

# STUDENT ACCIDENT INSURANCE



## Parents & Guardians

- *Does your child have adequate insurance?*
- *Do you have a deductible or co-pay with your current coverage?*
- *Multiple Coverage Options and Rates*

**Dental Accident Plan Up  
to \$5,000 for \$8  
See Details Inside**




**STUDENT  
ASSURANCE  
SERVICES**  
INCORPORATED

1-800-328-2739


[www.sas-mn.com](http://www.sas-mn.com)


# Premiums & Coverage Options

**BASIC PLAN** **PREMIER PLAN**  
 One Time One Time  
 Annual Premiums **POLICY FORMS GH-2200(LA); 2201(UT)** Annual Premiums

 <b>Grades</b> PK-12 <b>\$85</b>	<b>Full Time Coverage Includes All Sports Coverage Except Varsity Football</b> Covers the student 24 hours per day until school starts next year. Includes coverage while at home, at school, weekends, summer vacation. Covers participation in interscholastic sports for students in the 7th grade or above, except for Varsity Football for students in grades 10-12 or students in grades 7-9 practicing or participating in grades 10-12 Football.	<b>Grades</b> PK-12 <b>\$152</b>
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 <b>Grades</b> PK-8 <b>\$15</b>	<b>School Time Coverage Includes All Sports Coverage Except Varsity Football</b> Covers the student while: a) attending regular school sessions; b) participating in or attending school-sponsored and supervised extra-curricular 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 activities in school provided transportation. DOES NOT cover participation in, or travel to and from Varsity Football for students in grades 10-12 or students in grades 7-9 practicing or participating in grades 10-12 Football.	<b>Grades</b> PK-8 <b>\$28</b>
<b>Grades</b> 9-12 <b>\$48</b>		<b>Grades</b> 9-12 <b>\$90</b>

<b>\$97</b>	 <b>Varsity Football Coverage Grades 10-12 and Grades 7-9 Practicing or Participating in Grades 10-12 Football</b>	<b>\$240</b>
Covers the student while practicing for or participating in school-sponsored and school-supervised interscholastic Varsity Football — including travel in school-provided transportation.		

<b>PK-12</b> <b>\$8</b>	 <b>Extended Dental Coverage</b>	<b>PK-12</b> <b>\$8</b>
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 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. Extended Dental does not cover treatment for orthodontics and dental disease, or expenses that exceed the dental prosthesis maximum benefit limit.		



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

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## Medical Benefits (What the 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 necessary Services and Supplies 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. Unless otherwise stated all amounts listed below are per injury.

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. (Coverage primary in Idaho)

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

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.

### **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.
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 Idaho insured must be participating as a professional.)
4. Replacement of contact lenses, or prescriptions or examinations thereof.
5. The practice or play of Varsity 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).

### **WHY SHOULD MY STUDENT BE COVERED BY THIS INSURANCE?**

As a service to its students, your School is offering an opportunity to enroll in a student accident insurance plan administered by Student Assurance Services, Inc. Participation in this plan is voluntary. This brochure describes several coverage and premium options. Please review the entire brochure before making a decision to purchase this insurance or contact us directly with your questions.

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

Students are particularly susceptible to accidental injury. Your School does not carry medical insurance to pay for x-rays, stitches, ambulances, or other medical expenses.

### **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.

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.

### **WHO SHOULD CONSIDER BUYING THIS INSURANCE?**

1. All families with no other health coverage.
2. Families with other health coverage having deductibles, copays, or coinsurance. Our policy applies benefits toward your other health coverage out-of-pocket expenses. There is no deductible or copay in our policy. (Coverage primary in Idaho)

### **WHEN AND HOW CAN I ENROLL?**

You can purchase this insurance anytime between the master policy effective and expiration dates during the current school year. It is to your advantage to enroll early. The premium cannot be prorated. Make check payable to: Student Assurance Services or fill out the credit card information, and enclose in the attached envelope. Write the student's name on the check. Save this brochure for your records, you will not receive a Master 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)**

#### WHAT ARE THE EFFECTIVE AND EXPIRATION DATES OF COVERAGE?

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 medical and dental coverage 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. (This coverage is Primary in Idaho)
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 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. We are responsible only for expenses incurred within one year. (In Utah within 90 days of loss or as soon as reasonably possible; and failure to give notice or file proof of loss may bar a recovery)

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 endorsement(s) Extended Dental Coverage GHE-2201 (and any state specific). 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)



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



Underwritten by

**SECURITYLIFE**  
INSURANCE COMPANY OF AMERICA  
MINNETONKA, MINNESOTA

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.

