

# STUDENT ACCIDENT INSURANCE



## Parents & Guardians

- *Does your child have adequate insurance?*
- *Do you have a deductible or co-pay with your current coverage?*
- *Protect your child with one of our affordable plans designed to meet your needs.*



**STUDENT  
ASSURANCE  
SERVICES**  
INCORPORATED

1-800-328-2739  
[www.sas-mn.com](http://www.sas-mn.com)

# Premiums & Coverage

**POLICY FORMS**  
GH-2200

**One Time**  
**Annual Premiums**



**Full Time Coverage PK-12**  
(with NO Interscholastic Sports Coverage)

**\$89**

Covers the student 24 hours a day until school starts next year. Includes coverage while at home, at school, weekends and summer vacation. DOES NOT cover participation in interscholastic sports for Students in the 7th grade or above. The Medical Benefits and Exclusions shown in this illustration apply to this coverage.



**Full Time Coverage PK-12 with Major Expense Benefit** (with NO Interscholastic Sports Coverage)

**\$173**

After the maximum benefit has been paid under the Full-Time Coverage, and the non-covered expenses exceed \$3,500, the Company will pay 70% of the remaining scheduled Usual and Customary charges up to a maximum of \$15,000 per injury. This benefit will apply to sports, if the additional premium has been paid. See FULL-TIME WITH ALL SPORTS AND MAJOR EXPENSE descriptions. No benefits are payable for motor vehicle injuries, or Football Grades 9-12, and the exclusions will apply to this benefit.



**Full Time Coverage PK-12**  
(with All Interscholastic Sports Coverage except Football Grades 9 - 12)

**\$154**

In addition to the Full-Time Coverage shown above, the All Sports Coverage protects the student while practicing or participating in school-sponsored and school-supervised interscholastic sports including travel in school-provided transportation for grades 7-12. It DOES NOT cover Football for grades 9-12. The Medical Benefits and Exclusions shown in this illustration apply to this Coverage.



**Full Time Coverage PK-12 with Major Expense Benefit** (with All Interscholastic Sports Coverage except Football Grades 9 - 12)

**\$238**

After the maximum benefit has been paid under the basic plan benefits and the non-covered expenses exceed \$3,500, the Company will pay 70% of the remaining scheduled Usual and Customary charges up to a maximum of \$15,000 per injury. No benefits are payable for motor vehicle injuries, or Football Grades 9-12, and the exclusions will apply to this benefit.



**School Time Coverage PK-12**  
(with NO Interscholastic Sports Coverage)

**\$14**

Protects the student while: a) attending regular school sessions, b) participating in or attending school-sponsored and supervised extra-curricular activities, c) traveling directly to and from school for regular school sessions, and while traveling to and from school-sponsored and supervised activities in school provided transportation. DOES NOT cover participation in interscholastic sports for students in the 7th grade or above. Coverage ends the first day of school next year. The Medical Benefits and Exclusions shown in this illustration apply to this coverage.



**School Time Coverage PK-12**  
(with All Interscholastic Sports Coverage except Football Grades 9 - 12)

**\$79**

In addition to School-Time Coverage shown above, the All Sports Coverage protects the student while practicing for or participating in school-sponsored and supervised interscholastic sports including travel in school provided transportation, for grades 7-12. It DOES NOT cover Football for grades 9-12. The Medical Benefits and Exclusions shown in the illustration apply to the Coverage.



**Football Coverage Grades 9-12**  
(The Major Expense Benefit will NOT apply)

**\$189**

Protects the student while practicing for or participating in school-sponsored and school supervised interscholastic football including travel in school-provided transportation. The Medical Benefits and Exclusions shown in this illustration apply to this coverage.



**Extended Dental Coverage PK-12**

**\$9**

Provides up to \$5,000 in benefits for any dental accident and covers the student 24 hours a day until school starts next year. Treatment must begin within 60 days from the date of injury. Benefits are limited to expenses actually incurred within one year from the date of accident. However, if within the one year period following the date of accident the insured's attending dentist certifies that dental treatment and/or replacement must be deferred beyond one year, the plan will pay the estimated cost of such deferred treatment, but not to exceed \$200 for each tooth. No benefits will be allowed for orthodontics or dental disease and benefits for prosthesis are limited to \$500 per injury, including procedures performed to install them. Dental prosthesis includes, but is not limited to crowns, dentures, bridges, and implants. The Major Expense benefit will not apply to this coverage.

**THE MEDICAL BENEFITS (What the Plan Pays) AND THE EXCLUSIONS (What the Plan DOES NOT Pay) ARE LISTED ON THE INSIDE OF THIS ILLUSTRATION.**

**NOTE: THIS IS A BLANKET TERM NON-RENEWABLE ACCIDENT POLICY — IT IS A LIMITED BENEFIT POLICY.**

## Medical Benefits & Limitations (What the plan pays)

When injury covered by this policy results in treatment by a Licensed Physician within 60 days from the date of accident, the Company will pay the Usual and Customary Charges (U&C) incurred for necessary Services and Supplies as listed below, for charges actually incurred within one year from the date of injury up to the specified Maximum Medical Benefit of \$50,000 per injury.

This 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.

### PHYSICIAN'S SERVICES -

- a) for surgical operations (Surgeon, Assistant Surgeon, Anesthesia) - 80% of the U&C charges incurred not to exceed \$1,000 per injury.
- b) for nonsurgical care (including Physiotherapy) - up to \$50.00 of the U&C charges for each treatment (1 treatment per day) not to exceed 6 treatments per injury.

