

2022-2023 VOLUNTARY COVERAGE
Student Accident Insurance



- **School-Time Coverage**
- **Full-Time (24-Hour) Coverage**
- **School Sponsored Sports & School Sponsored Activities**

See Details Inside

ADMINISTERING AGENT



STUDENT ASSURANCE SERVICES, INC. is an agency specializing in student accident insurance. The agency is owned by Mark Desch who has specialized exclusively in student insurance for over 50 years. We have over 1,600 school districts using our coverages.

UNDERWRITING COMPANY



Ameritas Life Insurance Corp. is a part of the Ameritas Mutual Holding Company. The company is domiciled in Lincoln, Nebraska and has been in business for over 100 years. The company is rated "A" (Excellent) by A.M. Best and "A+" (Strong) by Standard & Poor's. The Best's Rating Report and Standard and Poor's full analysis report are available in the insurance ratings section of ameritas.com. Ameritas Life is licensed in all states except New York.

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

COVERAGE OPTIONS

Medical Benefits and Exclusions apply to the Coverage Options listed below.

SCHOOL-TIME COVERAGE - GRADES PK-12

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 extracurricular activities and interscholastic sports in school-provided transportation.

Coverage DOES NOT include 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.

FULL-TIME (24-HOUR) COVERAGE - GRADES PK-12

Covers the student 24 hours per day until school starts next year. Students are covered while at home or school, on weekends, and during summer vacation. Covers participation in interscholastic sports for students in grades 7-12. Coverage DOES NOT include Football for students in grades 10-12 or students in grades 7-9 practicing or participating in grades 10-12 Football.

FOOTBALL COVERAGE - GRADES 10-12 AND STUDENTS IN GRADES 7-9 PRACTICING OR PARTICIPATING IN GRADES 10-12 FOOTBALL

Covers the student while:

- a) practicing for or competing in interscholastic football, which is scheduled by the school, and while the student is under the direct supervision of a school employee, and
- b) traveling to and from such practices or competition in school-provided transportation.

EXTENDED DENTAL ACCIDENT 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.

MEDICAL BENEFIT PAYMENTS

When accidental bodily Injury covered by the policy results in treatment by a Physician within 60 days from the date of Accident, the Company would pay the Usual and Customary Charges (U&C) for covered services which are actually incurred within one year from the date of Accident up to the specified Maximum Benefit as shown under the Medical Benefits schedule. (In MT and NC, benefits are payable after the deductible per injury is satisfied, the deductible is the amount paid or payable for the same injury by Other Valid Coverage.)

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. (This coverage is excess in KS, and this coverage is primary in MT and NC after the deductible and primary in ID, IL, SD) (In NC, other valid coverage does not include automobile or third party liability coverage)

The policy contains a provision limiting coverage to the usual and customary charges. This limitation may result in additional out-of-pocket expenses for the insured.

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 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.

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
Loss of both hands, both feet, or sight of both eyes	\$10,000
Loss of one hand, one foot or sight of one eye.....	\$ 5,000

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 may be obtained on the website www.sas-mn.com.

MEDICAL BENEFITS SCHEDULE (Unless otherwise stated all amounts listed below are per Injury)

	BASIC PLAN	PREMIER PLAN
Maximum Benefit (School-Time or Full-Time Coverage)	\$50,000	\$50,000
Maximum Benefit (Football Coverage)	\$50,000	\$50,000
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 whirlpool, diathermy, EMS, massage, manipulation or adjustments in any form, and/or office visits)	Included in Hospital Miscellaneous Services	Included in Hospital Miscellaneous Services
X-rays and Radiology Services (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-ray Services (includes 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 (including 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; includes 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 Services (inpatient or outpatient)	25% of Surgeon's Allowance	25% of Surgeon's Allowance
Anesthesia Services (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) (in KS, \$1,000 limit does NOT apply)	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

