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).

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. This plan will help provide coverage for expenses that are not covered by your family medical or dental coverage.

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 NC after deductible and ID)

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 NC after deductible and ID) This Plan **DOES NOT** cover penalties imposed for failure to use providers preferred or designated by the primary coverage.
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

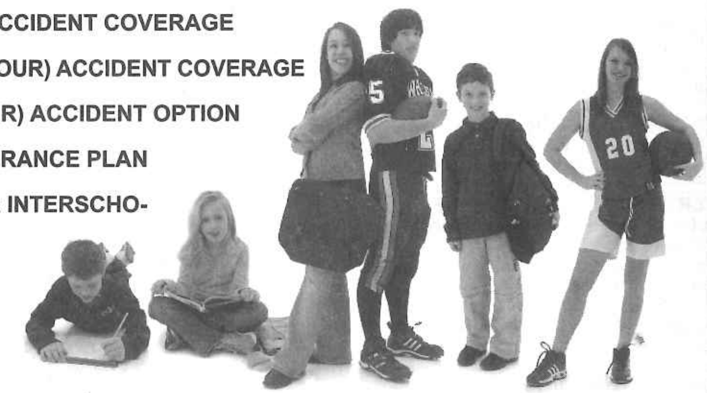
Underwritten by

Ameritas
Ameritas Life Insurance Corp.
Lincoln, Nebraska

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 - Dental Accident Plan up to $5,000 for $8

Will you take the time to read this?
Does your child have adequate coverage?
Do you have a deductible or co-pay with your current coverage?

Enrollment Form Enclosed

APPROVED BY YOUR SCHOOL FOR GRADES PK-12

STUDENT ASSURANCE SERVICES INCORPORATED

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

C-1538

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 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)
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 is primary in NC after deductible and ID)

	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)	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 (subject to covered services limits)	Same as any injury, up to $1,000	Same as any Injury, up to $1,000
Eyeglasses and Hearing Aids Replacement 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.

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.

Premiums & Coverage Options

POLICY GA-2200Ed.11-16(ID)(LA)(NC)

BASIC PLAN One Time Policy Year Premiums	Coverage	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 activities 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
$97	**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 $8	**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 $8

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

HOW TO ENROLL

1. Select the desired coverage(s) from the options listed above. Premium cannot be prorated. There are two enrollment and payment options.
2. Complete the Enrollment Form and enclose the premium (check made payable to: STUDENT ASSURANCE SERVICES, INC. or credit card payment information). Please write the name of the student on the check. Return the premium payment with the requested enrollment information in the attached envelope; OR
3. Complete enrollment form online at the Student Assurance Services, Inc. website www.sas-mn.com. The online form is available under the K-12 School Look-up.
4. Be sure to retain this brochure and a copy of the premium payment as proof of insurance. You will not receive a policy or ID card. The master policy is issued to the school.

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.

STUDENT ACCIDENT INSURANCE CREDIT CARD PAYMENT

INDICATE PREMIUM SELECTED AND COMPLETE THE REQUESTED ENROLLMENT INFORMATION FOUND ON THE REVERSE SIDE OF THIS FORM.
There is a $5.00 Processing Fee added to ALL Credit Card Transactions (does not apply to NC residents)

☐ Please charge $ ________ + $5.00 Processing Fee = $ _________ to the following credit card: ☐VISA® ,☐MasterCard®, or ☐Discover®

Credit Card Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Security Code (on back of card, 3 digits) ☐☐☐

Card Expiration Date (Month) ☐☐ - (Year) ☐☐

Credit card billing will state: "Student Assurance Services, Inc."

Print Cardholder Name ______________________________ Date ____ / ____ / ____

Cardholder Signature ______________________________

Cardholder Address ______________________________
(Street) (City) (State) (Zip)

Telephone Number (__________) ____________ - ______________

GAA-2203Ed.11-16

DETACH - Place inside envelope

C-1538

DETACH ENVELOPE HERE AND ENCLOSE PREMIUM

Ameritas®
Ameritas Life Insurance Corp.
Lincoln, Nebraska

ENROLLMENT ENVELOPE FOR STUDENT ACCIDENT INSURANCE

↑ STUDENT'S LAST NAME ↑ (one letter in each box)

STUDENT'S FIRST NAME M.I.

Please Print

Address ______ (Street)

______ (City) ______ (State) ______ (Zip)

Email Address ______

Name of School ______

Name of District ______

Student's Age ______ Grade ______ Phone ______

X ______ (Signature of Parent or Guardian) (Date)

GAA-2203Ed.11-16

COVERAGE PLANS	One Time Policy Year Premiums BASIC PLAN	PREMIER PLAN
Full Time Coverage PK-12 AND All Sports (except Football Coverage)	☐ $85	☐ $152
School Time Coverage PK-8 AND All Sports (except Football Coverage)	☐ $15	☐ $28
School Time-Coverage 9-12 AND All Sports (except Football Coverage)	☐ $48	☐ $90
Football Coverage Grades 10-12 and grades 7-9 practicing or participating in 10-12 Football	☐ $97	☐ $240
Extended Dental Coverage Grades PK-12	☐ $8	☐ $8

DO NOT SEND CASH

TOTAL PREMIUM ______

Make Checks payable to: **STUDENT ASSURANCE SERVICES, INC.**
*Please write student's name on the front of check. **NO REFUNDS**

C-1538

ENROLLMENT ENVELOPE FOR STUDENT ACCIDENT INSURANCE

Please fill out the attached enrollment information, select the desired coverage, and return along with the correct premium (check or credit card payment information) within the provided envelope.

NOTE - You can purchase this insurance anytime between the Master Policy effective and expiration dates during the current school year.

REMEMBER TO DETACH AND PLACE THE COMPLETED ENROLLMENT FORM WITH THE PREMIUM PAYMENT (CHECK OR CREDIT CARD INFORMATION) WITHIN THE PROVIDED ENVELOPE.

In order to make coverage effective, please return this completed enrollment form as soon as possible.

DATE RECEIVED ______