### HOSPITAL CARE -

- a) Inpatient Care - the usual daily charge for the hospital's semi-private room not to exceed \$400.00 per day, plus 80% of U&C miscellaneous charges incurred not to exceed \$1,000.00 per injury. Benefits for miscellaneous charges are limited to services not scheduled under Medical Benefits.
- b) Outpatient Care (includes Day Surgery Facility and Emergency Room) - 80% of the U&C miscellaneous charges incurred not to exceed \$500.00 per injury. Benefits for miscellaneous charges are limited to services not scheduled under Medical Benefits.

**RADIOLOGY SERVICES (includes x-ray, MRI, CAT scan, bone scan, and charges for reading)** - 100% of the U&C charges incurred, not to exceed \$300.00 per injury.

**DENTAL TREATMENT - in lieu of all other medical benefits** - the U&C charges up to \$200.00 for repair and/or replacement of each sound and natural tooth.

**AMBULANCE SERVICES** - 100% of the U&C charges incurred not to exceed \$500.00 per injury.

**ORTHOPEDIC APPLIANCES (when prescribed by a physician for healing)** - the U&C charges up to \$200.00 per injury.

**PRESCRIPTION DRUGS (take home)** - the U&C charges up to \$100 per injury.

**MOTOR VEHICLE INJURY** - up to \$1,000 per injury as scheduled above. (except in Kansas)

### 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

### EXCLUSIONS (What the Plan DOES NOT Pay)

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 Worker' 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.
4. Treatment for re-Injury, EXCEPT when the Insured is treatment free for a period of 180 days prior to the Policy Effective Date.
5. Replacement of contact lenses, eyeglasses, hearing aids or prescriptions or examinations thereof.



**WHEN AND WHERE WILL MY STUDENT BE COVERED BY THIS INSURANCE?**

The choice is yours! This Insurance offering describes several enrollment options designed to fit your individual needs. Please review this entire brochure, especially the coverage descriptions, before making your selections.

**WHY IS THE SCHOOL PARTICIPATING IN THIS OFFERING?**

Students are particularly susceptible to accidental injury. Your school district does not carry insurance to pay for X-rays, stitches, ambulances, etc..

**WHAT KIND OF INSURANCE IS THIS?**

This is supplemental accidental bodily injury insurance; it covers accidental bodily injury occurring while the coverage is in force. Illnesses such as measles, sore throats, etc., are not covered.

**WHO SHOULD CONSIDER BUYING THIS INSURANCE?**

1. All families with no health insurance.  
(A) If you have no insurance, we will be your primary carrier.
2. Families with policies having deductibles or co-pays.  
(A) Most family health insurance plans contain a deductible or co-pay provision (often 80%-20%) and we will apply our benefits to the 20%, and/or to the deductible.  
(B) The larger the deductible or co-pay percentage, the more you can benefit. There is no deductible in our basic plan.

**HOW DOES THE MAJOR EXPENSE OPTION WORK?**

If your student incurs a major injury costing you thousands of dollars, the Major Expense option allows us to continue to help with medical payments if any of our scheduled basic benefits are exhausted. After the maximum benefit has been paid under the Full-Time Coverage or All Sports Coverage (if purchased), and the non-covered expenses exceed \$3,500, the Company will then pay 70% of the remaining scheduled Usual and Customary charges up to a maximum of \$15,000 per injury. No benefits are payable for motor vehicle injuries and the exclusions will apply to this benefit.

**WHEN AND HOW CAN I ENROLL?**

ENROLL ANYTIME! It is to your advantage to enroll early. The premium cannot be prorated. Make check payable to: Student Assurance Services, and enclose in the attached envelope. Write the student's name on the check. Save this illustration with your insurance papers, you will not receive a policy or ID card!

**HAVE QUESTIONS?  
CALL US TOLL FREE AT  
(800) 328-2739 OR (651) 439-7098  
or [www.sas-mn.com](http://www.sas-mn.com)**

## EFFECTIVE AND EXPIRATION DATES

Coverage becomes effective the later of: the Master Policy Effective Date; or 12:01AM following the date the envelope containing the enrollment form and premium payment is postmarked by the U.S. Postal Service. Interscholastic sports coverage will expire on the last day of the authorized season of the current school year. School-Time and Full-Time Coverages end the first day of school next year.

## HOW DO I FILE A CLAIM?

1. Notify the school and obtain a claim form immediately. They will fill out Part A if it's a school injury.
2. Parents complete Part B. **Answer all questions.**
3. Submit copies of your *itemized bills* to your own family insurance first, even if you have a large deductible. You will be sent a report called an Explanation of Benefits (EOB). This Plan is supplemental to all other valid coverage. You must file a claim with your other coverage first! This Plan **DOES NOT** cover penalties imposed for failure to use providers preferred or designated by your primary coverage.
4. Send our claim form, copies of itemized bills and the 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 have been 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. We are responsible only for expenses incurred within one year.



Administered by  
**STUDENT ASSURANCE SERVICES, INC.**  
PO BOX 196, STILLWATER, MN 55082  
(800) 328-2739 - (651) 439-7098

Underwritten by  
**Security Life**  
INSURANCE COMPANY OF AMERICA  
MINNETONKA, MINNESOTA

This brochure is a summary of the master insurance policy issued to the educational institution. If there is a discrepancy between this brochure and the master policy, the master policy language will govern.

**NOTICE - 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.**