	BASIC PLAN	PREMIER PLAN
COVERAGE AND PREMIUM OPTIONS (One time policy year premiums)		
Full-Time (24-Hour) Coverage (Grades PK - 12) Includes Interscholastic Sports Coverage Except Football	\$ 85.00	\$ 152.00
School-Time Coverage (Grades PK - 8) Includes Interscholastic Sports Coverage Except Football	\$ 15.00	\$ 28.00
School-Time Coverage (Grades 9 - 12) Includes Interscholastic Sports Coverage Except Football	\$ 48.00	\$ 90.00
Football Coverage (Grades 10 - 12 and grades 7-9 practicing or participating in 10-12 Football)	\$ 116.00	\$ 240.00
Extended Dental Coverage (Grades PK - 12)	\$ 9.00	\$ 9.00

Note: The amount of benefits provided depends upon the plan selected and the premium will vary with the amount of benefit. Junior High students participating in interscholastic Football will be covered for football by paying the above \$15, \$28, \$85, or \$152 premium, provided they do not practice or participate with 10th, 11th, or 12th graders.

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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.
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 and 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 the insured participated in a covered activity against medical advice.

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. (In OH, this provision does not apply)

CLAIMS ADMINISTRATION

Student Assurance Services, Inc. is the claim administrator for this insurance plan. We have dedicated and experienced staff to provide outstanding customer service and claim processing services. We assign each school to a claim processor who can answer your specific questions and provide you with immediate access to information. Our customized computer system has various reporting capabilities to meet your needs.

CLAIMS HANDLING PROCEDURE

1. Parents should notify the school and obtain a claim form immediately. The school will fill out Part A if it is a school injury.
2. Parents complete Part B of the claim form. **Answer all questions.**
3. Parents send the completed claim form and copies of the student's itemized bills and other insurance EOBs (if applicable) to: **STUDENT ASSURANCE SERVICES, INC., PO BOX 196, STILLWATER, MN 55082**
Note: No claim can be completed until all of the above documents have been provided.
4. For claim questions call Student Assurance Services Inc. at (800) 328-2739 or (651) 439-7098. The claims staff is available 8:00 a.m. to 4:30 p.m. Central Time, Monday through Friday.
5. Questions can also be emailed to Student Assurance Services Inc. at info@sas-mn.com.

The Voluntary Coverage Plan

This plan allows the school to offer student accident insurance coverage to parents on a voluntary basis. Each student in the District is provided with plan information to take home to their parents. This plan will give the School Board and Administration a method to inform parents that the District is not responsible to pay for medical expense caused by a school injury.

Common Questions Answered

1. The Full-Time and School-Time Coverage options provide coverage for all interscholastic sports except Football Coverage for students in grades 10-12 and grades 7-9 football if students practice or play with grades 10-12.
2. Football Coverage for students in grades 10-12 and grades 7-9 football if students practice or play with grades 10-12 is available for an additional premium. Football Coverage is available by itself or in a combination with School-Time or Full-Time Coverage.
3. Extended Dental Coverage may be purchased separately and provides coverage during all sport and non-sport activities including Football.
4. Our benefits will be paid towards the parents' deductible and copay if they have other valid coverage. (This coverage is primary in MT and NC after the deductible and primary in ID, IL, SD) If parents do not have other valid coverage, then this coverage will be their primary coverage.

How To Apply for Coverage

1. FOR IMMEDIATE QUESTIONS PLEASE CALL Student Assurance Services Inc. at (800) 328-2739 or (651) 439-7098.
2. Complete the enclosed application and mail to:

STUDENT ASSURANCE SERVICES, INC.
PO BOX 196
STILLWATER, MN 55082

3. Only one student accident plan will be offered by the School District.
4. A billing for Group premium will be made in July.
5. A supply of claim forms, solicitation envelopes and other materials will be sent to the School District in July.

Internet Access

Access to plan information is available at www.sas-mn.com. School Official will be given an administrator website access code and will have immediate access to:

Master Policy
Roster
Claim Status
Claim Forms