated, all amounts below are per injury.

### 1. INPATIENT BENEFITS

- a. Hospital Room and Board ..... Semi-private Room Charges
- b. Intensive Care (in lieu of Hospital Room and Board) ..... 1.5 X Semi-private Room Charges
- c. Hospital Miscellaneous Services (all other hospital charges except Room & Board) ..... First day up to \$1,000, thereafter up to \$500 per day; maximum \$5,000
- d. Physician's Non-Surgical Visits (does not include physiotherapy; not paid same day as surgery) ..... First day of treatment up to \$50, subsequent visits up to \$40; maximum 10 visits
- e. Physiotherapy (Includes whirlpool, diathermy, EMS, massage, manipulation or adjustments in any form, and/or office visits) ..... Included in Hospital Miscellaneous Services
- f. X-ray and Radiology Services ..... Included in Hospital Miscellaneous Services
- g. Registered Nurse ..... U&C

### 2. OUTPATIENT SURGERY BENEFITS

- a. Day Surgery (facility charge, includes room supplies and all other expenses for outpatient surgery) ..... U&C, up to \$2,000

### 3. OTHER OUTPATIENT BENEFITS

- a. Hospital Emergency Room Charges ..... U&C, up to \$300
- b. X-ray Services ..... U&C, up to \$300
- c. Diagnostic Imaging (includes CT Scans, MRI and Bone Scans) ..... U&C, up to \$800
- d. Physician's Non-Surgical Visits (not paid same day as surgery) ..... U&C, up to \$50 per visit, maximum 10 visits
- e. Physiotherapy (Includes whirlpool, diathermy, EMS, massage, manipulation or adjustments in any form, and/or office visits) ..... U&C, up to \$50 per visit, maximum 5 visits
- f. Orthopedic Appliances (when prescribed by a physician for healing) ..... U&C, up to \$500
- g. Durable Medical Equipment (post-surgical only) ..... U&C, up to \$100
- h. Prescription Drugs ..... U&C, up to \$50
- i. Ambulance Service (air or ground) ..... U&C, up to \$1,000
- j. Laboratory Services ..... U&C, up to \$100
- k. Shots and Injections (within 24 hours of an injury) ..... U&C, up to \$50
- l. Eyeglasses (replacement when broken as a result of a covered injury when medical treatment is required) ..... U&C, up to \$200

### 4. OTHER PHYSICIAN SERVICES

- a. Dental Treatment (in lieu of all other medical benefits, including x-rays of each sound and natural tooth) ..... U&C, up to \$200 per tooth
- b. Physician's Surgical Care (inpatient or outpatient) ..... U&C, up to \$2,500
- d. Assistant Surgeon Charges (inpatient or outpatient) ..... 25% Surgeon's Allowance
- d. Anesthesia Charges (inpatient or outpatient) ..... 25% Surgeon's Allowance

### 5. MISCELLANEOUS SERVICES

- a. Motor Vehicle Injury ..... Same as any Injury, up to \$1,000
- b. Heat Stroke and Heat Exhaustion ..... Same as any other Injury

### ACCIDENTAL DEATH AND DISMEMBERMENT

When injury covered by the 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

Underwritten by



Administered by:



## EXCLUSIONS

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, injuries involving bone cysts or dental implants.
2. Injuries for which benefits are payable under Workers' Compensation or Employer's Liability Laws.
3. The services of a second or subsequent Physician when not requested in writing by the attending Physician. This exclusion does not apply to any Assistant Surgeon Benefits listed under the Medical Benefit Schedule.
4. 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.
5. Air travel or the use of any device or equipment for aerial navigation, except as a fare-paying passenger on a regularly scheduled commercial airline.
6. Intentionally self-inflicted Injuries; Injuries sustained while fighting or brawling, or violating or attempting to violate any existing city, state, or federal law.
7. Treatment received from any person employed or retained by the Policyholder.
8. Replacement of contact lenses, hearing aids or prescription or examinations thereof.
9. The practice or play of interscholastic or intercollegiate sports including travel to or from such practice or play.

**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.

## DEFINITIONS

**Accident** means an unexpected, external and sudden event that is independent of any other cause.

**Covered Services - Supplies** means the services and supplies which are: (1) Medically Necessary, (2) prescribed or performed by a Physician or Hospital, (3) not excluded by the Policy, and (4) listed or named in the Policy's Medical Benefits Schedule.

**Company** means Ameritas Life Insurance Corp.

**Durable Medical Equipment** means medical equipment or device which can be rented, leased or purchased and which 1) is prescribed by a Physician; 2) is primarily and customarily used to serve a medical purpose; 3) can withstand repeated use; 4) generally is not useful to a person in the absence of Injury; and 5) is used exclusively by the Insured. Replacement equipment and devices are not covered. No benefits will be paid for rental charges in excess of purchase price. Durable Medical Equipment does not include non-prescription therapy devices or medical supplies; comfort and convenience items; corrective shoes; exercise and sports equipment. A written prescription must accompany the claim when submitted.

**Injury** means an accidental bodily injury or injuries directly caused by specific accidental contact with another body or object while the Insured is covered under the Policy. It is unrelated to any pathological, functional, or structural disorder. The Accident must result in an Injury which begins while the Insured is covered under the Policy.

**Medically Necessary** means a Covered Service – Supply which is: 1) consistent with symptoms and diagnosis or treatment of an Injury; 2) in accordance with standards of generally accepted medical practice; 3) not primarily for the convenience of the patient or Physician; and 4) most appropriate supply or level of service which can be safely provided.

**Physician** means a doctor of medicine or osteopathy, or any other licensed health care provider that state law requires to be recognized as a Physician, other than an Insured or an Insured's relative by blood or marriage, who is acting within the scope of such license.

**Sponsored and Supervised Activity** means any activity which is exclusively sponsored by the Policyholder and which is under the direct and immediate supervision of an employee of the Policyholder.

**Usual and Customary Charges (U&C)** means charges for medical services or supplies for which the Insured is legally liable and which do not exceed the average rate charged for the same or similar services or supplies in the geographic region where the services or supplies are received. Usual and Customary Charges for Covered Services are determined by referencing the 75th percentile of the most current survey published by FAIR Health, Inc. for such Covered Service.

## EFFECTIVE DATES AND ENROLLMENT

**EFFECTIVE DATE** – is the later of (a) the date on which the premium is actually received by the College, the Company, or its authorized agent; (b) the first day of the term for which the proper premium has been paid; or (c) the Master Policy effective date 08-26-2020.

**TO FILE A CLAIM** – notify the College officials immediately if the accident has occurred at the College. Obtain a claim form from the College. Submit the completed claim form with the student's itemized bills to Student Assurance Services, Inc. P.O. Box 196, Stillwater, MN 55082.

**EXPIRATION DATE** – is the earlier of (a) the date on which the Insured ceases to be enrolled in the College; (b) the Master Policy expiration date 08-25-2021

**TO ENROLL** – Determine the insurance coverage you want. Complete the enrollment form and enclose your premium payment made payable to Student Assurance Services, Inc. Premium is not prorated. Mail it to: Student Assurance Services, Inc. P.O. Box 196, Stillwater, MN 55082. Be sure to retain the brochure and a copy of the premium payment as proof of insurance. You will not receive a policy or an ID card.

**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 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. A copy of the Privacy Notice may be obtained on the website [www.sas-mn.com](http://www.sas-mn.com).**